MEDICINES AND SUPPORTING CHILDREN WITH MEDICAL CONDITIONS IN SCHOOL POLICY

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Introduction

This policy includes how to manage children with a continuing medical condition as well as procedures for the administration of medicines in schools. This policy sits alongside the school's dedicated Allergy Safety Policy.

For the purposes of this Policy, the term Headteacher refers to all headteachers and heads of schools in the Trust.

Schools must maintain a register/record of children with a medical condition, IHCP and children with an allergy risk which will be actively managed by the Headteacher or designated to a senior leader and overseen by the Headteacher.

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils at their school with medical conditions.

Schoolsworks Academy Trust (hereinafter 'the Trust') will ensure that these arrangements fulfil their statutory duties and follow the guidance outlined in the document, *Supporting pupils at school with medical conditions July 2026 and Allergy safety in schools statutory guidance July 2026.*

Staff members in the Trust's schools do not have a statutory duty to give medicines or medical treatment. However, medicines will be administered to enable the inclusion of pupils with medical needs, to promote regular attendance and to minimise the impact on a pupil's ability to learn. In an emergency, all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Aims of this policy

- To ensure the safe administration of medicines to children where necessary, and to help to support attendance
- To ensure the on-going care and support of children with long term medical needs via an Individual Health Care Plan (IHCP)
- To ensure that children with medical conditions can access and enjoy the same opportunities at school as any other child. The focus is on the needs of each individual child and how their medical condition impacts on their school life
- To explain the roles and responsibilities of school staff members in relation to medicines
- To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness
- To outline to parents and school staff members the safe procedure for bringing medicines into school when necessary and their storage
- To outline the safe procedure for managing medicines on school trips

- To ensure that support for pupils at school with medical conditions aligns with the school's wider safeguarding duties

Roles and responsibilities

Organisation

The Trust's schools' Headteachers will ensure that arrangements are in place for parents and pupils with medical conditions. In doing so, they will ensure that such children can access and enjoy the same opportunities at school as any other child.

Each of the Trust's schools will appoint a named senior leader (SLT) with overall responsibility for allergy safety and keep a record of staff members who will take a lead in managing medicine administration in school (Appendix 1- Template A). In their duties, staff will be guided by their training, this policy, and related procedures.

1. Headteacher

The headteacher's roles and responsibilities regarding the implementation of this policy in their schools include the following:

- To bring this policy to the attention of school staff and parents/carers and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders (see First Aid Policy) and appointed persons for the school to be able to adhere to this policy, including cover arrangements in case of staff absence or staff turnover to ensure someone is always available and able to brief supply teachers
- To ensure that staff receive appropriate support and training before they take on responsibilities to support children with medical conditions
- To ensure that all staff receive annual allergy awareness training and emergency response training, which is not replaced by general first aid training
- To ensure that cover arrangements are in place for supporting a child with a long-term medical condition
- To ensure monitoring of individual healthcare plans is carried out and renewed at least annually or earlier if evidence is presented that the child's needs have changed
- To ensure parents are aware of this policy
- To ensure that risk assessments are appropriate for individuals for school visits, holidays, and other school activities outside of the normal timetable
- To appoint a named senior leader responsible for allergy safety and the implementation of medical and allergy safety policies
- To identify and record 'near misses' (events that did not result in harm but had the potential to do so) as a prompt to learn lessons and review Individual Healthcare Plans (IHPs)

Senior Leader with delegated responsibilities

The headteacher may delegate some day to day responsibilities regarding the implementation of this policy and the Allergy Safety policy to a senior leader in their school. This may include the following:

- Actively managing the school's register/record of children with medical conditions, Individual Healthcare Plans (IHCPs), and allergy risks (with oversight from the Headteacher)
- Serving as the appointed, named senior leader with overall responsibility for allergy safety within the school
- Authorising Non-Prescription Medication by reviewing and signing off telephone consent records for ad-hoc non-prescription medicine prior to its administration
- Carrying out regular audits, to include administration logs and controlled drug stock termly, to ensure full compliance with policies.
- Ensure all IHCPs are formally reviewed and signed at the start of each academic year.
- Review the 'Administration of Medication' risk assessment at least annually and make suggested amendments to the Headteacher for consideration
- Maintaining the register of staff training identifying and resolving any training gaps
- To carry out appropriate training as required and keep it up to date

Staff Members

The roles and responsibilities of all members of school staff regarding the implementation of this policy in their schools include the following:

- To follow the procedures outlined in this policy using the appropriate forms
- To carry out appropriate training as required
- To complete an IHCP in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs
- To involve children wherever possible in drawing up the IHCP
- To work in partnership with school nurses and/or community nursing teams, GPs and paediatricians
- To share medical information as necessary to ensure the safety of a child and know what to do if they need help
- To ensure supply teachers are fully briefed by referring to class records
- To retain confidentiality wherever possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary, without delay
- To keep the first aid room and first aid boxes stocked with supplies

Educational Visits Leaders should refer to *Medicines on educational visits* section below.

Parents/Carers

The roles and responsibilities of all parents and carers of the Trust's schools' children regarding the implementation of this policy in their schools include the following:

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school – all medicines must have a prescription label on them (i.e. name of patient, dosage, frequency of dosage, storage for medicine and date)
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. if they become an asthma sufferer
- To ensure that they (or another nominated responsible adult) are contactable at all times, which is particularly important for a child with an on-going medical condition

Promoting good health of children and staff

The Trust seeks to promote the good health of all children and staff. The Trust expects its schools to take positive steps to prevent the spread of infection and appropriate action when children are ill in school including promoting the following actions:

- Encouraging children to wash their hands to prevent cross infection
- If a child is taken ill at school - ensuring the class teacher is trained and briefed to contact the school's nominated person to assess the child who may then be removed from the classroom to a dedicated area for their own comfort and to prevent the possible spread of infection. **EXCEPTION: In the case of a suspected allergic emergency (anaphylaxis), help must always come to the pupil. NEVER let a person having anaphylaxis stand or walk around.**
- Contacting parents or carers and asking them to collect their child if they are unwell
- Ensuring a 'deep' clean of an affected area of the school will be undertaken if necessary

School attendance during and after illness

The Trust's schools will follow the following practises:

- Children will be discouraged from attending school when unwell, other than with a mild coughs or colds
- Symptoms of vomiting or diarrhoea will require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children will be discouraged from attending school with earache, toothache or other significant discomfort
- Children will be discouraged from attending school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school.

Further information can be found in the document "Guidance on Infection Control in schools and other childcare settings".

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Safe administration of medicines at school

Prescription Medicines

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. E.g. Antibiotics taken three times a day can be given with breakfast, on getting home from school and then at bedtime.

Emergency medicines and devices such as asthma inhalers or auto injectors should be readily available to children and not locked away.

Occasionally a GP may prescribe a medicine that needs to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a Parental Agreement for Setting to Administer Medicine form (*Template B1*). The exception to this is insulin which must still be in date but will generally be available to school inside an insulin pen or pump rather than the original container. On no account should a child come to school with medicine if he/she is unwell.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school, schools 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 IHCP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' schools will not administer aspirin unless prescribed. The storage and administration 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' schools may administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

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;
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or Patient Information Leaflet (PIL);
- and accompanied by parental/guardian consent and confirmation the medication has been administered previously without adverse effect;

Schools 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;
- for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor; 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.
- Skin creams and lotions will only be administered in accordance with the Trust's Intimate Care Agreement if it forms part of an IHCP.
- 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 standard Paracetamol and antihistamine, locked in a first aid cabinet, will be kept by schools for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

For relief from pain

- Standard Paracetamol (age appropriate) will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.

For mild allergic reaction

- Anti-histamine (Chlorophenamine) will be administered in liquid or tablet form for the relief of allergy symptoms. i.e. itchy rash

Parental consent should be gained for those pupils known to require anti-histamine as part of their IHCP. Verbal consent to administer anti-histamine for hay fever will be gained at the time of administration by contacting parents and this will be recorded in writing. In an emergency medication can be administered with the consent of the emergency services.

Only 1 dose of any of the above medications suitable to the age of the pupil will be administered during the school day and the pupil will be monitored for signs of further allergic reaction.

For 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 Patient Information Leaflet if available.

Pain relief protocol for the administration of paracetamol

Schools will always obtain parental consent before administering any type of pain relief medicine. This consent will be recorded using Template C.

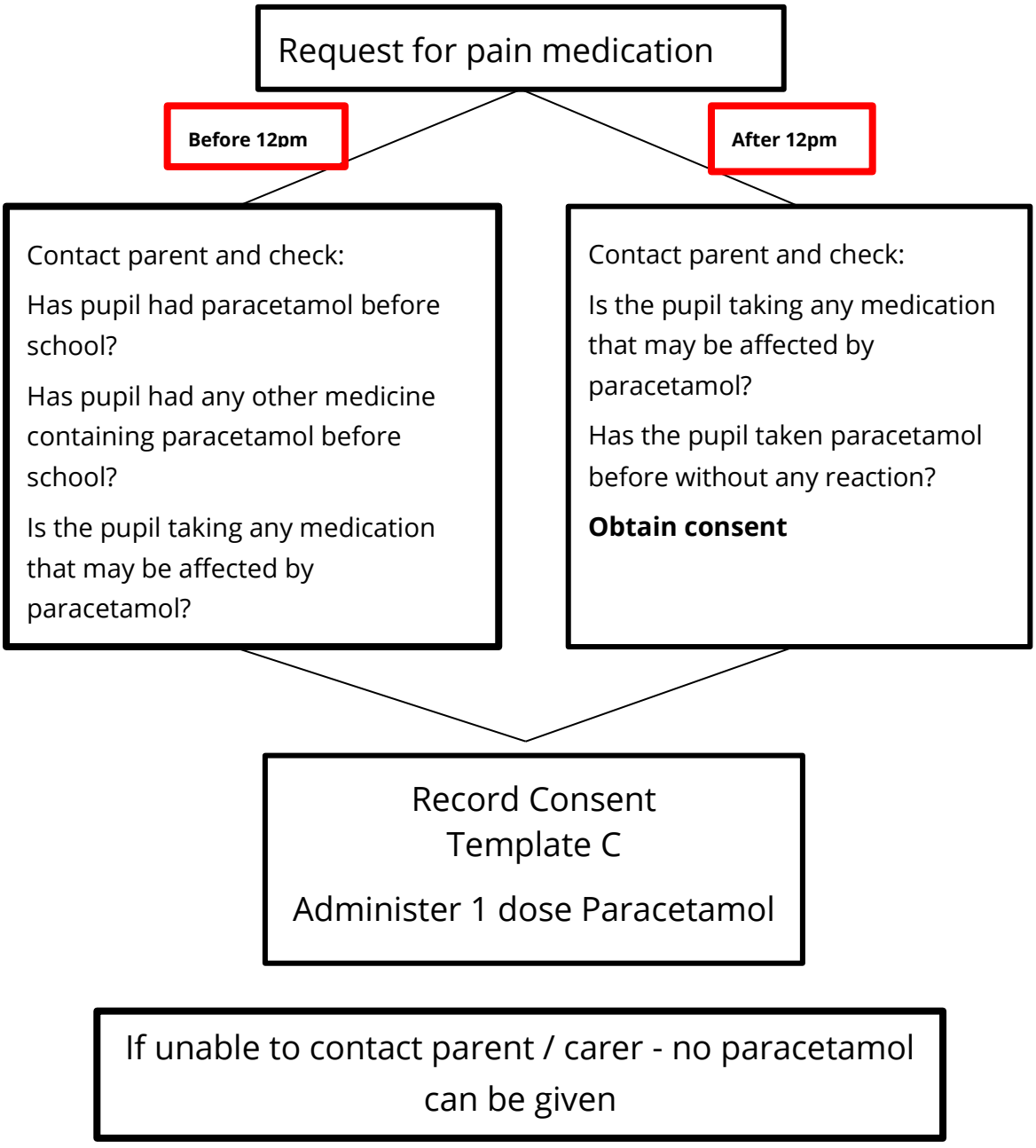
If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was NOT administered before school. Parents/guardians and if appropriate the pupil, will also be asked if they have taken any other medication containing pain relief medication or decongestants e.g. Sudafed, cold and flu remedies, Lemsip and medication for cramps, Feminax etc. These conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school with parental consent will administer 1 dose. (Template C)
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) 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.

If a request for pain relief is made after 12pm:
The school will assume the recommended time between doses has elapsed and will, **with parental consent**, administer 1 standard of dose of Paracetamol without any need to confirm with the parent/guardian if a dose was administered before school. If appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded. (Template C)



Asthma
Schools recognise that pupils with asthma need access to relief medication at all times. Schools will manage asthma in school as outlined by WSCC Health and Safety teams Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the parent or guardian to provide a second inhaler. 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. The school inhaler will only be used in an emergency and will always be used with a spacer. The school will develop IHCP's for those pupils with severe asthma and complete the Individual Protocol for pupils with mild asthma.

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. Our schools comply with the statutory requirement that all staff are trained in allergy awareness and 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. Additionally, the school will stock its own supply of "spare" adrenaline auto-injectors (AAIs) to be used if a pupil's own device is unavailable or in cases of a first-time reaction.

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. **Parental consent will be recorded on *Template C*.**

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. Science, Design and Technology.

Hay fever
Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. Schools 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 IHCP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight 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.

Controlled Drugs

The Trust 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. Controlled drugs will be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also 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 held in school. (Template B3)

Pupils with Long-term or Complex Medical Needs

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Headteacher should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Parents or carers should provide the headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made between the parents, headteacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an IHCP or Educational Health and Care plan (EHCP). The school will review these plans annually or following a significant change in a pupil's medical condition or following any serious incident or near miss.

Reintegration

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools are expected to work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Admissions

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required (Template A). This might include the development of an IHCP and additional staff training.

Procedures must also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements are expected to be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort is to be made to ensure that arrangements are put in place within two weeks.

This policy also refers readers to Schoolsworks' Trust wide Admissions policy.

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication are to be agreed and documented in the pupil's IHCP and parents are to complete the relevant section of *Parental Agreement for Setting to Administer Medicine* form *Template B1*).

IHCPs must include a course of action to follow should a child refuse to take medicine or carry out a necessary procedure.

Staff Training

The school will assess staff training needs. Training should be sufficient to ensure that all staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff members will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any IHCP). New staff members are to attend an induction programme. *Appendix 2* to this policy highlights unacceptable practice.

The school will ensure that the staff members who administer medicine prescribed to control specific chronic conditions are trained to administer those specific medicines. These include medication for Anaphylaxis (auto injectors), Diabetes (insulin) and Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See Staff training record, *Supporting Pupils with Medical Conditions* (*Template D*).

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHCP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course.

The school will ensure that a record is made of every dose of medicine administered in school. The person that administers the medicine is to complete this record. See *Record of Medicine Administered to an Individual Child* (*Appendix 1 – Template B2 or B3*)

Care is to be taken to ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The school must also ensure that any members of staff who provide support to pupils with medical conditions are able to access information and resources as needed.

Staff members will receive annual allergy awareness and emergency response training.

Induction for all new, temporary, and supply staff will include a briefing on this policy and the identification of pupils with known medical conditions

Storage and Access to Medicines

All medicines apart from emergency medicines (for example inhalers and epipens) are to be kept in a locked store cupboard. Medicines must always be stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key. In the event that the lead for the management of medicines is away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and epipens are either to be held by the pupil or kept in a clearly identified container in his/her classroom. Staff must ensure that emergency medication is readily available at all times including during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire.

Parents will be asked to supply a spare *auto injector* for each child and they will be kept alongside other medicines at school. The school will also hold its own stock of spare Adrenaline Devices (AAIs) in a clearly marked kit and stored in pairs. AAIs must not be locked away or kept in restricted-access offices. They must be stored in a safe, central location (e.g., school office or staff room) and be accessible within five minutes from anywhere on the school site.

In accordance with the Human Medicines (Amendment No 2) Regulations 2014 schools are to keep a small supply of salbutamol inhalers for emergency use.

Medicines that require refrigeration are to be kept in a designated fridge, clearly labelled in an airtight container.

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

Record Keeping

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 educational visits. A

parent or guardian will be informed if their child has been unwell during the school day. For record sheets see **Templates B1, B2 and B3** *Record of Medicine Administered to an Individual Child*

All serious incidents and near misses must be recorded in the accident book and reported to parents/carers and the Trust Operations Officer.

Allergen-related food safety incidents may require reporting to the local authority environmental health team.

Emergency Procedures

In a medical emergency, first aid is to be given, an ambulance to be called and parents/carers are to be notified. Should an emergency situation occur with a pupil who has an IHCP, the emergency procedures detailed on the plan are to be followed, and a copy of the IHCP is to be given to the ambulance crew. IHCPs are also to be given to those companies and staff providing transportation of pupils to and from school, in order that the IHCP may be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are to be displayed prominently by the telephone in school offices and medical or welfare rooms. A blank proforma is attached in *Template E*, *Contacting the Emergency Services*. All children in school should know what to do in general terms such as informing an adult immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

In a life-threatening emergency, anyone (staff, volunteers, or bystanders) may take reasonable action to save a life, including administering adrenaline or an asthma inhaler.

Staff acting reasonably and in good faith are protected by law, even if an injury occurs during emergency care.

Medicines on Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits. Parents are to complete a consent form *Template B1*) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with medical needs will be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit and include direction in the risk assessment for the trip.

Pupils at risk of anaphylaxis will have their own adrenaline device with them, and there will be staff trained to administer adrenaline in an emergency. Schools will carry out a trip specific risk assessment and consider whether it may be appropriate, under some circumstances, to take "spare" adrenaline devices in case of emergency to use. However, this should not cause a lack of "spare" adrenaline devices on school premises.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of IHCPs will be taken by the responsible person.

Medicines on Residential Visits

The Trust acknowledges the common law duty of care to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the IHCP.

Occasionally it may be necessary to administer non-prescription medicines like paracetamol to pupils suffering acute pain from conditions such as migraine, period pains or toothache. Parents must give written consent prior to the residential visit using *Template F* before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol for administration to pupils during a residential visit. The medication is to be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

Schools will assess the risks of individual pupils with chronic medical conditions and may provide an appendix to their normal IHCP.

Travelling Abroad

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice is to translate these documents to the language of the country being visited. The international emergency number is to be on the IHCP (112 is the EU number).

Complaints

Issues arising from the medical treatment of a pupil whilst in school, or the support provided to a pupil with an on-going condition, are in the first instance to be directed to the headteacher. In the unlikely event of this not resolving the issue, parents may make a formal complaint using the Trust's Complaints Procedure.

Please read this policy in conjunction with the following Trust Policies:

- Complaints Procedure

- Trust wide Admissions Policy
- Allergy Safety Policy

Please read this policy in conjunction with the following School Policies:

- Child Protection and Safeguarding Policy
- SEND Policy
- Accessibility Plan

Please refer to the following:

- Appendix 1 – Templates
- Appendix 2 – Unacceptable Practice

APPENDIX 1 – TEMPLATES

Template A: School-specific Information on Managing Medicines

School Name:

Lead member(s) of staff for supporting pupils with medical needs including contact telephone number:-

Name

Telephone Number

School Named Staff for administering medicines	
School Named First Aiders	

Template B (1): Parental Agreement for School to Administer Medicines

The school 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.

Medicines must be in the original container as dispensed by the pharmacy. The patient information leaflet must be included

Name of School	
Name of child	
Date of birth	
Class	
Medical condition or illness	
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	
Parents contact name	
Daytime Telephone Number	
Relationship to Child	
Address	
I understand that the medicines must personally be delivered to	*Insert staff name*

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 confirm that this medication has been administered to my child without adverse effect. 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 B (2): Record of Medicine administered to an individual child

To be copied onto reverse page of Template B(1)

Child's Name

Medicine (from overleaf)

Dose (from overleaf)

Date	Time of administration	Name of staff administering medicine	Signature of staff	Any reaction to the drug?

Template B (3): Record of controlled medicine administered to an individual child

To be copied onto reverse page of Template B (1)

Child's Name

Medicine (from overleaf)

Dose (from overleaf)

Quantity Received from Parent/Carer

Date	Time of administration	Name of staff administering medicine	Signature of staff	Signature of 2nd Member of staff	Stock Held	Any reaction to the drug?

Template C: Record of telephone consent for ad-hoc non-prescription medicine.

The school will not give your child medicine unless verbal consent is obtained.

Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	
Verbal consent obtained from (name of parent / carer)	
Date and time of telephone call	
Confirmation that medication has been administered before without adverse effect?	Yes / No
Details of consent. (what drug and how much can be given?)	
Member of staff consent given to	
Signed by member of school's SLT prior to administering medicine.	
Date and Time of administration of medicine	

Template D: Internal 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	
Refresher/update training date	

I confirm that_____ has received the training

detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Template E: 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. Telephone Number

School telephone

2. Your location as follows [*insert school/setting address*]

School address

3. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

Postcode

4. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Best entrance is:

5. Your name
6. Provide the exact location of the patient within the school setting
7. Provide the name of the child and a brief description of their symptoms
8. Put a completed copy of this form by the phone

Template F: Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. Whilst away, if your child feels unwell the school staff may wish to administer the appropriate non-prescription medicine.

Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	**D.O.B**
Gender	**Year Group**

If your child develops the relevant symptoms during the residential visit, with your consent they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary, the emergency services called. You will be informed when the school has administered medication on our return by verbal communication with parent.

The school will hold a small stock of the following medicines:

☐ **Paracetamol brand .....** ☐ **.....**

☐ **Anti-histamine brand .....** ☐ **.....**

Please tick the non-prescription medications that you give your consent for the school to administer their stock of during the residential visit.

If you would like your child to be given travel sickness medication, please supply medication suitable for their age and weight in its original packaging with the patient information leaflet

☐ **Travel sickness .....**

I give my consent for the medications ticked above to be administered by the school from their stock and confirm I have administered them to my child in the past without adverse effect.

Signature(s) Parent/Guardian _____ Date _____

Print name _____

Template G: individual healthcare plan (IHCP)

Attach photograph here

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	
Relationship to child	
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

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. I agree that my child's medical information can be shared with school staff responsible for their care.

_____ _____

Signed by parent or guardian Print name

_____ _____

Date Review date

Copies to:

Template H: Individual protocol for Asthma

Please complete the questions below, sign this form and return without delay.

Child's name	
Date of Birth	
Class	

School use attach photo here

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment.
   (*Include the name, type of inhaler, the dose and how many puffs?)*

……

Do they have a spacer?

……

3. What triggers your child's asthma?

……

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

My child carries their own inhaler	Yes / No
My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office	REQUIRES/DOES NOT REQUIRE
I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible	Yes / No

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

……

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless, they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:……Print name…… Date……
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

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 *I am the person with parental responsibility*	Date

For office use:

	Provided by (parent/ school)	**Location** (ie. with pupil / classroom / office / first aid room)	**Expiry date**	**Date of phone call requesting new inhaler**	**Date of letter** (attach copy)
1st Inhaler					
2nd Inhaler					
Spacer (if required)					
Record any further follow up with the parent/carer:					

Template I: Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

Please complete the questions below, sign this form and return without delay.

Child's name	
Date of Birth	
Class	

School use attach photo here

Nature of Allergy:

.....

.....

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP	**Clinic/ Hospital Contact**
Name:	Name:
Phone No:	Phone No:
Address:	Address:

MEDICATION – Antihistamine	
Name of antihistamine & expiry date	

**** It is the parent's responsibility to ensure the Antihistamine has not expired****

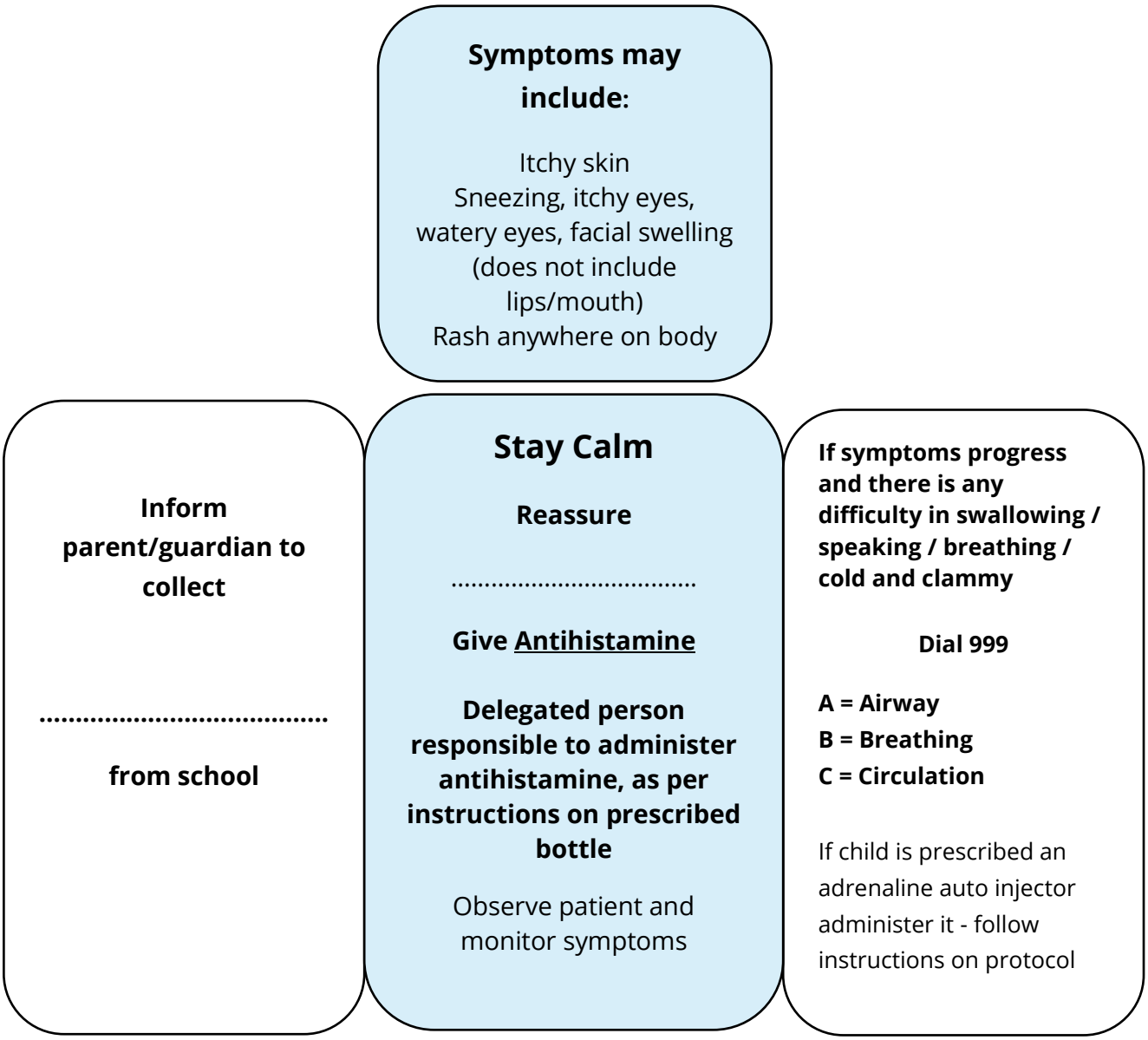
Dosage & Method: **As prescribed on the container.**

It is the school's responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

Parental Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administer this medication in the past without adverse effect.	
Signed Print Name *I am the person with parental responsibility*	Date

Individual protocol for using Antihistamine (e.g. Piriton)



If symptoms progress Dial 999 - Telephone for an ambulance
You need to say: "I have a child in anaphylactic shock".
Give school details: .....
Give details: Pupi'ls name has a severe allergy and what has happened.
DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN
Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template J : Individual protocol for an Emerade adrenaline auto injector

Please complete the questions below, sign this form and return without delay.

Child's name	
Date of Birth	
Class	

School use attach photo here

Nature of Allergy:

.....

.....

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP	**Clinic/ Hospital Contact**
Name:	Name:
Phone No:	Phone No:
Address:	Address:

MEDICATION Emerade

Name on Emerade & expiry date: .....

**** It is the parent's responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired****

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents**

- **It is the school's responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative.....Date.....

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

- **I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Parental Agreement	
Signed Print Name *I am the person with parental responsibility*	Date

Individual protocol focusing an EMERADE (Adrenaline auto injector)

Symptoms may include:

Difficulty in swallowing / speaking / breathing
Wheezy / irregular breathing / excessive coughing
Hoarseness
Nettle rash (hives) anywhere on body
Sense of impending doom
Swelling of throat and mouth
Abdominal pain, nausea & vomiting
Feeling of weakness (BP drops)
Collapse & unconsciousness
Cold and clammy

Stay Calm

Reassure.....

One member of staff to Dial 999

REMEMBER

A = AIRWAY

B = BREATHING

C = CIRCULATION

Give Emerade first then dial 999
Administer Emerade in the upper outer thigh

Remove grey safety cap. Hold epipen with black tip downwards against thigh - jab firmly.

Hold Emerade in place for 10 seconds

Can be given through clothing, but not very thick clothing.
Note time of injection given

If no improvement give 2nd Emerade 5 minutes later

Call Parents

Reassure

.....

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details: .....

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template K: Individual protocol for an Epipen adrenaline auto injector

Please complete the questions below, sign this form and return without delay.

Child's name	
Date of Birth	
Class	

School use attach photo here

Nature of Allergy:

.....

.....

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP	**Clinic/ Hospital Contact**
Name:	Name:
Phone No:	Phone No:
Address:	Address:

MEDICATION EPIPEN

Name on EPIPEN & Expiry date: .....

**** It is the parent's responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired ****

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative.....Date.....

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

- **I give my consent for the school to administer my child's Epipen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Parental Agreement	
Signed Print Name *I am the person with parental responsibility*	Date

Individual protocol for using an **Epipen** (Adrenaline Auto injector)

Symptoms may include:

Difficulty in swallowing / speaking / breathing
Wheezy / irregular breathing / excessive coughing
Hoarseness
Nettle rash (hives) anywhere on body
Sense of impending doom
Swelling of throat and mouth
Abdominal pain, nausea & vomiting
Feeling of weakness (BP drops)
Collapse & unconsciousness
Cold and clammy

Stay Calm

Reassure .....

One member of staff to Dial 999

REMEMBER
A = AIRWAY

B = BREATHING

C = CIRCULATION

Give EPIPEN first then dial 999
Administer Epipen in the upper outer thigh

Remove grey safety cap. Hold epipen with black tip downwards against thigh - jab firmly.
Hold epipen in place for 10 seconds
Can be given through clothing, but not very thick clothing.
Note time of injection given

If no improvement give 2nd EPIPEN 5 minutes later

Call Parents

Reassure

.....

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template L: Individual protocol for an Jext pen adrenaline auto injector

Please complete the questions below, sign this form and return without delay.

Child's name	
Date of Birth	
Class	

School use attach photo here

Nature of Allergy:

.....

.....

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP	**Clinic/ Hospital Contact**
Name:	Name:
Phone No:	Phone No:
Address:	Address:

MEDICATION JEXT

Name on JEXT & expiry date: .....

**** It is the parent's responsibility to supply 2 JEXT pen auto injectors and ensure they have not expired ****

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents**

- **It is the school's responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative.....Date.....

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

- **I give my consent for the school to administer my child's Jext pen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Parental Agreement	
Signed Print Name *I am the person with parental responsibility*	Date

Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)

Symptoms may include:

Difficulty in swallowing / speaking / breathing
Wheezy / irregular breathing / excessive coughing
Hoarseness
Nettle rash (hives) anywhere on body
Sense of impending doom
Swelling of throat and mouth
Abdominal pain, nausea & vomiting
Feeling of weakness (BP drops)
Collapse & unconsciousness
Cold and clammy

Stay Calm

Reassure .....

One member of staff to Dial 999

REMEMBER

A = AIRWAY

B = BREATHING

C = CIRCULATION

Give Jext pen first then dial 999. Administer Jext pen in the upper outer thigh

Remove grey safety cap.
Hold epipen with black tip down-wards against thigh - jab firmly.
Hold epipen in place for 10 seconds

Can be given through clothing, but not very thick clothing.
Note time of injection given

If no improvement give 2nd Jext pen 5 minutes later

Call Parents

Reassure

.....
...

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

APPENDIX 2 – Unacceptable Practice

Although the lead for management of medicines and school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

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

APPENDIX 3 – Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Guardian

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

APPENDIX 4 – Example letter to send to parent/guardian who has not provided an in-date inhaler or auto injector.

Please amend as necessary for the individual circumstances.

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s asthma inhaler/adrenaline auto injector, I am very concerned that in date medication has not been provided. You have confirmed on the Individual Protocol that (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that the following are provided without delay:

- an inhaler/ adrenaline auto injector
- a spacer

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, and you have given your consent staff will administer the schools reliever inhaler/adrenaline auto injector. However if you have not given consent for the school reliever inhaler/adrenaline auto injector to be administered **the law permits anyone to take reasonable action to save life in an emergency**, and 'spare' inhaler/adrenaline devices may be used without checking for prior consent. If 'spare' devices are given in an emergency, the school will call 999 and seek the support of the Emergency Services.

Yours sincerely

Version	V3
Date last reviewed	October 2025 in time for March 2026
Date of this review	August 2026
Date of next review	June 2027, in conjunction with Allergy Safety
Review cycle	Annual
Summary of change at this review	Application of DfE Allergy safety in schools statutory guidance July 2026 and clarification of the Senior Leader responsibilities