



Windsor Academy Trust

Milton Primary Academy

Supporting Pupils with Medical Conditions

Supporting Pupils with Medical Conditions	
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In all Windsor Academy Trust Schools, the Headteacher has overall responsibility for the development of individual Healthcare plans (IHPs) for pupils with medical conditions. At Milton Primary Academy this responsibility has been delegated to class teachers.

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

Windsor Academy Trust (WAT) will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing covers teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is the Director of Education.

2. Legislation and Statutory Responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on Windsor Academy Trust (WAT) to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 Windsor Academy Trust

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

WAT will review the arrangements for supporting pupils with medical conditions during annual safeguarding audits.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare 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 the development of IHPs.
- 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.
- Ensure that cover staff are provided with relevant information about children they are working with and are aware of their responsibilities to the children. All cover staff are provided with a briefing - Appendix B

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

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.

Teachers will 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.

3.4 Parents/carers

Parents/carers will:

Provide the school with sufficient and up-to-date information about their child's medical needs.

Be involved in the development and review of their child's IHP and may be involved in its drafting.

Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.5 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.

3.6 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.

4. Equal opportunities

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

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

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

No child will be denied admission to the school or prevented from taking up a place because arrangements for their medical condition have not yet been made, unless accepting the pupil would be detrimental to the health of that pupil or others.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix A will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks of being notified of a new medical condition or by the beginning of the relevant term for pupils who are new to our school. For pupils who transition to school mid-term, every effort will be made to ensure that arrangements are put into place within 2 weeks of them starting school.

Where a pupil is moving to a different school, we will cooperate and support that school in providing information where possible. However, sharing of any information will be strictly in accordance with the Data Protection Act 2018.

6. Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Laura Parry - DSL and SLT.

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.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Key staff will consider the following when deciding what information to record on IHPs:

- 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, support for reintegration following an absence, 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, including in emergencies. If a pupil is self-managing their medication, this will 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 condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents/carers 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 pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

7. Managing Medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so.
- Where we have parents/carers' written consent.

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.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school 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, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma

inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard and only trained staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 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 care plan.

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.

7.3 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.

8. 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.

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

9. Training

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

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

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

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- Fulfil the requirements in the 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.

10. Record keeping

WAT will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

Templates for record keeping can be found on the DfE website, [here](#).

11. Liability and indemnity

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

WAT is a member of the Department for Education's risk protection arrangement

(RPA). 12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the DSL in the first instance. If the DSL cannot resolve the matter, they will direct parents/carers to the school's complaints policy.

13. Monitoring arrangements

This policy will be reviewed and approved by the board of trustees on an annual basis.

Assurances around the implementation and use of this policy are monitored as part of the annual safeguarding audits carried out in each school. The outcomes of these audits are shared with the Education and Performance Committee, Safeguarding trustee and, where appropriate, the Audit and Risk Committee to provide oversight, assurance and an opportunity for appropriate challenge and review prior to approval of policy revisions.

The school's Supporting Pupils with Medical Conditions policy is published on the academy website and is available in hard copy on request from the school office. Staff and parents will be notified when the policy is updated.

14. Links to other policies

This policy is associated with the following policies:

- Child Protection and Safeguarding policy
- Health and Safety policy (including first aid)

Appendix 1: Briefing Note to Support Cover Staff (supply)

Introduction

Pupils with medical conditions must be supported to access learning safely and fully. You are not expected to diagnose or treat medical conditions, but you should be aware of key pupils and what to do if a medical issue arises.

What You Need to Know Today

- 1. Discuss as part of induction and children who have a medical plan**
- 2. Location of medical information**
 - Further information can be gained from the school office
- 3. If a child becomes unwell**
 - Stay calm and do not leave the pupil alone.
 - Send for help using the red triangle system. Choose a responsible pupil to take the triangle to another member of staff
 - Follow the instructions in the medical information if provided.
 - Report to a staff member (e.g., medical lead, safeguarding lead or phase leader)
- 4. Medication**
 - Do not administer any medication unless explicitly authorised and trained to do so.
 - If a pupil self-administers medication (e.g., inhaler or insulin), supervise calmly and discreetly.
- 5. Be Aware of Triggers**
 - Some pupils may need to sit near a door, avoid physical activity or have access to water/snacks.
 - Some pupils may need to access toilet facilities more regularly than might normally be expected. Pupils requiring this support will be pointed out to you.
 - Respect privacy and dignity while supporting their needs.

Further Support

If you have any concerns or questions at any point, please speak to:

- A member of the leadership team
- Designated Safeguarding Lead (DSL) - Laura Parry
- Reception

Thank you for your professionalism and support in helping keep all our pupils safe and included.

Care Plans at Milton Primary Academy (Appendix's 2 - 5)

At our school, there are four types of plans to support health conditions.

- **Individual Healthcare Plan** – pupils with a long term diagnosed condition inc. prescribed medication
- **Temporary Medication Plan** - pupils with a short term diagnosed condition inc. prescribed medication
- **Agreed Non-Prescription Medication** – pupils requiring medication/treatment to support health and attendance
- **Asthma Care Plan** – pupils requiring an inhaler based on a diagnosis

Individual Healthcare Plans - IHPs (Appendix 2)

When a child has a medical condition that is long term, they will have an Individual Health Care Plan. IHPs are written in partnership with pupils, parents, school staff and any outside agencies that are involved including nurses. They are reviewed on an annual basis unless a child's needs change before this date. In this case, a plan is reviewed as soon as a mutual date can be arranged for all stakeholders to meet and review it. When an IHP is created, the best interests of the child are central to this and measures put into place to help the pupil access a full and varied curriculum and school life. If a pupil moves school, the child's IHP is passed on to their next setting in their personal file. All staff are aware that it is not the sole responsibility of one person to ensure that an IHP is carried out.

Teaching staff who have daily contact with a pupil with a medical condition have access to the pupil's medical file.

A parent with parental responsibility must complete the form.

Appendix 2

Individual Health Care Plan

Individual Health Care Plan – pupils with a long term diagnosed condition inc prescribed medication.

Individual Health Care Plan	
Date	
Name	
Class	
Medical Condition	
Triggers	
Signs and Symptoms	
Medication	
Dose	
Storage	
Will the child be self-managing their own medication?	Please complete the appropriate box – yes or no. Include more than 1 member of staff if necessary.

<u>NO</u> Which staff member(s) will support and/or administer?	
<u>YES</u> Which staff member will monitor the child when self-medicating?	
Trained staff if applicable	

Individual Health Care Plan

What to do in an emergency	
_Who to contact in an emergency	
_Health Care Plan completed by (must be a first aider)	
Review Date	

Signed by:

First Aider: _____

Designated Safeguarding Lead: _____

Parent/carer: _____

Temporary Medication Plan (Appendix 3)

At times, a child may require a temporary medication plan for a short-term prescribed medication (no more than 14 days) e.g. antibiotics for infections, digestion treatment, dental treatment etc.

Parents are required to complete a temporary medication plan with a first-aider. This will include sharing information about the condition, the medication required and the doses.

A parent with parental responsibility must complete the form.

Appendix 3:

Temporary Medication Plan

At times a child may require a temporary medication plan for short-term prescribed medication (no more than 14 days) e.g. antibiotics for infections, digestion treatment, dental treatment etc

Parents are required to complete a temporary medication form with a first-aider. This will include sharing information about the condition, the medication required and the doses.

Name and signature of first-aider completing the form: _____

DETAILS REQUIRED	EXAMPLE	DETAILS
Date	<i>1.1.16</i>	
Name of Pupil	<i>John Smith</i>	
Class	<i>Year 2</i>	
Details of the condition	<i>Tonsillitis</i>	
Name and type of Medication	<i>Penicillin – Liquid form</i>	
Dosage to be given	<i>one 5ml spoon</i>	
When should this be administered?	<i>10:00am 1:00pm</i>	
Time of last dosage	<i>7:00am</i>	
How long the temporary plan is required for? (No longer than 14days)	<i>7 days</i>	

Name and signature of parent (PR) completing the form. By signing you agree the information above is correct and consent to medication being administered by a member of staff.	
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Agreed Non-Prescription Medication Plan (Appendix 4)

Non-prescription means medication that can be purchased over a counter without the need to obtain a prescription from a doctor.

Non-prescription medication will only be administered in exceptional circumstances where this supports the pupil's health and allows them to attend the school.

Exceptional circumstances could include:

- *Pain relief following a medical procedure*
- *Pain relief following a recent accident*
- *Pain relief to support an ongoing medical condition e.g. childhood migraines*
- *Treatment to support an ongoing medical condition e.g. eczema, hayfever*

The decision to allow the administration of non-prescription medication will be made at the discretion of the Headteacher.

The school will have a supply of calpol, ibuprofen and piriton, which will be available for pupils requiring non-prescription medication in exceptional circumstances.

If your child requires a non-prescription medication plan, a first-aider will meet with you to discuss and agree the required actions. A parent with parental responsibility must complete the form

When a pupil requires their medication in school, a first-aider will review the child's need for treatment and make the decision on whether to administer. This will be administered in line with the agreed consent plan from the parent.

A parent with parental responsibility must complete the form.

Appendix 4:

Non-Prescription Medication Plan

Non-prescription means medication that can be purchased over a counter without the need of obtaining a prescription from a doctor.

Non-prescription medication will only be administered in exceptional circumstances where this supports the pupil's health and allows them to attend the school.

Exceptional circumstances could include:

- Pain relief following a medical procedure
- Pain relief following a recent accident
- Pain relief to support an ongoing medical condition e.g. childhood migraines
- Treatment to support an ongoing medical condition e.g. eczema, hayfever

Name and signature of first-aider completing the form: _____

DETAILS REQUIRED	EXAMPLE	DETAILS
Date	<i>1.1.16</i>	
Name of Pupil	<i>John Smith</i>	
Class	<i>Year 2</i>	
Details of the condition	<i>Migraines</i>	
School medication required	<i>Calpol</i>	
Other medication required	<i>N/A</i>	
Dosage to be given	<i>one 5ml spoon</i>	
When should this be administered?	<i>10:00am</i> <i>1:00pm</i>	
Time of last dosage	<i>7:00am</i>	

How long the temporary plan is required for?	<i>Ongoing</i>	
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Name and signature of parent (PR) completing the form. By signing you agree the information above is correct and consent to medication being administered by a member of staff (school own or medication provided by a parent).	
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Asthma Care Plan (Appendix 5)

If a pupil is diagnosed with asthma, parents must inform the school by completing the form in the authorisation's pack, or requesting a plan from the school office. A member of staff will then contact parents to discuss the plan in more detail. On completion of the form, and following a discussion with the school, the use of an asthma inhaler will be allowed in school.

A child's asthma inhaler will be kept in the child's classroom. When this is administered, a member of staff will supervise and support if necessary. A sticker/note will be shared with parents when they have used their inhaler.

It is the parents' responsibility to ensure that the prescribed inhaler for their child is in date and kept in school.

Asthma care plans are reviewed annually. It is the parent's responsibility to update the school of any changes to their child's condition.

Appendix 5:

Asthma Care Plan and Medication: Consent

If your child has been diagnosed with asthma by a doctor and has been prescribed an inhaler, please complete the care plan. By completing the care plan, you **consent** to school staff administering your child's inhaler if required. Staff undertake regular asthma training.

Child's name		Emergency contact:	
Date of birth		Inhaler type and expiry date:	

What signs show that your child needs their inhaler?	
e.g. breathing heavily, wheezing, coughing	
What are your child's triggers (things that make their asthma worse)?	
e.g. pollen, exercise, weather	
Does your child tell you when they need their inhaler? Please circle	
Yes	No
Does your child need help taking their inhaler? Please circle	
Yes	No
If exercise or weather are a trigger, do you give permission for your child to have 2 puffs prior to PE or outdoor activity? Please circle	
Yes	No

Asthma control guidance followed by the school:			
Stage 1: Well controlled.	No emergency inhaler needed.		

Stage 2: first signs of symptoms: e.g. cough, wheeze, shortness of breath.	Give 2 – 4 puffs with spacer.	Allow 5 minutes after first 2 puffs for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 3.	
Stage 3: Asthma attack. Worsening symptoms than in stage 2. Contact parents/carers and recommend a medical review needed.	Give 6-8 puffs with spacer.	Allow 5 minutes for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 4.	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.
Stage 4: Severe Asthma attack. Symptoms not improving.	EMERGENCY Give 10 puffs. With spacer.	You must call 999. After the 10 puffs, One further puff can be given every minute until help arrives	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.

- If your child requires treatment for asthma, but they have not got their own inhaler, the school's emergency inhalers will be used.
- In the event of an emergency, school will seek urgent medical support.
- Please ensure that your child has an **inhaler** and **spacer clearly labelled to be kept in school** and that your child's inhaler is within its **expiry date** at all times.
- You will be informed if your child has used their inhaler during the school day via a sticker in their reading diary.

Consent

I hereby give consent for the school to give my child their inhaler for the treatment of asthma.

Parents/ carers signature /date:	School signature/date:	Nurse signature/ date:

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I hereby give consent for school to give my child the school's emergency inhaler for the treatment of asthma, if my child's inhaler cannot be used.

Parents/ carers signature /date:	School signature/date:	Nurse signature/ date:
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Other Information (Appendix 6)

General Illness during the School Day

If a child reports they are unwell during the school day, a first-aider will assess their condition and call parents if required. Parents may be given the option to provide their child with some pain relief/treatment to allow the child to remain in school – this will be at the discretion of the first-aider. If a child is deemed too poorly to stay in school, parents will be asked to arrange immediate collection. Staff will use the contact list provided by parents to make arrangements for collection.

The school will not administer medication to a pupil where a pre-agreed medical plan is not in place. However, in a medical emergency a first aider may administer medication without a plan in place if directed to do so by a medical professional or if by not doing so would be detrimental to the health and wellbeing of a child. We will always try to ascertain parent consent prior to administration. This will be at the discretion of the head teacher or a member of the senior leadership team in their absence.

Procedures for Managing Medicines

Medicine is only administered if it would be detrimental to the child's health or school attendance if this was not administered. It is paramount that medication is only administered in school **if absolutely necessary**. A first aider will assess all medication requests. If it is assessed that medication can be administered at home, then parents will be informed of this. All medication must be signed in at the school office.

The following applies to all medication:

- All prescribed medication must be in date, labelled, provided in the original container as dispensed by the pharmacists, and include instruction for administration, dosage and storage (except insulin).
- Non-prescribed medications which have been approved for use in school must be sealed, in date and in the original packaging with the instructions for dosage.
- Medication will be stored in a safe place and in accordance with the instructions for storage of the medication.
- School medication will be stored in a safe place and will be in date.
- When a child is required to take medicine during school time, parents should contact the school office to arrange a meeting/discussion.
- Where children are able to administer medication themselves e.g. asthma inhalers, blood glucose testing machines, these will be under an appropriate level of supervision by an appropriate member of staff.
- All medication that is administered is recorded. Each record states what is administered, how much, when and by whom (any side effects are noted). A second member of staff witnesses administration of the medication.
- A member of staff will never force a child to take medication. If a pupil refuses, parents will be contacted.
- School have emergency adrenaline auto injectors/epi-pens (based on available stock levels at the pharmacist) to use in an emergency for pupils who have an IHP that includes a prescribed adrenaline auto injectors/epi-pen as treatment for their condition. These adrenaline auto injectors/epi-pens would be used if the child's own adrenaline auto injectors/epi-pen was unavailable.
- School has emergency inhalers and spacers to use in an emergency for pupils who have an asthma care plan. These inhalers would be used if the child's own inhaler is unavailable.

The approved school medications are:

- **Emergency Adrenaline Auto Injectors** (sometimes referred to as Epi-pens, provided by pharmacist)
- **Emergency Inhalers** (provided by pharmacist)
- **Paracetamol** either branded e.g. calpol or unbranded
- **Ibuprofen**: either branded e.g. nurofen or unbranded
- **Allergy Relief**: either branded e.g. piriton or unbranded

Please note the above medications will be administered in accordance with the medical instructions found on the packaging.