



Supporting Children at School with Medical Conditions Policy

Calcot Infants and Junior Schools

1. Document Control

Adopted / Adopted and Adapted & Adapted from WBC model
Adapted / Schools own:

Review period: **2 years**

Responsible committee: **Finance, Health, Safety & Premises Committee**

Statutory: **Statutory**

Required on website: **Yes**

Ratified by committee: **October 2024**

Review due: **October 2026**

Chair of Governors' signature: **Mrs Julia Kidd**

2. Change History

Version	Date	Amendment or No Change
1	2016 October	Created from WBC model
2	2018 October	Amended
3	2020 November	Amended
4	2022 October	No changes
5	2024 October	Amended

3. Website History

Version	Date on website
5	2024 October

Policy and Procedures

1. Roles and Responsibilities

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. The DfE guidance 'Supporting pupils at school with medical conditions' (Dec 2015) can be found via the link below

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

This is Statutory Guidance for all schools to follow.

Early years settings should continue to apply the: [Statutory Framework for the Early Years Foundation Stage](#)

The Governing Board

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

The Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual health care plans (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of 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. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Although administering medicines is not part of teachers' professional duties, they must take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents/carers

Parents/carers will:

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

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and

contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

School nurses and other healthcare professionals

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

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

2. Notification that a child has a medical condition

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

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

See Annex A

Individual Health Care Plan (IHCP)

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the SENCo.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

IHCPs will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision.

The format of IHCP's may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHCP.

IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed

with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) schools will need to work with the Local Authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / SENCo, will consider the following when deciding what information to record on IHCPs:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.

Health Care Plans are the pivotal means through which responsibility holders communicate and record information acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This will also facilitate, setting review dates, recording any changes introduced and also lends itself to future auditing.

3. Managing Medicines on School Premises

Prescription and non-prescription medicines will only be administered when it would be detrimental to a child's health or school attendance not to do so and where we have parents/carers written permission. **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**

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

Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which will be inside an insulin pen or pump, rather than its original container, but it must be in date.

All medicines will be stored safely, in a secure place such as a locked cupboard or a labelled airtight box in a refrigerator with restricted access (Named staff only). Children will be informed about where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trip.

Medication that requires storage at a specific temperature or within a temperature zone will be stored appropriately. Those that cannot be refrigerated such as auto adrenaline injectors which are required to be stored at between 15 and 25 degrees most of the time will be kept in insulated containers to ensure they are stored at a consistent temperature. A thermometer will be used to monitor temperatures closely.

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and following consultation between parents and the head teacher. Monitoring arrangements may be necessary. A record of any doses used and the amount held will be kept.

Calcot Schools will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

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

Pupils managing their own needs

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

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

Unacceptable practice

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

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

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

4. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual HCP). A first-aid certificate does **NOT** constitute appropriate training in supporting children with medical conditions.

If there are any changes to the agreed care plan for example changes to dose or type of medication, staff changes etc. then a new care plan should be provided and new training by a health professional will be required. The new training must incorporate a competency test and records retained. It should be recognised that should the school not have competent trained staff to undertake the care plan, then the responsibility to administer the medication could be passed back to the parent.

Where equipment is involved sufficient "hands on training" is essential. This will allow trainees to become fully familiar with equipment operations. This will give confidence particularly when first dealing with equipment in live situations. It is also recommended that update training after a break, e.g. due to school holidays, long sickness absence or other, is carried out.

5. Staff Indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school is a member of the Risk Protection Arrangement which covers staff undertaking medical procedures and provision of prescribed medicines subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015 or similar amending statutory guidance

6. Equal Opportunities

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

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

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

7. Employee's Medicines

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

8. Staff Protection

Staff have access to protective disposable gloves and must take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable.

9. Emergency Procedures

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

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

All staff must be aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

Where a child is in distress or has a need for an intervention and no one in the school feels confident to undertake it then the parent/guardian and a qualified health professional should be called immediately.

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

Generally staff should not take pupils to hospital in their own car. However, if after discussion with the 999 services, it is recommended that the child is taken direct to hospital in a member of staff's car, (pre-checks for staff with business use on their motor insurance, will highlight those members of staff that can transport a pupil. An additional person will accompany the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

10. Routine administration

There will be many cases where the administration of medicines is routine and straightforward (prescribed painkillers, inhalers, antibiotics etc.) In these cases professional training may not be necessary. If in doubt contact the School Nursing Team. Where training is identified the details must be included in the care plan. Staff should never volunteer to give non-prescribed medicines to children unless the parent has given prior permission by signing the agreed care plan.

11. Non-Routine administration

Some children require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment; professional training and guidance must be provided from the School Nursing Team or

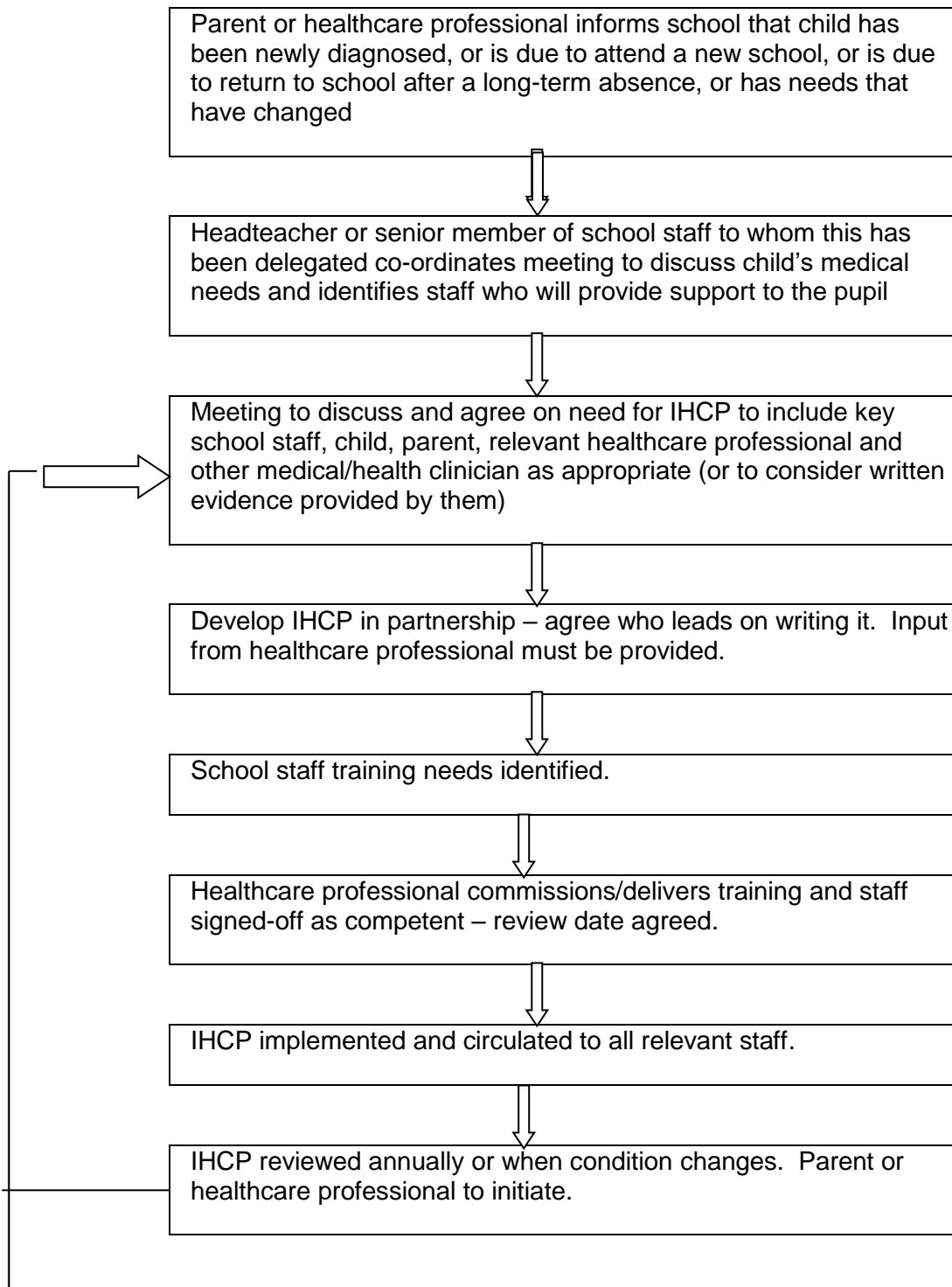
appropriate medical professionals. Once again the training requirements and specific details must be included in the care plan signed off by the Parent and the Head Teacher. Please note that the insurance section need to be advised of these kind of procedures to ensure cover is in place.

12. **Review**

This policy will be reviewed to respond to any changes and at least every 2 years.

The Committee responsible for reviewing and maintaining this Policy is the Finance, Health and Safety and Premises committee

ANNEX A: PROCESS FOR DEVELOPING IHCP's



Individual healthcare plan

1.1 Child's details

Name of school/setting

Child's name

Year Group/class

Date of birth

Child's address

Medical diagnosis or condition

Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours

Allergies:

Date

Review date

1.2 Family Contact Information

Name

Relationship to child:

Phone no. (work)

(home)

(mobile)

Email:

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Email:

1.3 Essential information concerning this child's health needs

	Name	Contact details
Specialist Nurse (if applicable)		
Key Worker:		
Consultant paediatrician (if applicable)		
GP		
Class Teacher		
Health visitor / school nurse		
SEN Co-ordinator		
Other relevant teaching staff		

Other relevant non-teaching staff		
Headteacher		
Person with overall responsibility for implementing plan		
Any provider of alternate provision		

This child has the following medical condition(s) requiring the following treatment	
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Medical Condition	Drug	Dose	When	How is it administered

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored:

2. Routine monitoring (if applicable)

Some medical conditions will require monitoring to help manage the child's condition

What monitoring is required?	
When does it need to be done?	

Does it need any equipment?	
How is it done?	
Is there a target? If so, what is the target?	

3. Emergency Situations

An emergency situation occurs whenever a child needs urgent treatment to deal with their condition

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

4. Impact on child's learning

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. Impact on child's learning and care at meal times

	Time	Note
Breakfast club (if applicable)		
School start		
Morning break		
Lunch		
Afternoon break		
School finish		

After school club (if applicable)		
Other		

Care at meal times

What care is needed?	
When should this care be provided?	
How is it given?	
If it is medication, how much is needed?	
Any other special care required?	

6. Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

7. Trips and activities away from school

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for the care to take place?	
Who will look after medicine and equipment?	
Wh outside of the school needs to be informed?	
Who will take overall responsibility for the child on the trip?	

8. School Environment

Can the school environment affect the child's medical condition(s)?	
How does the school environment affect the child's medical condition(s)?	
What changes can the school make to deal with these issues?	
Location of school medical room	

9. Educational, Social and Emotional Needs

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record

Is the child likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? If so, what?	
Is there a situation where the child will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

10. Staff Training

Governing bodies are responsible for making sure staff have received appropriate training to look after a child. School staff should be released to attend any necessary training sessions it is agreed they need

What training is required?	
Who needs to be trained?	
Has the training been completed?	
<i>Please sign and date</i>	

Please use this section for any additional information for this child:

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	Name	Signatures	Date
Young person			
Parent / Carer			
Healthcare professional			
School representative			
School nurse			

Parental request for Calcot School to administer medicine

Consent form for pupils that require medication during the school day. Calcot Schools will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Year Group/class	
Medical condition(s) or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Dates required from / to	
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	The School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Calcot schools staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that any unused medicines, including empty bottles, will be returned to me for disposal. I accept that it is my responsibility to arrange for replacement medication prior to the expiry date.

Signature(s): _____ Date: _____

Calcot Schools

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-mail:

**LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE**

Child's name:.....

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....
.....
.....

*A member of staff helped them to use their asthma inhaler.

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

[*Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Calcot School Staff training record – administration of medicines

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: _____

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number

0118 942 8727 Juniors or 0118 941 8189 Infants

2. your name

3. your location including postcode as follows:

Calcot Schools,
Curtis Road,
Calcot
Reading
RG31 4XG

4. provide the exact location of the patient within the school setting

5. provide the name of the child and a brief description of their symptoms

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

7. put a completed copy of this form by the phone

model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Calcot Schools record of medicine administered to an individual child

Name of child	
Class	
Date medication to be administered from:	
Date medication to be administered to:	
Quantity of medication received:	
Name & strength of medicine:	
Dose and frequency of medicine:	
Expiry date:	
Date medicine provided by parent:	

Staff signature: _____

Signature of parent: _____

Date medicine returned to parent	
Quantity returned to parent	

Staff signature: _____

Signature of parent: _____

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

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

Date			
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Dose given			
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Name of member of staff
Staff signature

Administering Medicine procedure

