




St Monica's Catholic Primary School
...a small school where big things happen...



Supporting Pupils with medical conditions Policy

Policy Reviewed:	Summer 2026
Policy approved by Governing Body: Chair of Governors' signature:	Summer 2026 
Review Cycle:	2 yearly
Date of Next Review:	Summer 2028

Policy addendum:

***Changes made to this Policy to be listed here and signed off by the designated officer:**

Signed: C. Rodrigues

Designation: SENCo

Date: 30/05/26

INTRODUCTION:

St. Monica's is dedicated to providing all pupils with the highest quality education, while addressing individual medical needs, disability or circumstances. In consultation with parents, the school and its staff will make all reasonable adjustments to ensure that pupils of St. Monica's with a disability, medical need or Special Educational Needs (SEN) are not discriminated against or treated less fairly than other students. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010, and/or have special educational needs (SEN), as well as a statement, or Education, Health and Care plan (EHCP).

The policy has been developed in compliance with: *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England* (December, 2015)

DEFINITION OF DISABILITY AND MEDICAL NEEDS:

A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

For the purpose of this policy, students with medical needs may be:

- pupils with chronic or short term medical conditions or a disability involving specific access needs, treatments, support or forms of supervision during the course of the school day;
- sick children, including those who are physically ill or injured or are recovering from medical interventions;
- pupils with diagnosed mental health problems.

AIM:

The Medical Needs Policy addresses the concerns of parents/carers with pupils who have acute or chronic medical, disability or other specific needs that may impair the quality of their education and/or their health. As such, the medical needs policy will define the policies and procedures for ensuring the safety and well-being of pupils in need of an Individual Health Plan (IHCP).

POLICY SCOPE:

This policy covers:

- procedures for managing prescription medicines which need to be taken during the school day;
- procedures for managing prescription medicines on trips and outings;
- roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines;
- to have in place health and safety procedures and guidance to deal with the prevention of the spread of communicable diseases;
- a statement on parental responsibilities in regard to their child's medical needs;
- the need for prior written agreement from parents for any medicines to be given to a child;
- the circumstances in which children may take any non-prescription medicines;
- the school policy on assisting children with long-term or complex medical needs;
- policy on children carrying and taking their medicines themselves;
- risk assessment and management procedures for physical activities and educational visits;
- staff training in dealing with medical needs;
- record keeping;
- and safe storage of medicines.

Source: Supporting Pupils at School with Medical Conditions (DfE 2015)

KEY PRINCIPLES

- to ensure that children are healthy and safe in school;
- to encourage the widening participation of students with medical needs in inclusive education;
- to ensure that those children with medical conditions who may require intervention have the necessary support systems so that they can attend school regularly and take part in school activities;
- to have defined management systems, roles and responsibilities to support individual children with medical needs;
- to train nominated support staff who have specific duties to provide medical assistance as part of their contract;
- to provide the resources for nominated members of staff to fulfil their duties.

ROLE OF THE LOCAL AUTHORITY

The LA will:

- keep schools updated with new guidance on the control of communicable diseases;
- liaise with all statutory health organisations.

ROLE OF THE GOVERNING BODY (GB)

The GB is responsible for:

- appointing a member of staff to be the Coordinator for Health and Safety and for overseeing Medical Needs;
- nominating a link governor to visit the school regularly, to liaise with the coordinator and to report back to the GB;
- the authority to close the school in the event of an outbreak of infectious disease;
- a responsibility for the effective implementation, monitoring and evaluation of this policy;
- the annual review of this policy.

ROLE OF THE SCHOOL

The school is responsible for:

- maintaining a record of students' medical needs on the school's database;
- provide First Aid assistance whenever necessary;
- seek a statutory assessment under the SEN Code of Practice where it considers that the pupil will have significant and chronic medical needs in the future;
- provide work for the pupils to do at home where a longer period of absence is anticipated;
- alert the Home Tuition Coordinator for the Learning Trust where a child is absent for regular or recurrent treatment;
- liaise with the Education Welfare Service, the Home Tuition Service and the hospital, school, depending on the circumstances, to ensure continuity of education;
- liaise with outside providers to monitor the progress of students receiving education elsewhere;
- provide, via the SENCo, an individual health care plan (IHCP) for any student returning from absence with continuing medical needs;
- ensure that procedures for managing medication and effective management systems are in place;
- ensure staff are aware of the policy and their responsibilities within it;
- ensure insurance fully covers staff acting within the scope of their employment duties;
- ensure correct procedures are in place and followed;
- ensure staff receive appropriate training to support children with medical needs;
- be satisfied the training has given staff sufficient understanding, confidence and expertise.

ROLE OF THE HEAD TEACHER

The Head Teacher is responsible for the implementation of and compliance with this policy.

- The Head teacher will:
- work with the governing body to continue to develop the school's policy;
- detailed documented procedures;

- appoint a Designated Medical Officer to make day to day decisions about the administration of medication and ensure they receive proper support and training;
 - ensure support and/or cover for absence or unavailability of staff who normally administer medicines;
 - ensure appropriate systems for information sharing, including confidentiality, are in place and followed;
 - ensure medication is stored safely;
- Ensure staff and parents/carers are aware of the school's policy and procedures;
- agree with parents/carers what support the school can provide;
 - obtain agreement from parents/carers to share information about their child's medical condition/health with other staff members;
 - inform parents/carers of any concerns they have about a child's medical condition;
 - liaise with the Consultant in Communicable Disease Control following the outbreak of an infectious disease;
 - inform the LA of problems relating to communicable diseases;
 - notify the school nurse and the Health Protection Unit of problems relating to communicable diseases;
 - inform parents of any outbreak of an infectious disease;
 - ensure school personnel and parents are aware of the health and safety procedures involving communicable diseases;
 - monitor the levels of absenteeism;
 - enforce individual medical exclusion from school.
 - seek written confirmation from the employer of insurance cover for staff who administer medication;
 - ensure emergency procedures are in place.

ROLE OF THE DESIGNATED MEDICAL OFFICER

- A Designated Medical Officer will be appointed by the Head Teacher;
- The DMO will be responsible for educating all school staff about the medical needs policy and procedures related to communicable diseases and must document such education;
- The DMO will support the SENCo in organizing relevant staff medical training annually, including Paediatric First Aid, Sick Cell and Anaphylaxis;
- The DMO shall ensure that supplies required to be in compliance with the Medical Needs Policy are available for staff use.

ROLE OF PARENTS/CARERS

Parents/carers have primary responsibility for their child's health;

- are responsible for ensuring their child is well enough to attend school;
- should inform the school on the first day that their child is absent;
- should provide a medical certificate in all cases where absence exceeds one week;

- should liaise with the head teacher or his/her representative to agree the school's role in helping to meet their child's medical needs;
- should provide the school with the necessary details of their child's medical condition and when and where the child may need extra or emergency attention in writing;
- should inform the school about any changes in their child's treatment in writing;
- should, where possible, arrange with their doctor for medication to be administered outside of school hours;
- should, where in-school administration of medicine is required, arrange for a separate supply of medication for use in school;
- are responsible for the disposal of medication.

Where parents/carers have difficulty supporting or understanding their child's medical conditions, the school will liaise and refer to the appropriate agency.

INDIVIDUAL HEALTH CARE PLANS (IHCP)

In instances of a medical condition having a substantial impact on the child's provision, the school will draw up an Individual Health Care Plan (IHCP) in consultation with parents/carers, health professionals and the child.

This may include:

- Details about the child and his/her condition;
- Specific and professional advice on what and what not to do;
- Name and details of medication, including any side-effects;
- Special requirements, e.g. dietary needs, precautions;
- A Risk Assessment to ensure that the child participates safely in educational activities;
- Emergency procedures, including a Personal Emergency Evacuation Plan (PEEP);
- Contact details of relevant individuals and agencies;
- Role of school and outside staff.

PRINCIPLES OF ADMINISTERING MEDICATION

No child under 16 should normally be given medication unless prescribed by a doctor. The following guidelines address specific circumstances.

School staff should not administer non-prescription medicines. In rare occasions when, due to an accident or other unusual event, it appears that administering a non-prescribed medication is in the best interest of the child, the following guidelines are to be followed:

- The parent/carer must provide written request and consent;
- The Head teacher must provide written authorization;
- The parent/carer must provide the medication and details of the timing of the

last / next dose of medication in writing;

- Staff must inform parents/carers in writing on the day the medication is taken, detailing time and quantity taken;
- The administration of the medication must be recorded on an appropriate form on each occasion;
- The parent/carer must sign the form acknowledging medication administration.

Medication should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. The school will ensure that the DMO and/or other Paediatric First Aid-trained member of staff is available to administer and witness the administration of medication where this is necessary, e.g. antibiotics and lotions with short periods between doses. The procedure for administration as outlined above must be followed.

Whenever possible, parents/carers should be encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside of school hours.

It is very important for the school to have sufficient information about the medical condition of any child with a long term medical need at the earliest point possible. Parents/carers have a duty to contribute such information at the formulation of a child's IHCP.

PROCEDURES FOR THE ADMINISTRATION OF MEDICINE

It is parent/carer's responsibility to ensure medication is in its original container, unless otherwise authorized) and is dated and clearly labelled with:

- the child's name
- the name and strength of the medication
- Date of issue
- Expiry date
- Length of treatment
- instructions for use
- dosage/s
- Time, frequency and method of administration
- Possible side-effects
- Storage details

The Staff member who receives the medication should be satisfied with the suitability of the container and clarity of the labelling. They should:

- read the label carefully
- Ensure the correct name is stated.

- ensure that they understand the instructions, including written instructions from the doctor, dentist, nurse, or pharmacist;
- check the prescribed dosage on the pharmacist's label and the expiry date on the packaging;
- have parents/carers sign a consent to administer along with a confirmation of the accuracy of the dosing information provided.

If there is any doubt, staff are to check with parents/carers or a health professional before taking further action.

Each time staff administers and/or supervises the taking of medication they should:

- ensure that the child has actually taken the medication
- complete and sign record cards/sheets

Any changes to dosage should be notified by parents updating the Request to Administer Medication form.

HYGIENE/INFECTION CONTROL

We acknowledge that outbreaks of many communicable diseases in schools are actually a reflection of infection spreading in the general community and are difficult to prevent.

We are aware that some communicable disease can be passed on before a person becomes unwell while others can be transmitted by apparently-well carriers of a disease. Therefore, it is very important for us to maintain high standards of basic cleanliness and hygiene at all times.

Students diagnosed with conditions that can be easily spread e.g. live head lice, ringworm... will be advised to go home to minimise the infection and provide comfort to the child from e.g. itchiness. However, it is the parents' decision to keep the child at school until the end of the school day and then seek treatment, and return to class after appropriate treatment has begun.

For any other illnesses e.g. temperature, diarrhoea, the school follows national guidance that can be found here: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources>

Staff will be educated about basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medication. Staff will have access to protective, disposable gloves and be educated about dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. Where needles are used, a sharps container and adequate arrangements for collection and incineration will be used.

DEALING WITH MEDICINES SAFELY

No child should ever under any circumstances be given medication that has been prescribed for another child. This would be an illegal act. Medicines may be harmful to anyone for whom

they are not prescribed. Where St. Monica's agrees to administer any medicine the employer has a duty to ensure that risks to the health of others are properly controlled. This duty is set out in the Control of Substances hazardous to Health Regulations (COSHH) 2002.

STORAGE OF MEDICATION

The head teacher is responsible for making sure all medication is stored safely, especially drugs such as Methylphenidate (commonly known as Ritalin), which are controlled under The Misuse of Drugs Act 1971.

All medication stored by the school will be in an appropriately labelled, container under lock and key. A separate COSHH Risk Assessment is required by the DMO to ensure safe storage.

However, should a medicine need to be refrigerated, it must be in a clearly labelled airtight container. It is advisable that all medication is stored where temperatures are not excessive or it is likely to be extremely humid. Relevant medication should:

- be supplied to the school in the original dispensed container and not re-packed in another container;
- be labelled with the name of the child, the name and strength of the medication, the dosage, the time, frequency and method of administration;
- clearly state the date of issue (current advice is that the medication should have been dispensed within the previous three months).

Where children have more than one prescribed medicine, each should be in a separate container. In the event of a theft or burglary the necessary authorities should be notified and, where it affects a child's immediate needs, the parents/carers should be notified immediately and where necessary health professionals involved. In the most urgent cases it is advisable to contact the emergency services or the nearest Accident & Emergency department.

Non-health care staff should not transfer medicines from their original container under any circumstances.

ACCESS TO MEDICATION

Children should know where their own medication is stored and who holds the key.

A few medicines, such as asthma inhalers and epi-pens, must be readily available to children and therefore not locked away.

Where an IHCP indicates, children should be permitted to carry their own inhalers and epi-pens. Other medicines should be kept in a secure place, not accessible to children. All staff should know where to obtain keys to the medicine cabinet or refrigerator for emergency purposes.

Local pharmacists may give advice to the school about correct storage of medicines.

DISPOSAL OF MEDICATION

School staff should not dispose of medication. This is the responsibility of parents/carers. Date-expired medication or any medication no longer required by the child should be returned to the parents/carers. This should be done at least at the end of every term, with signature of parent/care of receipt (see below). Left over medications should not be stored over holiday periods in school.

Medicines should not be flushed down the sink or the toilet. If in doubt request that the DMO seek the advice of their local pharmacist about disposal of uncollected medicines and relay this to parents/carers.

Sharps boxes should always be used for the disposal of needles. These can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

SELF-MANAGEMENT/ADMINISTRATION

It is accepted good practice to encourage children, wherever appropriate, to manage their own medication from a relatively early age. In these instances, school staff may only need to record medication and consent from parents and health professionals for self-administration. The school will consider each individual child's needs on case by case basis and in consultation with parents/carers and health professionals make a decision on the suitability of self-management of medicines. There is a range of medication such as Ritalin (Methylphenidate) amongst others that falls under the Misuse of Drugs Act 1971. These should be stored under lock and key.

REFUSAL TO TAKE MEDICATION

If a child refuses their medication, they should not be forced to take it. Staff should inform the child's parents/carers as a matter of urgency. In the event that the parents/carers are not contactable, a named health professional known to the child (i.e. their named GP) should be contacted. In the event that the refusal has a detrimental impact as identified in the Individual Health Plan, emergency procedures, such as calling 999, should be implemented. All the above steps and actions are to be recorded.

SCHOOL TRIPS/JOURNEYS

The school will endeavour to make any reasonable necessary adjustments to ensure the inclusion of all children. In the case of children with medical needs, appropriate advice will be sought to ensure their health and safety. This will include all participants of the Individual Health Care Plan as well as the teacher/member of staff in charge of the specific activity.

In some instances, it may be necessary for the DMO to undertake a risk assessment in consultation with the school nurse or the child's GP or to take additional safety measures, particularly for outdoor visits or activities. Staff on school trips will be made fully aware of the

medical needs of children, the procedures for administration of medication and any relevant emergency procedures by the DMO. Wherever possible these situations will be anticipated and included in the child's IHCP.

At all times the school will ensure that the health & safety of students and staff takes precedence over any other consideration. The moving and handling of children and young people is not part of any teacher's job or professional obligations and should only be undertaken when a risk assessment has taken place and training has been given. However, teachers should recognise the possible existence of emergency situations in which the moving and handling of pupils for life-threatening and potentially dangerous reasons might be necessary as part of the teacher's general duty of care.

SPORTING ACTIVITIES

The school will ensure that the necessary adjustments will be made for most children with medical conditions to participate in the PE curriculum or sports activities. Some children may need to take precautionary measures before or during exercise and may need to have immediate access to their medication. Staff supervising sporting activities will be aware of the relevant medical conditions, medication requirements and emergency procedures through access to their IHCP.

Restrictions on physical activity and implications of involvement in physical activities will be recorded in the IHCP. Risk assessments will be carried out to determine whether the pupil can safely participate in physical activities and specialist equipment will be provided where this is deemed reasonable. Designated members of staff assisting the pupil will be trained in safe manual handling.

TRANSPORT TO AND FROM THE SCHOOL

The school and/or parents/carers should alert the Learning Trust if it is felt a child with medical needs, a disability or SEN, requires or may require supervision on home/school transport. The Learning Trust will work with the school to provide the necessary transport and appropriately trained escorts where they are considered necessary. They are trained to know what to do in an emergency. Drivers and escorts are not normally required to administer medication.

STUDENTS AND ALTERNATIVE PROVISION

There may be instances where a student's medical needs require alternative provision such as Home Tuition. Parents and carers will be kept informed about arrangements in school and about contacts made with outside agencies.

Parents, carers and students will be consulted before referral to the Home Tuition Service which is a service of the Learning Trust, Hackney that will:

- provide tuition for students with medical needs unable to attend the school for more than 15 working days;
- provide tuition for students unable to attend due to specific bail conditions;

- liaise with the school to ensure continuity of education whilst the student is unable to attend and to support the individual's return to the school.

ABSENCE AS A RESULT OF A MEDICAL CONDITION

All parents/carers are expected to inform the school on the first day that their child is absent. If an absence lasts for a full week or longer, parents are required to produce a medical certificate:

- In cases where students are absent for periods less than 15 working days, parents/carers will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, then it may be appropriate for the school to provide the student with a pack of work to do at home.
- Where an absence exceeds 15 working days, the school will inform the Education Welfare Service. School Attendance Officer will help to resolve any difficulties, and advise and inform parents/carers of the legal responsibilities of everyone involved. Parents/carers will need to provide the school with a letter from a GP or consultant containing details of the medical condition or intervention and information about the estimated period of absence. The school will also contact the Home Tuition Service.
- If a student is to be admitted to hospital for a period longer than 5 working days, then the head teacher and Inclusion Manager (SENCo) will work with the parents/carers to make arrangements with the hospital to ensure continuity of education.

ACCESS TO EDUCATION IN THE CASE OF ANTICIPATED LONG-TERM ABSENCE

It is essential that parents/carers inform the school at the earliest opportunity if it is anticipated that an absence will be long-term (exceeding 15 working days). When an absence of more than 15 working days can be predicted, arrangements for continuing the student's education will be made by the SENCo.

After speaking to the parents/carers, she will contact the hospital, school and/or Home Tuition Service. She will then communicate the necessary information that will enable appropriate provision to be organised. Information sent will generally include:

- curriculum targets and relevant coursework;
- a copy of the Individual Education Plan (IEP) and where appropriate IHCP;
- relevant information from the latest Annual Review if the student has a statement or EHCP.

Home Tuition will start as soon as is practicable. Current Learning Trust policy is that students/pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases the amount of tuition may be increased if the

Home Tuition Service has the capacity at the time.

In cases where a child has recurrent or regular treatment and is away from the school for a number of shorter periods, the SENCo will alert the Home Tuition Service. The Home Tuition Coordinator for The Learning Trust will make every effort to organise special provision for the pupil in question.

The school, with the parents/carers cooperation, will maintain contact with pupil unable to attend. The SENCo will coordinate the passing on of any information or materials necessary to keep the absent student up to date with topics being covered in class.

The school will continue to liaise with any outside agency so as to monitor the progress of pupils unable to attend. In cases of extended absence, the SENCo will arrange for a review of provision so as to best meet the pupil's needs.

REINTEGRATION FOLLOWING ABSENCE FOR MEDICAL TREATMENT

As with the notification of absence, it is very important that parents/carers give the school as much notice as possible about a pupil's date of return.

The school will, through the SENCO, ensure that a reintegration plan is prepared in advance of the student's return. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases, it will be necessary to have outside professionals on site when the child first returns.

For some pupils, reintegration will be a gradual process. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any health & safety issues that need to be addressed before reintegration.

In the event that a student has significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment under the Code of Practice (Pupils with Medical Needs). There will be consultation with the parents/carers on this matter.

RECORD-KEEPING

The information contained within the IHCPs will be treated in confidence and used for no other purpose than for the school to set up a good support system.

All necessary forms can be found on the school's shared drive and are available to parents on request:

- Contacting Emergency Services
- Individual Health Care Plan template
- Parent/care request for administration of medication

- Emergency request for administration of medication (Head teacher only)
- Record of Medication Administered to a Child
- Request for Child to carry/administer Own Medication
- Authorisation for administration of Controlled Substances
- Risk Assessments for Individual pupil
- Emergency Evacuation Plan template

RISK ASSESSMENTS

Where the disability or medical condition of a child entails specific risks to the individual a Risk Assessment will be prepared. In most instances it is anticipated that this will be attached to the IHCP.

PROCEDURES TO DEAL WITH AN OUTBREAK OF DISEASE

The school will be aware of an outbreak of an infectious disease by:

- a sudden increase in the number of absentees;
- reports from parents that their children are suffering from an infectious disease;
- the mode of transmission;
- the HPU contacting the school.

The Headteacher will:

- contact the LA and the Health Protection Unit with all the relevant details;
- inform parents/carers of the situation and refer them to the HPA website for information on how to deal with the infection.

MEDICAL EXCLUSIONS

- Parents will be requested not to send their children to school when they are ill;
- Pupils who become ill during the school day will be taken home by their parents;
- Pupils suffering from infectious diseases should remain at home for the minimum recommended period.

EXCLUSION PERIODS FOR COMMUNICABLE DISEASES

- See <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>
- See Appendix 6 for guidance

PUPILS WITH DIAGNOSED ALLERGIES

When reporting that their child has allergies, parents and carers must provide documentation from the doctor or clinical nurse specialist that confirms the diagnosis and medication, if any to be used in the event of an allergic reaction. The school requests that the child's clinician complete and sign the appropriate British Association for Allergy and Clinical Immunology Paediatric Allergy Plan as part of this documentation (<https://www.bsaci.org/about/download-paediatric-allergy-action-plans>). Parents must submit this to the school office as soon as

possible. The school nurse will then use the provided information to create a medical care plan for the child.

EMERGENCY PROCEDURES

All school staff will be educated as to how to call the emergency services. They should also know who are the first-aiders and the named person who has responsibility for carrying out emergency procedures with a sign prominently displayed in each room of the school with the names of the relevant staff.

Any child taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

EFFECTIVENESS

We believe this policy will be effective only if we ensure consistency across the school by regular monitoring the implementation of it.

RELATED POLICIES

SEND Policy

Equality Policy

Disability Accessibility Plan

Health & Safety Policy

Educational Visits and Journeys Policy

APPENDICIES

Individual Health Care Plan (IHCP) template

Parental Agreement to Administer Medicine

Head Teacher Agreement to Administer Medicine

Record of Medicine Administered

Request for Child to Carry Own Medicine depending on child's age Staff

Training Record on Administration of Medicines

Public Health England guidance on infection in schools and other childcare settings (March 2019)

Signed: Catarina Rodrigues

Designation: Assistant Head/ SENCO

Date:

30/05/26

APPENDIX 1: INDIVIDUAL HEALTHCARE PLAN (IHCP) TEMPLATE

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

APPENDIX 2: PARENTAL AGREEMENT TO ADMINISTER MEDICINE

Before School staff may administer medication to children, parents must give written consent by completing the following form, submitting it to the school office for the attention of the Designated Medical Officer.

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s) _____

Date _____

APPENDIX 4: REQUEST FOR CHILD TO CARRY OWN MEDICINE (DEPENDING ON CHILD'S AGE)

Before any child may carry and self-administer their own medication, parents must give written consent with: the child's name, GP contact details, date of the prescription, the dose, duration and frequency of the administration of the medication prescribed. The parents must sign and date this letter, submitting it to the school office for the attention of the Designated Medical Officer.

APPENDIX 5: STAFF TRAINING RECORD ON ADMINISTRATION OF MEDICINES

The Head teacher with the support of the SENCO, DMO and School Business Manager will maintain a minimum of one Pediatrics First Aid-trained member of staff per key stage with their training being updated at least once every three years. The school will maintain a record of staff CPD and qualifications or certificates gained for completion of First Aid and medication administration training.

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

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

**APPENDIX 6: PUBLIC HEALTH ENGLAND GUIDANCE ON INFECTION IN SCHOOLS AND OTHER
CHILDCARE SETTINGS**

Children with rashes should be considered infectious and assessed by their doctor. Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

For full details of guidance please see [Guidance on infection control in schools and other childcare settings by the Public health Agency](#).