Leesland C of E Federation

Supporting Pupils with Medical Needs Policy

Personalised for Leesland from the Children's Service and Safety Team Version1 – September 2014 (most recent version)

'Two Schools, One Vision'

Approval By:	Full Governing Body
Review Frequency:	Annually
Last Reviewed:	October 2025
Next Review Due:	Autumn 2026

Review Approved (signature): EXECUTIVE HEADTEACHER

ON BEHALF OF GOVERNORS

Date Approved: 14th October 2025

*Through our Core Christian values, we aim to create an environment in which everybody feels **loved** enough to aspire to greatness, **respected** enough to build a community, and **gracious** enough to include everyone in our journey to achieve a bright future.*

Supporting Pupils with Medical Needs Policy

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this Federation to make arrangements for supporting children with medical conditions at their premises. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

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.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & 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.

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

The Executive Headteacher is responsible for: Ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head of School should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Executive Headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The Federation Business Manager is responsible for:
Implementing the school's policy and ensuring that information is communicated to school staff in a timely manner. Providing support to pupils with medical conditions, including the administering of medicines. The Business Manager is responsible for arranging & recording staff training. The Business Manager will initiate meetings for the development and review of Individual Health Care Plans and for capturing information on pupils' medical needs through use of the questionnaire when or before they join the school.

The Family Support Workers are responsible for:
Liaising with Parents/Carers and the School Nurses where appropriate.

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

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

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document **'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. (Appendix 1)** We will use the **'Health Questionnaire for Schools'** to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. **(Appendix 2)**

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. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care 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.

We recognise that Individual Healthcare Plans 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.

Where children require an individual healthcare plan it will be the responsibility of the Federation Business Manager and class teacher to work with parents and relevant healthcare professionals to write the plan. **A letter will be sent to the parents inviting them to work together with the school on this. (Appendix 3)**

A healthcare plan (and its review) may be initiated in consultation with the

parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Federation Business Manager will work in partnership with the parents/carer, 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 to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the **individual healthcare plan template produced by the Health Conditions in Schools Alliance to record the plan. (Appendix 4)**

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The governing body should ensure that all plans 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.

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

- The medical need/condition, its trigger, signs, symptoms and treatment;
- 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, requirements for extra time to complete work, use of rest periods or additional support in catching up with lessons including counselling sessions;
- The level of support needed (some children will be able to take responsibility) including in emergencies. If a child is self-managing their own 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 pupil's medical needs from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in 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 the normal school timetable that will ensure the child can participate, e.g. risk assessments;

- Arrangements for travel to and from school and what should be done if an emergency arises (at this school we request that the parent, or an appropriate representative, delivers and collects the pupil to and from school)
- 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 who to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

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)

All new staff will be inducted on the policy when they join the school through the school's induction training programme. Records of this training will be stored centrally.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually and/or following a review of the policy.

The awareness training will be provided to staff by the Executive Headteacher or Federation Business Manager during In Service Training at the beginning of each academic year.

We will retain evidence that staff have been provided the relevant awareness training on the policy by staff signing a signature sheet retained in the Federation's training file.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

Any training received by staff to support managing medicines in school will be recorded in the schools' training files along with any relevant certificates. A copy will be held by the Federation Business Manager.

Managing Medicines on School Premises

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

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Federation Business Manager 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.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a '**Parental agreement for settings to administer medicines' form** will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents **(Appendix 5).** In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is the Children's Services **Medication Tracking Form**. **(Appendix 6)**

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

We will only accept non-prescribed medicines that are in date, labelled, provided in the original container and include the original printed instructions for administration, their dosage and storage.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. **A record will be kept of any doses used and the amount of the controlled drug held in school (Appendix 7).**

There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner and strictly monitored by school staff.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. **Written permission will be sought from parents/carers to give age appropriate doses of paracetamol/Calpol to children who become unwell at school (Appendix 8).**

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 Head teacher.

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.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

The child's role

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.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

All inhalers will be kept in the child's classroom and if used and supported in that use, an individual record will be kept in the purple **'Administration of Medicine – Classroom Record'** folder. If a child's use of their inhaler is not supported by staff,that use does not have to be recorded. **(Appendix 9)**

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premises.

Where medicines need to be refrigerated, they will be stored in the refrigerator in the Junior School staff room and the refrigerator in the office at the Infant school in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines. Whilst medicines are stored in school refrigerators, the temperature of those refrigerators will be monitored daily and recorded.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

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.

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.

Disposal

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. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally when necessary through Gosport Borough Council, in line with Local Authority procedures.

Medical Accommodation

The school offices will be used for all medical administration/treatment purposes. This location will be made available when required.

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.
A record of what has been administered including how much, when and by whom, will be recorded on a '**Record of medicines administered to all children' form. (Appendix 10)** The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

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

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 i.e. informing a teacher immediately if they are concerned about the health of another child.

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).

To request an ambulance - dial 9-999, 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: Infant School 023 92583872
   OR: Junior School 023 92580962

2. Your name
3. Your location as follows:

C of E (Controlled) Infant School Whitworth Road, Gosport, Hants PO12 3NL	or	C of E (Controlled) Junior School Gordon Road, Gosport, Hants PO12 3QF

4. State the postcode
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

A copy of this procedure will be kept in each office by the phone

Day trips/off site 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.***

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.

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.

Other issues

We keep emergency inhalers, auto adrenaline injectors and a defibrillator in each school, at the main school offices. See separate policies regarding these.

Unacceptable practice

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

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits. It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

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.

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify 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 procedure.

Complaints

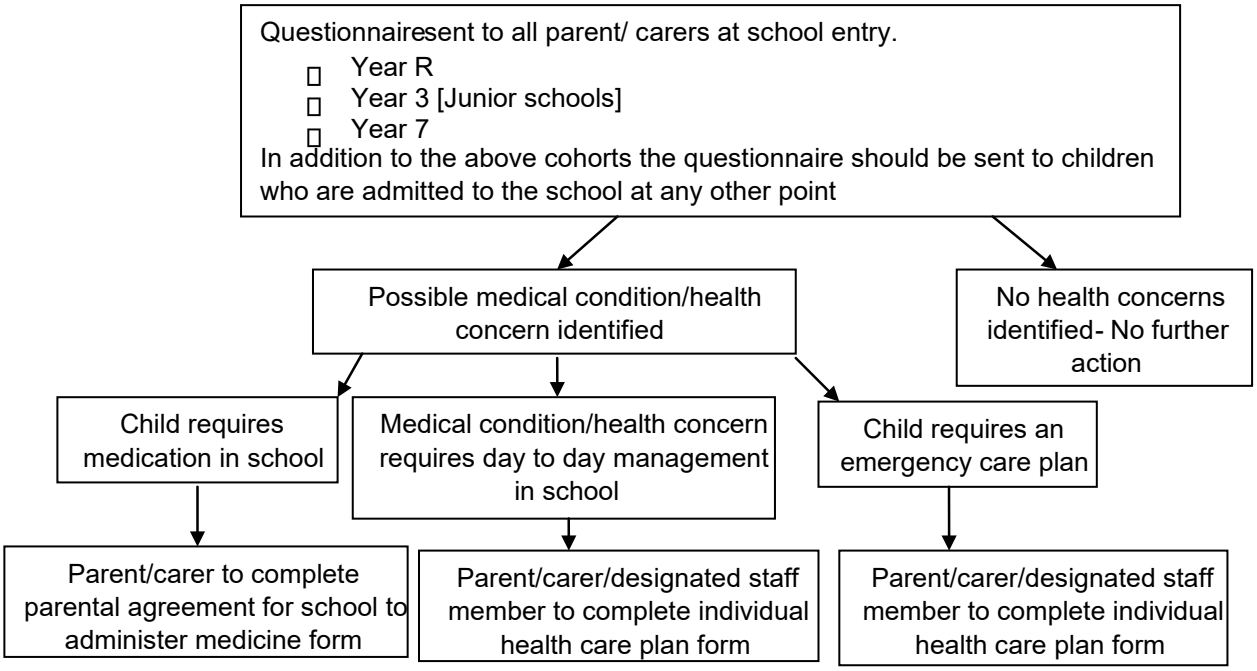
Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

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 compliant via the school's complaints procedure.

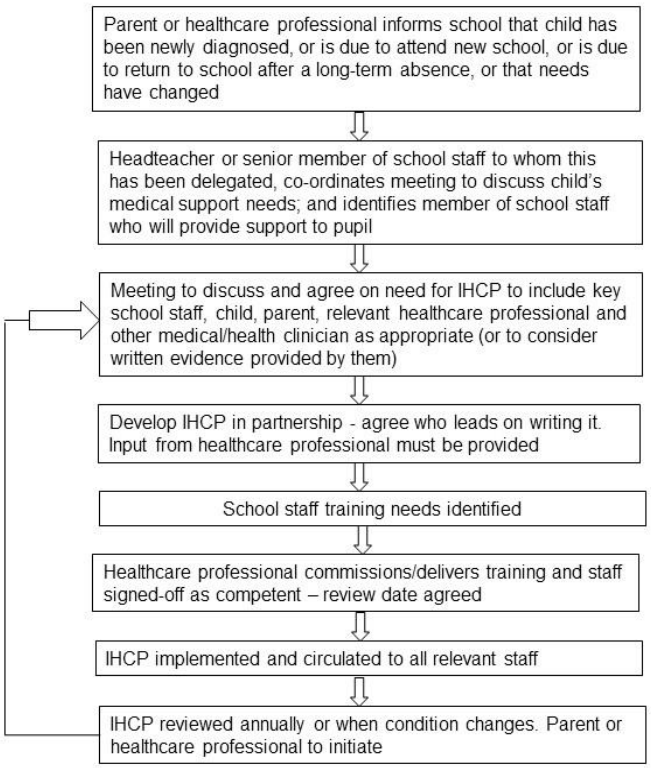
Appendix 1

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance



Appendix 2:

LEESLAND C of E FEDERATION

(may be adapted to an online form)

Please complete the questionnaire below and return it to school as soon as possible.

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care. This information will be kept securely in accordance with our Privacy Notice – see www.leeslandschools-fed.co.uk.

Name of child …….. Date of Birth ……

Home Address……..

……..…. Year ……

Does your child have a medical condition/ health concern? **YES** ☐ **NO** ☐

Please include any allergies.

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES ☐ **NO** ☐

If YES please give details

Does your child take medication during the school day? YES ☐ NO ☐

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES ☐ **NO** ☐

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

Signature(s) _____ Print Name _____
[Parent/ Carer with parental responsibility]

Date _____ Contact number _____

Appendix 3: Letter to parent/carer re Individual Healthcare Plan

Date:

Dear Parent/Carer of ……

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 (IHP) to be prepared, setting out what support 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. It is important therefore that if an IHP is required, is in place as soon as possible to ensure that we are supporting your child appropriately.

We would like to meet with you to start the process of developing your child's individual health care in school. You will be contacted shortly to arrange a short initial meeting which will provide you with the IHP form and should only take a few minutes. You should complete the IHP with your healthcare professional as appropriate.

Once you have returned the completed form another meeting will be arranged and will involve Kate Hedges, the Federation Business Manager and for infant children, Deborah Birch, or for Junior children, Tina Long, Family Support Co-ordinators. Your child's Class Teacher and Learning Support Assistant may also be present depending on the complexity of your child's medical condition. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and you can bring any other evidence you would like us to consider at that 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

Claire Hope
Executive Headteacher

Appendix 4: Individual Healthcare Plan

Leesland C of E Federation
INDIVIDUAL HEALTHCARE PLAN

1 CHILD'S/YOUNG PERSON'S INFORMATION
1.1 CHILD'S/YOUNG PERSON'S DETAILS

Child's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD'S/YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/young person 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/ young person'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/ young person 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 (eg tests or rest) that are required?	

4. IMPACT ON CHILD'S/YOUNG PERSON'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
Arrive at school		
Morning break		
Lunch		
School finish		
After school club (if applicable)		
Other		

_____ Please refer to home-school communication diary
_____ Please refer to school planner

6. CARE AT MEALTIMES

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

7. 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	

8. 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 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/young person on the trip?	

9. SCHOOL ENVIRONMENT

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

10. EDUCATIONAL, SOCIAL & 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/young person 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/young person 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?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. 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? Please sign and date.	

Please use this section for any additional information for this child or young person.

	Name	Signatures	Date
Child/Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

This Individual Healthcare Plan was originally issued by the Health Conditions in Schools Alliance
www.medicalconditionsatschool.org.uk

This general Individual Healthcare Plan was developed from a plan originally designed by a subgroup led by Sandra Singleton on behalf of the North West Paediatric Diabetes Network.

Appendix 5: LEESLAND C of E FEDERATION
Parental agreement to administer medicine in school

Leesland C of E Schools Federation has a policy that some staff can administer medicine. However, we will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

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

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver to and collect the medicine personally from:	a member of the Administration staff

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 of parent_____ Date _____ **PTO**

Medicines Administration Record (Schools)

Sheet ___ of ____

First Name	Surname	D.O.B	Class

Medicine Name	Strength	Form (e.g. syrup/tablets	Dose	At which time(s)

Date	Quantity Received	Quantity Returned	Expiry Date	Signature – Parent	Signature - Staff

Date	Month:		Year:	Month:		Year:
	Time	Amount	Signature	Time	Amount	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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31							

If the pupil refuses their medication, then please inform their parents/carers on the same day (or as soon as is practical) and record 'refused' in the amount column.

Appendix 6:

LEESLAND C of E FEDERATION

MEDICATION TRACKING FORM

LEESLAND INFANT / JUNIOR SCHOOL

Academic year _____

NAME OF CHILD	MEDICATION	MEDICATION EXPIRY DATE	DATE RECEIVED IN SCHOOL	DATE RETURNED TO PARENT/OR MEDICATION FINISHED

Appendix 7: Medicines Record for Controlled Drugs

Medicines Administration Record for CD (e.g. Methylphenidate) **Sheet ___ of ____**

First Name	Surname	D.O.B	Class

Medicine Name	Strength	Form (e.g. syrup/tablets	Dose	At which time(s)

IMPORTANT: Please sign in and out all Controlled Medication by completing the record of medication received and returned overleaf.

Date	Month:			Year:	Month:			Year:
	Time	Amount	Balance	Signature	Time	Amount	Balance	Signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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25								
26								
27								
28								
29								

30									
31									

If the pupil refuses their medication, then please inform their parents/carers on the same day (or as soon as is practical) and record 'refused' in the amount column.

Medicine Name	Strength	Form (e.g. syrup/tablets	Dose	At which time(s)

Date	Quantity Received	Balance in hand	Expiry Date	Quantity Returned	Signature – Parent	Signature - Staff

Appendix 8: Letter requesting written permission to give school held medication.

Dear Parents/Carers

SUPPORTING CHILDREN WITH MEDICINES IN SCHOOL AND THOSE WHO BECOME UNWELL AT SCHOOL

If a child becomes unwell at school, a very effective way of keeping them in school rather than sending them home unnecessarily is to give an appropriate dose of painkiller (paracetamol/Calpol). In order to do this, we must have the parents/carers WRITTEN PERMISSION. We are not permitted to take permission verbally. It is not practical to obtain written permission when a child becomes unwell so we are inviting you to give written permission now, which, if we consider it necessary to give these medicines, we will then contact you to confirm that permission and to check that they have not had some earlier in the day.

The Medicines in Schools guidance has also been extended to cover Antihistamine, Epipens and Salbutamol inhalers.
In the case of Epipens and Inhalers, this gives us a back-up if a child's medication in school fails or an extra dose is required. However, please be aware that in the case of school held Epipens, these would only be administered under medical instruction from the ambulance service in an emergency and after a child's own Epipen had been used.

Please also refer to the Federation's Allergen and Anaphylaxis Policy.

We continue to be happy to administer prescribed and non-prescribed medicines to your children after you have filled out the appropriate form at reception. This form is also available on our website if your child goes to a child minder or Woodpeckers out of school club. Children should not bring medicine into school on their own; it should be brought in by an adult but can be left in school if your child normally comes to school on their own. ALL MEDICINES, WHETHER THEY ARE LIQUID, TABLETS OR CREAMS MUST BE IN THEIR ORIGINAL PACKAGING AND MUST NOT BE DECANTED INTO ANOTHER CONTAINER.

To enable us to support your child/ren in school we would be grateful if you would complete the slip attached so that we can hold your permission for future use. Please return the slip to the school office as soon as possible. Thank you for your support in this matter.

Yours sincerely

Claire Hope
Executive Headteacher

Appendix 9: Leesland C of E Federation

Record of Prescribed Medicines Given to a Pupil in Class

Name of School/Setting		**Academic Year**	
Name of Pupil			
Date of Birth of Pupil			
Year Group and Class			
Medication required for		**Expiry Date**	

Those who self-administer without supervision:
If the pupil is self-medicating without supervision then you do not need to record the doses they have on a medicines chart.

For those who self-administer, with supervision of staff:
There are also those pupils who self-medicate with supervision from staff. You should record the doses that you have supervised them to have on a medicines chart.

No	Date	Time	Medicine given	Dose	Signature	Parent informed
1						
2						
3						
4						
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If further doses are required please complete a new form with medicine information.

Appendix 10: Record of medicine administered to all children

Name of school/setting _____

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name