ALMOND HILL JUNIOR SCHOOL

GOVERNING BODY

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

FULL GOVERNING BODY	September 2026
DATE FOR REVIEW	September 2027

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The policy has been drawn up in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (Dec 2015) for governing bodies of maintained schools and proprietors of academies in England: https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf

1. Intent

Almond Hill Junior School **is an inclusive community that supports and welcomes pupils with medical conditions.**

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

2. Stakeholders

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

3. Communication and Training

The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

- All staff receive training in what to do in the use of EpiPens and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)[1], which explains what help they need in an emergency. For complex cases the school will seek the guidance of the school nurse to write IHP. For EpiPen and other medication IHP will be written with the parent by the School Business Manager and Headteacher. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- This school has chosen to hold an emergency Ventolin inhaler and EpiPen (lower and higher dose) for use by pupils.

4. Emergency Procedures

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. Relevant year group staff receive annual training for common conditions e.g. allergies, epilepsy and diabetes.[2]
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

5. Administering Medication at School

This school has clear guidance on providing care and support and administering medication at school.

- Where carers/parents request prescribed or non-prescribed medication to be given short term (less than 4 weeks) they should complete the form on our website: https://www.almondhill.herts.sch.uk/form/?pid=17&form=108
- Two members of staff will check medication and form match. One of whom will be a member of the SLT.
- Parents/carers should be aware that 8.45am is a very busy time and they may need to wait until 9.15am to do this.
- Painkillers may be administered for menstrual cycle (5 consecutive days), once a day, not before lunch and parents will be made aware it has been administered.
- We will administer long term medication (4 weeks +). This must be prescribed and a health care plan will be drawn up with parents prior to administration. The school will only administer as prescribed.
- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.

[1] An example template for an IHP has been produced by Dfe - see template A.
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

[2] For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child and to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.[3]
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given by contacting parents. Parents/carers will be informed by text if medication is given.
- We will normally only administer pain relief which has not been prescribed, for a maximum of 3 days (as per the guidelines). Pain relief required for longer should be prescribed. Decisions will be made on an individual basis.
- This school will endeavour to make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

6. Storage of Medication

This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- ADHD medication is a controlled drug and is stored as advised by HCC Health and Safety.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

7. Record Keeping

This school has clear guidance about record keeping.

- As part of the school's admissions process parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.

[3] For school's covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

Where schools are not covered by HCC's insurance they should check with their own insurers.

- This school uses an Individual Healthcare Plan (IHP) to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs may be mentioned in their IHP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHP.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE, science lessons and assemblies to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

8. Offsite Visits

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.

- This school makes sure that a risk assessment is carried out before any out-of-school visit, including educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

9. Emergency Treatment and Management of Anaphylaxis

What to look for: Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.

- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS** (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. **All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.**

10. Roles and Responsibilities

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- roles and responsibilities are outlined in Appendix 1.

11. Policy Review

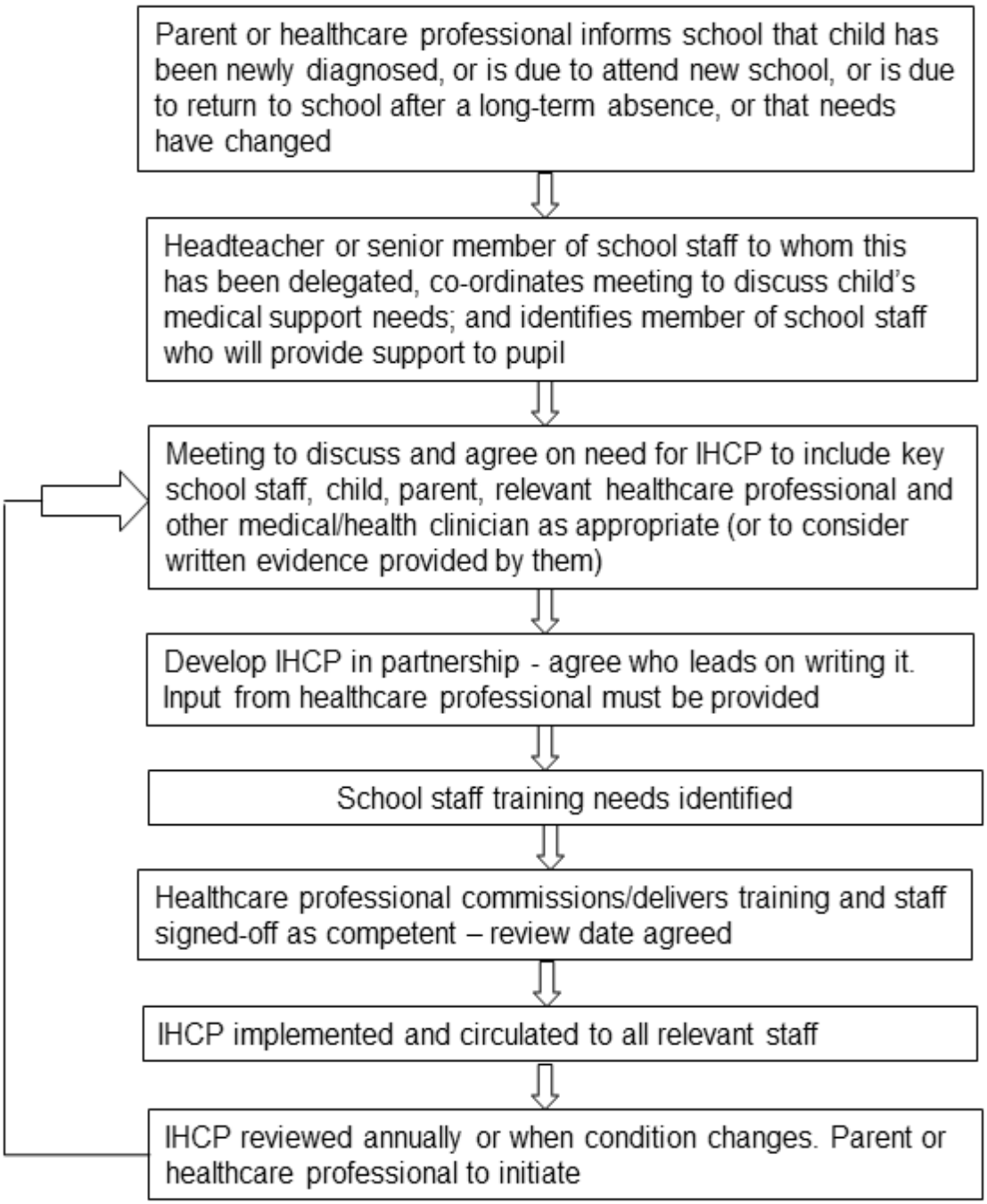
The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.
- Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Headteacher.

12. Linked Policy

Allergy and Anaphylaxis Policy

Appendix 1 - Model Process for Developing Individual Healthcare Plans



Appendix 2 - Roles and Responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, and nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3 - Daily procedures for storage and access to emergency medicines

Asthma

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015). https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHP.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.

The school's volunteer for ensuring this protocol is followed is **Kelly Standley** who checks on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available (by recording the number of puffs given); that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;

- This emergency inhaler will be taken to the fire evacuation point by a member of the office staff and to offsite trips, events and visits.

The emergency inhaler is stored in the main office and is clearly labelled to avoid confusion with a child's inhaler.

Procedure

- Pupil should know at all times where their own medication is stored and how to obtain it.
- Asthma pumps are stored in individually labelled plastic wallets.
- Medication for asthma is stored by the class teacher in classrooms in a cupboard labelled 'Medication'.
- Information regarding pupils who need inhalers is updated by the office and supplied to class teachers.
- Inhalers are taken to all PE lessons and returned at the end of the lesson to the medication cupboard.
- At playtime and lunchtime children will carry their own inhaler. This school supplies 'bum bags' for each child's inhaler.
- Medication is taken by accompanying adult to any out of school activity and returned to the class teacher at the end of the activity.
- NB for some pupils it is necessary to store inhalers in the main office where regular measurements need to be taken and recorded. This will be detailed on the medical records provided.

EpiPen

The school has chosen to hold a "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017).

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

The use, storage, care and disposal of spare AAI(s) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12/13 of the Department of Health and Social Care Guidance on the use of AAIs in schools.

The school hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis). Written parental consent is sought for the use of the spare AAI as part of the pupil's IHP. The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.
A record of use of any AAI(s) will be kept and Parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the pupil's own device.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location **(EpiPens in Oak House are kept in an unlocked cupboard in the main office which is locked overnight (including the spare). EpiPens in Acorn House are kept in an unlocked cupboard in the SENCo's office for year 5 and the Pastoral Lead's room for Year 6.)**. AAIs are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.

The spare AAI is clearly labelled to avoid confusion with that prescribed to a named pupil.

The school's volunteer for ensuring this protocol is followed is **Kelly Standley** who checks on a monthly basis the AAI(s) are present and in date and that replacement AAI(s) are obtained when expiry dates approach.

Procedure

- Pupils should know at all times where their own medication is stored and how it can be obtained.
- There is a spare EpiPen that may be used for all children who have signed authorisation by their parents. There are 2 off each dose of EpiPen stored in the Oak House office and SENCo's office in Acorn House.
- This is kept in the medication cupboard in the main office. 2 Epipens doses of the EpiPen are held in school (1x 0.15g and 1x 0.3g).
- In emergency situations e.g. fire alarm the office staff will take the spare EpiPen to the evacuation point.
- Medication is taken by accompanying adult to any out of school activity and returned to the correct storage place at the end of the activity.
- The school has adopted the 'Guidance on the use of adrenaline auto-injectors in schools guidance produced by the Dept. of Health as its policy. A copy of this can be found in the staffroom on the noticeboard.

Defibrillator

- The defibrillator is stored in the main office above the cupboard straight in front of you as you enter the room. It is in a black case with AED on marked on it.
- In the event of an emergency any adult can access and use the defibrillator following the instructions that can be found opening the case (not just those who have received the training).
- A weekly check of the equipment will be carried out by the receptionist.
- The defibrillator case contains: scissors, gloves, face shield and a razor that can be used to cut clothes, shave hairs if necessary.
- The school has adopted the DfE guidance 'automated external defibrillators (AEDs): A guide for schools' as its policy. A copy of this can be found in the Oak House staffroom on the safeguarding noticeboard.

This policy should be read in conjunction with:

Automated external defibrillators (AEDs) A guide for schools
https://assets.publishing.service.gov.uk/media/67936b102de28ea2d392f35b/Automated_External_Defibrillators__AEDs__guidance_for_schools.pdf

Guidance on the use of adrenaline auto-injectors in schools.
https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

Online Forms:

Parental agreement for school to administer medicine
https://www.almondhill.herts.sch.uk/form/?pid=17&form=108

Use of Adrenaline Auto-Injector (Epipen)
https://www.almondhill.herts.sch.uk/form/?pid=17&form=20

Request for child to carry his/her own inhaler
https://www.almondhill.herts.sch.uk/form/?pid=17&form=19

Appendix 4 - Form 2: Record of medicine administered to a child (for pupils with long term prescribed medication)

Name of school: **Almond Hill Junior School**

Name of child: Class: Date medicine provided by parent:

Name and strength of medicine: Expiry date: Dose and frequency of medicine:

Date	Time given	Dose given	Any reactions	1st member of staff name and signature		2nd member of staff name and signature	

Example A - Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to