



Medical Conditions and Medicines Policy

POLICY CONTROL	
Responsible Governor Committee:	Premises, Security, Health and Safety Committee
Approved by Governors:	Spring 2023
Review Date:	Spring 2026

This policy must be reviewed annually unless there are any changes in legislation or guidance in the interim, in which case the policy must be updated as and when necessary.

'Love your neighbour as yourself'

Parable of the Good Samaritan Luke 10:25-37

Our school policies are written with the objective of realising our vision:

As we journey together. we learn to live as good neighbours, demonstrating love, compassion, dignity and respect to all in our communities.

Through this we aspire to become global citizens, courageous advocates and people of wisdom and integrity.

We look towards the parable of the Good Samaritan as our guide.

A school where all **children** are **valued**, where they **feel safe**, are **happy** and **learn well**. We want our school to have a warm friendly atmosphere, which supports families, builds relationships and sets children up for a life of learning. We want our Christian values to guide our pupils along the right path and help them to achieve fulfilling and happy lives.

OUR SCHOOL VALUES

Adderley and Moreton Say Church of England Primary Schools values:

Respect □ **Hopefulness** □ **Kindness** □ **Courage** □ **Integrity** □ **Curiosity**



MEDICAL CONDITIONS AND MEDICINES POLICY

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MEDICAL CONDITIONS AND MEDICINES POLICY

1. RATIONALE

- 1.1. LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need. Where children have a disability, the requirement of the Equality Act 2010 will apply. Where children have an identified special need, the SEND Code of Practice will also apply.
- 1.2. The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.
- 1.3. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Shropshire Council Medicines in Schools section of the Health and Safety Policy which encourages self-administration of medication when possible. Contact details for our School Nurse can be found via the school office administrators.

2. STATEMENT OF INTENT

- 2.1. The governing body of AddMore Federation has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.
- 2.2. AddMore Federation believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.
- 2.3. There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.
- 2.4. Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.



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- 2.5. Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.
- 2.6. In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.
- 2.7. To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers

3. DEFINITIONS

- 3.1. Pupils' medical needs may be broadly summarised as being of two types:
 - (a) **Short-term** affecting their participation in school activities which they are on a course of medication
 - (b) **Long-term** potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**)
- 3.2. "Medication" is defined as any prescribed or over the counter medicine.
- 3.3. "Prescription medication" is defined as any drug or device prescribed by a doctor.
- 3.4. A "staff member" is defined as any member of staff employed at AddMore Federation including teachers.

4. INTRODUCTION

- 4.1. This policy has due regard to legislation, including but not limited to, the following:
 - The Children and Families Act 2014
 - The Education Act 2002
 - The Education Act 1996 (as amended)
 - The Children Act 1989
 - The National Health Service Act 2006 (as amended)
 - The Equality Act 2010
 - The Health and Safety at Work etc. Act 1974
 - The Misuse of Drugs Act 1971
 - The Medicines Act 1968
 - The School Premises (England) Regulations 2012 (as amended)
 - The Special Educational Needs and Disability Regulations 2014 (as amended)
 - The Human Medicines (Amendment) Regulations 2017
- 4.2. This policy has due regard to the following guidance:
 - DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
 - DfE (2015) 'Supporting pupils at school with medical conditions'
 - DfE (2000) 'Guidance on first aid for schools'
 - Ofsted (2015) 'The common inspection framework: education, skills and early years'
 - Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'



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- 4.3. We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 4.4. It is our policy to ensure that all medical information will be treated confidentially by staff. All administration of medicines is arranged and managed in accordance with this policy. All staff have a duty of care to follow and co-operate with the requirements of this policy.
- 4.5. Where children have a disability, the requirement of the Equality Act 2010 will apply.
- 4.6. Where children have an identified special need, the SEND Code of Practice will also apply.
- 4.7. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

5. KEY ROLES AND RESPONSIBILITIES

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

5.1. The Local Authority is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

5.2. The Governing Body is responsible for:

- Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Ensuring that the Medical Conditions & Medicines Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Ensuring written records are kept of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

5.3. The Headteacher is responsible for:

- The day-to-day implementation and management of this policy.



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- Ensuring the policy is developed and effectively implemented with partner agencies.
- Ensuring staff are aware of this policy and understand their role in its implementation.
- Making staff who need to know aware of a child's medical condition.
- Liaising with healthcare professionals regarding any training required for staff.
- Developing Individual Healthcare Plans (IHCPs), although this may be delegated.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- Ensuring the correct level of insurance is in place for staff who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition, which the nursing service maybe unaware of.
- Employing school staff to support children with specific medical conditions, as necessary.

5.4. Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Any member of school staff should know what to do and respond accordingly (i.e. how to get help if they are not the trained person) when they become aware that a pupil with a medical condition needs help.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach.

5.5. School and Community Nurses are responsible for:

- Notifying the school when a child has been identified as having a medical condition which requires support in school.
- Liaising locally with lead clinicians on appropriate support.
- Providing or commissioning specialist medical training for school staff.
- Supporting the school with the drawing up of [Individual Healthcare Plan](#) (IHCP).

5.6. Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a [Parental Agreement for School to Administer Medicine](#) form before bringing medication into school.
- Providing the school with the medication or equipment their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.
- Co-operate in training children to self-administer medication if this is practicable; members of staff will only be asked to be involved if there is no alternative.



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6. IDENTIFYING CHILDREN WITH MEDICAL CONDITIONS

- 6.1. All parents are asked about health needs on the registration/emergency contacts document (whether re YR entry or mid-term transfer).
- 6.2. If a medical need is indicated but the parent, an appointment will be made for the parent to come to school and tell the appropriate person more about the medical need.
- 6.3. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition.
- 6.4. It is the parents' responsibility to inform us if the child's medical status changes while they are on roll with us so that we can formally update their Individual Health Care Plan (IHCP).

7. STAFF TRAINING

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

- 7.1. Teachers and support staff will receive training on the supporting pupils with medical conditions as part of their induction.
- 7.2. Teachers and support staff will receive regular and ongoing training as part of their development, where appropriate.
- 7.3. No staff member may undertake any healthcare procedures without undergoing training specific to the responsibility.
- 7.4. No staff member may administer drugs by injection unless they have received training in this responsibility.
- 7.5. The School Administrators will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

8. THE ROLE OF THE CHILD

Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

- 8.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.



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- 8.2. Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- 8.3. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- 8.4. Where appropriate, pupils will be encouraged to take their own medication or carry out procedures under the supervision of a first aider.

9. SUPPLY TEACHERS

- 9.1. Supply teachers are:
 - provided with access to this policy
 - informed of all relevant medical conditions of pupils in the class they are providing cover for
 - covered under the school's insurance policy.

10. INDIVIDUAL HEALTHCARE PLANS

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

- 10.1. We recognise that Individual Healthcare Plans (IHCPs) are recommended in particular 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 will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.
- 10.2. Where children require an individual healthcare plan it will be the responsibility of the Headteacher or SENDCO to work with parents and relevant healthcare professionals to write the plan.
- 10.3. IHCPs will be easily accessible whilst preserving confidentiality.
- 10.4. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 10.5. Where a child has a special educational need or disability identified in an Educational Health Care (EHCP) plan, the Individual Healthcare plan (IHCP) will be linked to or become part of that EHCP.
- 10.6. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

Statutory Requirement: The governing body should ensure that all IHCPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.



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10.7. The SENDCO or class teacher meets with parents on a termly basis as part of the SEND review process. IHCPs will be reviewed as part of this process.

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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 e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed;
- 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 Headteacher 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 individual healthcare plan.

11. MANAGING MEDICINES

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

- 11.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.
- 11.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a [Parental Agreement for a School to Administer Medicine](#) form.
- 11.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.



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- 11.4. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 11.5. Pain relief medicine will not be administered without previous dosages and timings being confirmed by parents.
- 11.6. Medicines MUST be in date, labelled with the child's name, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 11.7. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence.
- 11.8. Medications (other than inhalers or insulin) will be stored in the office or staff room.
- 11.9. Inhalers and spacers are stored in a safe, readily-accessible place in each child's classroom, clearly marked with the child's name.
- 11.10. Emergency salbutamol inhalers are also available. Parental permission is needed for their use.
- 11.11. Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.
- 11.12. Any medications left over at the end of the course will be returned to the child's parents.
- 11.13. Written records will be kept of any medication administered to children.
- 11.14. Pupils will never be prevented from accessing their medication.
- 11.15. AddMore Federation cannot be held responsible for side effects that occur when medication is taken correctly.
- 11.16. Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.
- 11.17. Types of emergency medicines include:
 - Injections of adrenaline for acute allergic reactions
 - Inhalers for asthmatics
 - Injections of Glucagon for diabetic hypoglycaemia
- 11.18. Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section below).

12. Adrenaline auto-injectors (AIs)

- 12.1. The administration of AIs and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy.
- 12.2. A register of AIs will be kept of all the pupils who have been prescribed an AI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy



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access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

- 12.3. Where a pupil has been prescribed an AAI, this will be written into their IHCP.
- 12.4. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location: the school office or staffroom.
- 12.5. Staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.
- 12.6. The school office will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- 12.7. The spare AAI will be stored in office, ensuring that it is protected from direct sunlight and extreme temperatures.
- 12.8. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 12.9. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
 - 1.1. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
 - 1.2. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
 - 1.3. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
 - 1.4. Where any AAIs are used, the following information will be recorded on the AAI Record:
 - Where and when the reaction took place
 - How much medication was given and by whom
 - 1.5. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 12.10. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency

13. STORAGE OF MEDICINES

- 13.1. All medication other than emergency medication will be stored safely in a cabinet in the school office or the staffroom, where the hinges cannot be easily tampered with and cannot be easily removed from the premise. Controlled medication will be stored in a locked box.



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- 13.2. Where medicines need to be refrigerated, they will be stored in a fridge in the staff room in a clearly labelled airtight container. No children have access to this refrigerator.
- 13.3. Children will be made aware of where their medicines are at all times and how to access them, where appropriate. They should know who to ask and who will be administering their medicine.
- 13.4. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.
- 13.5. Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of Individual Health Care Plans will be taken off site to ensure appropriate procedures are followed.

14. DISPOSAL OF MEDICINES

- 14.1. It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines.
- 14.2. Sharps boxes, if required, will be in place for the disposal of needles. Arrangements would need to be made for collection and disposal.

15. MEDICAL ACCOMODATION

- 15.1. A room will be provided as need for the medical condition, if required. This may be the office or Headteacher's room if no other space is available.

16. RECORD KEEPING

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

- 16.1. A record of what has been administered including how much, when and by whom, will be recorded on a 'record of medicine' form. The form will be kept on file. Any observed side effects of the medication will also be noted and reported to the parent/carers.

17. EMERGENCY PROCEDURES

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.

- 17.1. Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency



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17.2. Pupils will be informed in general terms what to do in an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

17.3. Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

18. EDUCATIONAL VISITS/OFFSITE ACTIVITIES

Statutory Requirement: The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

18.1. We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

18.2. We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

19. HOME TO SCHOOL TRANSPORT

19.1. This is the responsibility of the local authority, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plan for pupils with life-threatening conditions.

20. UNACCEPTABLE PRACTICE

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

20.1. AddMore Federation have defined the following practice as unacceptable:

- Assuming that pupils with the same condition require the same treatment
- Ignoring the views of the pupil and/or their parents
- Ignoring medical evidence or opinion
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the school office alone if they become ill
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.



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- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

21. LIABILITY AND INDEMNITY

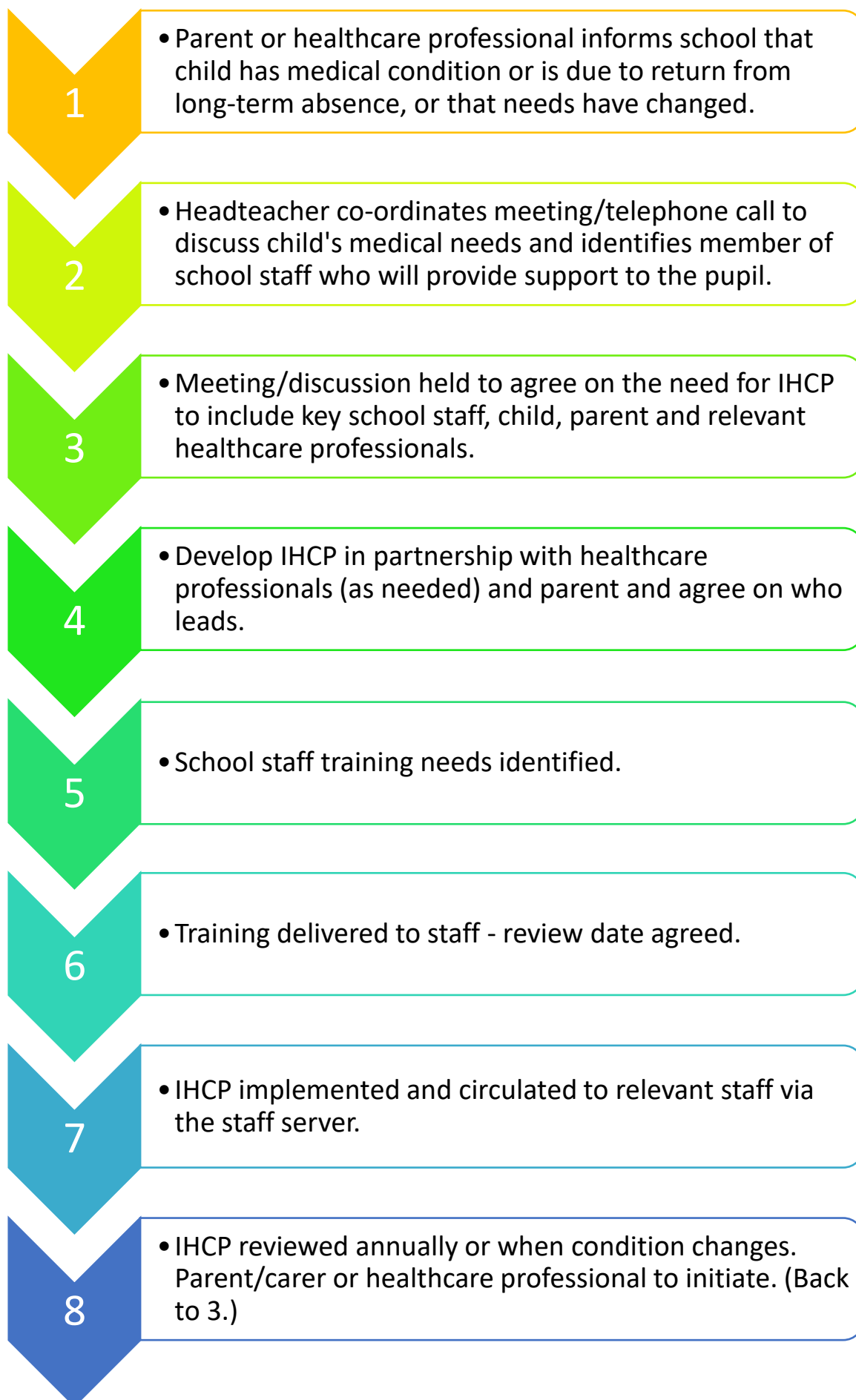
Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

- 21.1. Staff at the school are indemnified under the Shropshire Council insurance arrangements.
- 21.2. This indemnifies school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedures.

22. COMPLAINTS

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

- 22.1. Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendix 1 - Individual Healthcare Plan Implementation Procedure



Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Spare AAI consent, if applicable

Yes No N/A

Date of diagnosis (approx.)

Family/Emergency Contact Information

Priority 1 - Name

Relationship to child

Phone no. (work)

(home)

Priority 2 - Name

Relationship to child

Phone no. (work)

(home)

Priority 3 - Name

Relationship to child

Phone no. (work)

(home)

GP - Name

Phone no.

Clinic/Hospital - Name

Phone no.

Who is responsible for providing support in school, including emergency care and social/emotional support

Parent/Carer

Signature:

Print Name:

Date:
child:

Relationship to

School Representative



Individual Healthcare Plan

APPENDIX 2

Signature:	Print Name:
Date:	

Review date: (annually):	
Child's name	
Medical diagnosis or condition	

Describe how the condition affects your child, including their typical symptoms.

If your child's condition leads to an 'attack' (e.g. asthma, allergic reaction) describe what the **triggers** are and any **control measures** that can be taken to try to avoid an attack; what a **severe attack** would look like; and, the **action** to take **if an attack occurs**.

What are your child's **daily requirements** related to their condition? Including the **name**, **dosage** and **timings** of any **medication**; details of any **specialist equipment** needed.

Arrangement for off-site educational visits.

Staff training needed.

ADVICE FOR PARENTS
Remember:



- 1. It is your responsibility to tell the school about any changes in your child's medical condition or medications**
- 2. It is your responsibility to ensure that your child has their medication and medical equipment with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher.**
- 3. It is your responsibility to ensure that your child's medication has not expired**

Dear Parent/Carer,

RE: Developing an individual healthcare plan (IHCP) 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, 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 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 [date]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. 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.

Please **complete the attached individual healthcare plan template** and bring it to the meeting, together with any relevant evidence, for consideration. If you are unable to attend, I would be happy for you to send in the relevant paperwork and contact me by email or telephone via the school office.

Yours sincerely,

Mrs S. Henney

Executive Headteacher



PARENTAL AGREEMENT FOR THE SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

Medicine

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

Expiry date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects that the school 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 number:

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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 school 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.

Signature(s) _____

Date _____



RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Signature of parent: _____

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:

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Time given:

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Dose given:

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Name of member of staff:

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Staff initials:

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Date:

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Time given:

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Dose given:

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Name of member of staff:

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