



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: **Biennial**

Responsible committee: **FHSP**

Statutory: **Statutory**

Required on website: **Yes**

Ratified by committee: **Sept 2026**

Review due: **Sept 2028**

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
6	2026 September	Reviewed and updated to reflect current statutory guidance and alignment with the school's Allergy Safety Policy and Whole School Food & Nutrition Policy

3. Website History

Version	Date on website
6	Sept 2026

Policy and Procedures

1. Roles and Responsibilities

This policy has been developed in accordance with section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance, *Supporting pupils at school with medical conditions*. The school also has regard to the Early Years Foundation Stage statutory framework where applicable. For pupils with allergies, this policy should be read alongside the school's Allergy Safety Policy and Whole School Food & Nutrition Policy.

The Governing Board

The Governing Body has ultimate responsibility for ensuring that appropriate arrangements are in place to support pupils with medical conditions and that pupils are able to access and participate in education, including school meals, trips, physical activity and wider school life, as fully as possible.

The Governing Body will ensure that sufficient staff have received suitable training and are competent before taking responsibility for supporting pupils with medical conditions and that appropriate policies, procedures and resources are in place.

The Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there are sufficient number of trained staff available to implement this policy and deliver against all individual health care plans (IHPs), 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 ensuring that appropriate Individual Healthcare Plans (IHPs) are developed and implemented. The coordination and development of IHPs is delegated to the SENCo.
- For pupils with allergies, the allergy safety lead will coordinate the allergy-specific assessment and content of the IHP in conjunction with the SENCo. The Headteacher retains overall responsibility and will make the final decision where agreement cannot be reached about whether an IHP is required.
- 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

Office Staff

Designated office staff will support the administration of medical arrangements by:

- maintaining relevant medical information on the school's Management Information System and other agreed records;
- ensuring information received from parents/carers is passed promptly to the SENCo and relevant staff;
- maintaining records of medication held by the school;
- monitoring medication expiry dates in accordance with school procedures;
- maintaining relevant parental consent and medication administration records; and
- ensuring changes to a pupil's medical information are communicated promptly to relevant staff.

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.

Arrangements will be made to ensure that supply, temporary and cover staff are provided with relevant information about pupils with medical conditions for whom they may be responsible, including any emergency procedures they need to know.

Parents/carers are responsible for:

- providing accurate and up-to-date information about their child's medical condition and support needs;
- informing the school promptly of any diagnosis or change in condition, treatment or medication;
- providing prescribed medicines and equipment required by their child, in date and appropriately labelled;
- replacing medication before it expires;
- providing relevant healthcare plans, Action Plans or clinical information where available;
- participating in the development and review of their child's IHP where one is required; and
- ensuring that they, or another nominated adult, can be contacted when necessary.

Additional responsibilities relating specifically to allergies and medically required diets are set out in the Allergy Safety Policy and Whole School Food & Nutrition Policy.

Pupils

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

School nurses and other healthcare professionals

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

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

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 IHP.

Where notification concerns an allergy, the school will also follow the identification and assessment arrangements set out in the Allergy Safety Policy. A suspected allergy will not be disregarded solely because formal clinical evidence is not yet available. Appropriate interim arrangements will be considered where necessary.

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 Healthcare Plan (IHP)

The headteacher has overall responsibility for the development of IHPs 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

IHPs 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.

Not every medical condition or allergy will require an IHP. The decision will be based on the individual pupil's needs, the level of support required and the extent to which those needs can safely be met through the school's usual arrangements.

For pupils with allergies, the need for an IHP will be determined in accordance with the Allergy Safety Policy. An Allergy Action Plan or Asthma Action Plan issued by a healthcare professional is a clinical emergency plan and is distinct from the school's IHP. Where both are required, the relevant Action Plan will be attached to, or clearly linked with, the IHP and will not be rewritten or altered by school staff.

The format of IHP'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.

IHPs 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 IHP.

IHP'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, e.g. 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 IHP 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 IHPs:

- the medical condition, including any known allergens or other triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- where relevant, any agreed arrangements for managing food allergies or medically required diets, with reference to the Allergy Safety Policy and Whole School Food & Nutrition Policy;
- 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, e.g. 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 IHP.

Healthcare 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 appropriate written parental/carers consent has been provided. **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.

Medicines will be stored safely and appropriately in accordance with the manufacturer's instructions and the individual pupil's needs. Medicines which do not require immediate access may be kept in secure storage. Emergency medicines and devices which a pupil may need without delay — including adrenaline auto-injectors, reliever inhalers and blood-glucose monitoring equipment — must remain readily accessible and must not be locked away or stored in a location which could delay access in an emergency. Pupils and relevant staff will know where the pupil's medication is kept.

Medicines and medical devices will be stored in accordance with the instructions supplied with the particular product and any relevant clinical advice. They will be protected from inappropriate temperatures, direct sunlight and other environmental conditions that could affect their operation. The school will not refrigerate, insulate or monitor the temperature of a medicine or device unless this is required by its manufacturer's instructions or relevant clinical advice.

[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.

Specific arrangements for the provision, storage, checking, use and disposal of prescribed and school spare adrenaline auto-injectors are set out in the Allergy Safety Policy.

Specific arrangements for the school's emergency salbutamol inhaler are set out in the school's asthma/emergency inhaler procedures and associated consent documentation.

Pupils managing their own needs

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

Where appropriate to their age, maturity, individual needs and the nature of the medication, pupils will be supported to take increasing responsibility for managing their own medicines and procedures. Arrangements will be agreed with parents/carers and recorded in the pupil's IHP where appropriate.

Whether a pupil carries their own medication will be determined individually, taking account of the need for safe and timely access. Specific arrangements for AAI's are set out in the Allergy Safety Policy.

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

Wraparound Care

Where a pupil with a medical condition attends Breakfast Club or Afterschool Club (Wraparound Care), their medical needs will be considered as part of the arrangements for that provision. Relevant information will be shared with staff who need it and appropriate medication and equipment will remain accessible.

Any additional arrangements required will be recorded in the pupil's IHP where appropriate. Specific arrangements for transferring prescribed AAI's to and from The Den are set out in the Allergy Safety Policy.

Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- 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
- unnecessarily exclude or segregate a pupil because of their medical condition or allergy where reasonable measures could enable them to participate safely;
- prevent a pupil from accessing an appropriate school meal or free-school-meal entitlement solely because of a medical dietary requirement, without first considering reasonable adjustments.

4. Training

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

Training required to undertake an individual healthcare procedure will be identified through the development or review of the pupil's IHP. Where clinical competency is required, an appropriate healthcare professional will identify the necessary training and confirm staff competency where appropriate.

In addition, staff will receive general awareness and emergency-response training appropriate to their roles. Allergy awareness and anaphylaxis emergency-response training will be provided in accordance with the Allergy Safety Policy.

A first-aid qualification alone does not necessarily demonstrate competence to undertake an individual healthcare procedure.

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 IHPs
- 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.

Where there is a change to the pupil's medical needs, medication, procedure or the staff providing support, the IHP and associated training requirements will be reviewed. Where the change affects a clinical procedure or requires additional competency, appropriate further training and assessment will be arranged and records retained. Where trained staff are temporarily unavailable, the school will implement the contingency arrangements identified in the pupil's IHP and take reasonable steps to ensure that the pupil continues to receive the support they require. Parents/carers will not routinely be required to attend school to provide medical support because suitable staff arrangements have not been made.

Where, in exceptional circumstances, the school has exhausted all reasonable contingency arrangements and no appropriately trained member of staff is available, the parent/carers may be contacted to agree temporary arrangements to ensure the pupil's medical needs can be met safely.

Where specialist equipment or a practical healthcare procedure is involved, sufficient practical, hands-on training will be provided to enable staff to use the equipment or undertake the procedure confidently and competently. Refresher training will be provided where required, including following a significant period away from the role where this affects competency.

5. Food and dietary requirements

Where a medical condition affects a pupil's food or drink requirements, appropriate arrangements will be identified through the pupil's IHP where required.

General arrangements for school meals, medically required diets, food allergen management and special diet requests are set out in the Whole School Food & Nutrition Policy.

Individual allergy management, including Allergy Action Plans and emergency arrangements, is set out in the Allergy Safety Policy.

6. Staff Indemnity

The governing body 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 (RPA), which provides relevant cover for staff undertaking medical procedures and administering prescribed medicines, subject to the terms of the RPA and adherence to applicable statutory guidance and school procedures.

7. 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 schools 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. For pupils with allergies, educational visit planning will also follow the Allergy Safety Policy, including arrangements for prescribed emergency medication and allergy risk assessment.

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.

8. 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.

9. 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.

10. Emergency Procedures

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

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 pupil requires urgent medical assistance, staff will follow the pupil's IHP or emergency plan where available and call 999 without delay where emergency medical assistance is required. Parents/carers will be contacted as soon as practicable but contact with a parent/carer must not delay emergency treatment or the calling of emergency services.

Staff should provide emergency assistance within the scope of their training and competence. Nothing in this policy prevents a person from taking reasonable action in an emergency to preserve life.

Where emergency hospital treatment is required, an ambulance will normally be called. A member of staff will remain with the pupil until the parent/carer arrives and, where necessary, will accompany the pupil in the ambulance. Staff should not normally transport a pupil requiring emergency medical treatment in a private vehicle.

11. Serious incidents and near misses

Serious incidents and near misses involving a pupil's medical condition will be recorded on CREST and reviewed in accordance with the school's incident-reporting arrangements. Any lessons identified will be considered in relation to the pupil's IHP, staff training, risk assessments and school procedures.

Allergy-related incidents and near misses will additionally be managed in accordance with the Allergy Safety Policy.

12. 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 specific training or competency assessment is required, this will be recorded in the pupil's IHP or other agreed medical record. Non-prescription medicine will only be administered in accordance with this policy, following written parental/carer consent and any school

procedures relating to the particular medicine. An IHP is not required solely because non-prescription medicine is to be administered.

13. Non-Routine administration

Some pupils may require non-routine or specialist healthcare procedures, for example injections, rectal medication, catheterisation or support with a tracheostomy. Before staff undertake such procedures, appropriate advice, training and guidance must be provided by the School Nursing Team or other relevant healthcare professional. The procedure, training and competency requirements and any necessary contingency arrangements will be recorded in the pupil's IHP. Where appropriate, the school will confirm that suitable insurance/RPA cover is in place.

14. Information sharing and confidentiality

Information concerning a pupil's medical condition is special-category personal data and will be handled in accordance with the school's Data Protection Policy and applicable data-protection legislation.

Relevant medical information will be shared with staff who need it in order to protect the pupil's health, safety and wellbeing and to provide appropriate support.

The school will balance the pupil's privacy and dignity with the need to ensure that relevant staff can recognise their needs and respond appropriately, particularly in an emergency. Where information needs to be shared with an external provider for an educational visit, activity or other school provision, only information necessary to support the pupil safely will be shared.

15. Related policies

This policy should be read alongside:

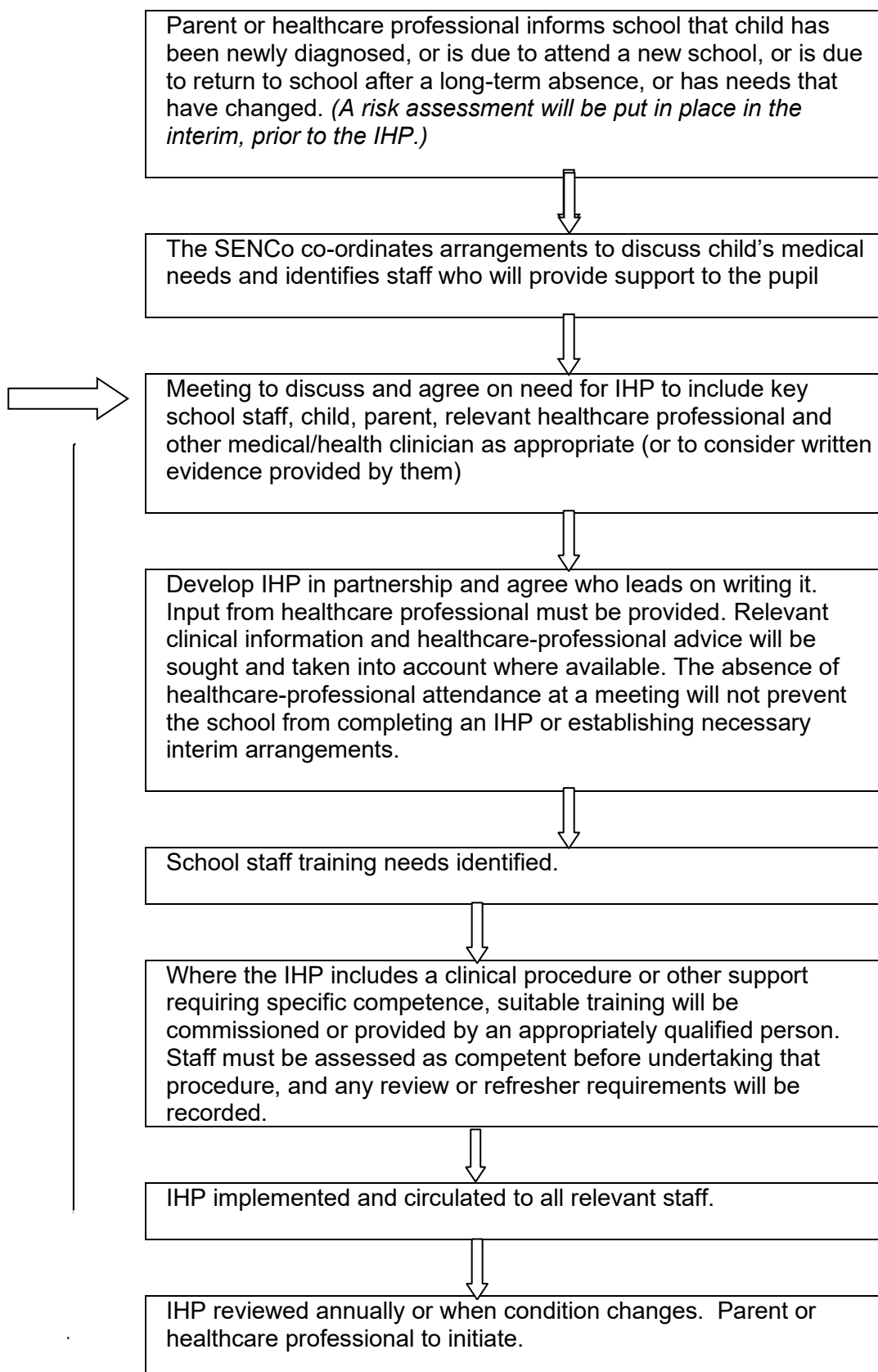
- Allergy Safety Policy
- Whole School Food & Nutrition Policy
- First Aid Policy
- Health & Safety Policy
- Educational Visits Policy/procedures
- Safeguarding/Child Protection Policy
- Data Protection Policy
- Attendance Policy
- SEND Policy
- Intimate Care Policy, where applicable

16. Review

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

The Governors' Finance, Health and Safety and Premises committee is responsible for reviewing and maintaining the Policy.

ANNEX A: PROCESS FOR DEVELOPING IHPs



Appendix B: Individual healthcare plan

The following generic IHP template may be used for pupils with medical conditions. Where an IHP is required specifically for a pupil with an allergy, the current DfE Individual Healthcare Plan for Allergy template (Appendix C), or an equivalent format containing the same relevant information, will normally be used.

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 <i>Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours</i>	
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	
---	--

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 affect 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?	
Who 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 need to attend appointments relating to their condition. Any resulting absence will be recorded and managed in accordance with the school's Attendance Policy and current attendance guidance.

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:

--

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

Appendix C: Individual Healthcare Plan for Allergy

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	

Emergency response: <i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i> <i>Otherwise summarise the signs or symptoms which would indicate an emergency.</i> <i>Set out what to do in an emergency, including whom to contact.</i> <i>If relevant, note where “spare” adrenaline devices are located.</i>	
Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: <i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Parental consent:	Date:
Prescription medication: <i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: <i>Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</i>	
Parental consent:	Date:
Use of “spare” salbutamol inhaler: <i>If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</i>	
Parental consent:	Date:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: <i>Attach any Action Plan to the IHP for use in an emergency.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Issued by:	Date:
Care Plan: <i>Note where any relevant care plan can be found.</i> <i>Note what staff are responsible for delivering / supporting delivery of the care plan.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Date:	Date:

Appendix D: Parental request for Calcot School to administer medicine

Consent form for pupils that require medication during the school day. Except where emergency treatment may lawfully be provided without prior consent, Calcot Schools will not routinely administer medication unless the appropriate parental/carer consent and information have been provided.

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

Medicine

Name/type of medicine (as described on the container)	
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: _____

**Appendix E:
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:

Appendix F
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,

Appendix G: 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.

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Appendix H: 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

Appendix I: 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.

Where appropriate, an Individual Healthcare Plan (IHP) will be prepared to set out the support your child needs and how this will be provided. IHPs are developed in partnership between the school, parents/carers, pupils where appropriate, and relevant healthcare professionals. 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 healthcare plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

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

Yours sincerely

Appendix J: 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			
Time given			

Dose given			
Name of member of staff			
Staff signature			

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			
Time given			
Dose given			
Name of member of staff			
Staff signature			

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			
Time given			

Dose given

Name of member of staff

Staff signature

Appendix K: Administering Medicine procedure

