



## **BRINSWORTH ACADEMY**

# **SUPPORTING STUDENTS WITH MEDICAL CONDITIONS**

|                         |                                    |
|-------------------------|------------------------------------|
| Policy Author           | Trust Designated Safeguarding Lead |
| Trust Key Reader        | KB                                 |
| Approved by Trust Board | October 2023                       |
| Review Date             | October 2024                       |

## STATEMENT OF INTENT

LEAP Board of Trustees have a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students 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 and achieve their academic potential.

LEAP Multi-Academy Trust believes it is important that parents/carers of students with medical conditions feel confident that their school provides effective support for their child's medical condition and that students' feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students 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 students experiencing these difficulties.

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.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The Trust has a duty to comply with the Act in all such cases.

In addition, some students 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 students, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the Trust's SEND Policy will ensure compliance with legal duties.

To ensure the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents/carers.

## 1. INTRODUCTION

This policy sets out how the Trust/its Academies intend to manage arrangements for supporting students with medical needs in school. Most students with medical needs are able to attend school regularly and, with support from the school, take part in most routine activities, whilst others with more significant medical needs require an Individual Healthcare Plan (IHP) to be drawn up. This policy also outlines the Trust's position on the administration of medicines in school.

## 2. AIMS

As noted above, most students with medical conditions are able to attend regularly and this policy aims to ensure that support is in place to enable students with medical conditions to take part in most routine activities subject to available resources.

We aim to:-

- Focus on the needs of each individual student
- Provide effective support for medical conditions in school and show an understanding of how medical conditions impact on a child's ability to learn and to minimise this impact on their learning where appropriate
- Ensure that staff are properly trained to provide the support that students need

## 3. KEY RESPONSIBILITIES

The Board of Trustees and Chief Executive have overall responsibility to ensure the policy is implemented effectively.

At Brinsworth, the Special Educational Needs Co-ordinator (SENCo) will lead the Health and Well-being Coordinator to fulfil the following;

- To oversee communication with staff and parents/carers about a student's condition.
- To monitor individual healthcare plans
- To support visit leaders to draw up risk assessments for activities and visits.

## 4. PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A STUDENT HAS A MEDICAL CONDITION

In many cases where there is a short-term medical condition, parents/carers will contact the Head of Year team who will meet and discuss reintegration into school/continue school. This will be done in conjunction with the Health & Wellbeing Coordinator and the teachers of the student.

For more serious and long-term cases, the Health & Wellbeing Coordinator would usually meet with parents/carers following receipt of medical evidence to discuss individual needs and plan a way forward for the student to reintegrate into school / continue in school / begin the school year.

A Description of Need maybe be drawn up with a plan of actions on the part of the school, parents/carers and student.

This information would be shared with relevant staff.

### **Individual Health Care Plans (IHCPs)**

If needs are long term, complex, or when there is a high risk that emergency intervention will be needed, an Individual Healthcare Plan may need to be drawn up to provide clarity about what needs to be done, when and by whom. The school, healthcare professional and parent should agree, based on evidence, when an Individual Health Care Plan (IHCP) may be appropriate. If no consensus can be reached, the Principal makes the final decision.

The key aim in this process is to capture the key information and actions that are required to support the student effectively.

## **The IHCP Process**

- Parent / healthcare professional inform school that a student has been newly diagnosed, is due to attend the school or return after long absence or that needs have changed
- The Health and Wellbeing Coordinator calls a meeting to discuss needs and identify support and draw up individual healthcare plan in partnership with school staff, child, parent and healthcare professional
- Individual healthcare includes key school staff, the student, parent and relevant healthcare professional
- Input from healthcare professional must be provided as the school will need expert medical guidance
- Agree who leads on writing it (in most cases this will be the medical professional expert who will guide the school in the support needed)
- School staff training needs to be identified
- Healthcare professional commissions / delivers training with review date agreed
- IHCP implemented and circulated to all relevant staff
- IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate
- Where a student has SEN but does not have an Education Health and Care plan (EHCP), their special educational needs should be mentioned in the Individual Health Care Plan.

## **What is Included in the Individual Health Care Plan?**

The plan outlines the steps the school should take to help the student manage their condition and overcome potential barriers to getting the most from their education.

This includes:-

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs (e.g.: medication, other treatments/requirements e.g.: dietary, travel time etc)
- Specific support for educational needs, including any links to a student's SEN needs
- Level of support needed (some students will be able to take responsibility for their own health needs) including in emergencies
- Who will provide this support; training required and confirmation of proficiency to provide support for a student's medical condition from a healthcare professional and cover arrangements for staff absence
- Identify who needs to be made aware
- Arrangements for written permission from parents/carers for medication to be administered / self-administered
- Separate arrangements for school trips eg: risk assessments
- Staff to treat information with an appropriate level of confidentiality
- What to do in an emergency, including whom to contact and contingency arrangements
- Where a student has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHCP
- IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved

- IHCPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner
- Where a student has an EHCP, the IHCP is linked to it or becomes part of it
- Where a child has SEND but does not have a statement or EHCP, their SEND should be mentioned in their IHCP
- Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate

(See Annex A for sample template of Individual Health Care Plan used in school)

## 5. ROLES AND RESPONSIBILITIES

### a) The Board of Trustees:

- Is legally responsible for fulfilling its statutory duties under legislation
- Ensures arrangements are in place to support students with medical conditions
- Ensures the focus is on the needs of each student and what support is required to support individual needs
- Ensures all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed
- Ensures no prospective student is denied admission to the school because arrangements for their medical condition have not been made
- Ensures students' health is not put at unnecessary risk. As a result, the Board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease
- Ensures policies, plans, procedures and systems are properly and effectively implemented.

### b) School Responsibility:

#### The Principal:

- Ensures this policy is effectively implemented
- Ensures all staff are aware of this policy and understand their role in its implementation
- Ensures a sufficient number of staff are trained and available to implement this policy and deliver against all IHCPs, including in emergency situations.
- Has overall responsibility for the development of IHCP
- Ensure staff are appropriately insured

#### School staff:

- May be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so
- Take into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions
- Know what to do and respond accordingly when they become aware that a student with a medical condition needs help

(See Section 5g – Staff Training and Support)

|   | Brinsworth                       |
|---|----------------------------------|
| <b>Nominated member of staff responsible for first aid oversight on daily basis in school</b> | T Hopkinson                      |
| <b>And deputy team</b>  | J Fenton<br>M Jepson<br>A Keenan |

|  |   |
|--|---|
| <b>Nominated member of staff responsible for students with medical needs (IHCPs)</b> | L Routledge (Assistant Principal – Inclusion & SENCo)   |
| <b>Current Individual Health Care Plans</b>  | 52  |
| <b>Coverage of medical room at break/lunch</b>                                       | Monday – R Crouch<br>Tuesday – R Crouch<br>Wednesday – R Crouch<br>Thursday - R Crouch<br>Friday - R Crouch |

**c) School Nursing Service (NHS)**

- Access to their service
- Notify us when a student has been identified as having a medical condition
- Support us on implementing a child’s IHCP and provide advice and liaison including training

**d) Student Responsibility**

We encourage students to be involved in discussions about their medical needs and help contribute to the development of, and comply with, their IHCP. We expect students to be sensitive to the needs of students with medical conditions.

**e) Parental Responsibility**

- Provide the school with sufficient and up-to-date information about their child’s medical needs, ensuring that appropriate documents/information is available from medical professionals and is passed across to the SENCo for record keeping
- Be involved in the development and review of their child’s IHCP
- Carry out the actions they have agreed to as part of its implementation eg: provide medicines, equipment
- Ensure that they, or another nominated adult, are contactable at all times

**f) Local Authority Responsibility**

- To promote co-operation between agencies to support students with medical conditions to attend full-time
- Where students would not receive a suitable education in mainstream school because of their health needs, the Local Authority has a duty to make other arrangements (statutory guidance sets out that they have a duty to do this when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

**g) Staff Training and Support**

Students with medical needs all have a description of need located in staff drive/documents and on a student’s profile on SIMS which is available to all staff.

Any staff member providing support to a student with medical conditions receives suitable training.

Students with a serious medical need have an IHCP. These are made known to teachers of the child and are included in educational visit packs for supervising staff along with an individual risk assessment.

Students with a complex medical need have an IHCP which is drawn up by School Nursing Service/Specialist medical team and SENCo in consultation with parents/carers and the student. Again, these are made known to teachers of the student.

Bespoke training is offered for staff teaching students with medical needs. Parents/carers are invited to be part of that training, giving opportunity for staff and parents/carers to meet.

## h) Training Records

See section 8 of this policy

## 6. MEDICINES IN SCHOOL

- a) Parents/carers should try to ensure that their child's medication is taken out of school hours wherever possible. If parents/carers prefer to administer medication themselves to their children during school time, they should discuss this with school.
- b) Students are then encouraged to take responsibility for managing their own medicines eg: they have a medical pass to leave lessons at an agreed time to come to the medical room for their daily medication. The Trust's policy allows for children to carry their own medicines, especially where children self-medicate in an emergency, eg: asthma inhalers, Epipens.
- c) Parents/students should be advised to hand in any medicines to **Reception** (see Section 6h for procedure about receiving medicines into school)
- d) In order to comply with Department of Health and DfE guidelines, parents/carers are required to give their **consent** to the administering of a paracetamol tablet should their child request a painkiller as a result of feeling unwell during the school day and it is deemed to be appropriate to administer such a painkiller. A record will be kept of any such administration. This consent will be given by parents/carers completing the consent form provided by the school. A record of such consent will be kept on SIMS / retained in the medical room.
- e) Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed. **(NB: Any student under 12 years will not knowingly be given medication containing aspirin unless it is prescribed by a doctor, as it may cause severe illness in young people)**
- f) Where possible, students are allowed to carry their own medicines and relevant devices. Where students carry their own medicine, they should **never** give their medicine to other children.
- g) All medicines are stored safely. Students know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, students are informed of who holds the key to the relevant storage facility.

### **Procedure for Receiving Medicines into School**

- h) Where a parent/carer considers their child to be capable and mature enough to self-medicate prescription or non-prescription medicine (eg: commercially available pain killers) the parent/carer should ensure that:-
  - the school only accepts medicines that are in-date
  - is labelled, in their original container
  - contains instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
  - that when these are handed in at Reception – a *Parental Agreement for School to Administer Medicine* Form (see appendix 2) is completed and the medication clearly labelled with the student's name. This form is passed to SENCo for record keeping.
- i) If a student refuses to take medicine or carry out a necessary procedure correctly, staff will not force them to do so. Instead, the procedure agreed in the student's IHCP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

- j) Where it is not possible for students to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- k) Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.**
- l) **Records are kept of all medicines administered to individual students** – stating what, how and how much was administered, when and by whom: records are kept in the daily diary AND on SIMs
- m) Some circumstances, e.g. severe allergic reaction, may require the immediate administration of medicines, and this will be carried out by those staff who have volunteered and received the training to enable them to do so. (It must be appreciated that locating such staff on school site may result in additional waiting time for the student)
- n) Ordinarily, all medicines will be stored in the medical room except those requiring refrigerated storage. These medicines will be kept in the refrigerator in the medical room.
- o) Parents/carers should regularly check the expiry date of medicines; the responsibility for collecting expired or unwanted medicine lies with the parent/carer. School will periodically check medicines held at the school – parents/carers will be contacted and they should make arrangements to collect and dispose of such medicines.
- p) In relation to **School Visits**, the visit leader and named first aider have a record of all the medical needs, risk assessments and will have discussed with the Health and Wellbeing Coordinator any medications and training needs prior to the visit. **The visit leader MUST check that a student has their medicine/medical as described in the IHCP devices prior to setting off: if they do not, then the student will not be allowed to participate in the visit.**
- q) The First Aider within the medical room keeps a record of all medicines administered to students and also all students who present at the medical room. (see section 9 of this policy)

## 7. ADRENALINE AUTO-INJECTORS (AAIS) POLICY

- The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the Trust's Allergen and Anaphylaxis Policy
- A Register of AAIs will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis
- Where a student has been prescribed an AAI, this will be written into their IHCP
- Students who have prescribed AAI devices are able to keep their device in their possession
- Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members
- In the event of anaphylaxis, a designated staff member will be contacted
- Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI
- If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the student needs restraining
- The school will keep a spare AAI for use in the event of an emergency, which will be checked on a termly basis to ensure that it remains in date and will be replaced when the expiry date approaches
- The spare AAI will only be administered to students at risk of anaphylaxis and where written parental consent has been gained
- Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used
- Where a student 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



- Where a student appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered
  - In the event that an AAI is used, the student's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the student's or school's device
- 
- 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
    - AAIs will be disposed of according to manufacturer's guidelines following use.
  - In the event of a **school visit**, students 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.

## 8. ASTHMA POLICY

The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and their use is recorded. Inhalers are always used in line with the Trust's Asthma Policy. Parents are asked as per this policy to declare that school have permission to give the emergency inhaler.

See appendix for:

How to Recognise an Asthma Attack AND  
What to do in the event of an Asthma attack

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

Trust Academies will keep an emergency inhaler (and register) in the medical room.

Students should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack as outlined in section 6b. However, in the event of the inhaler not being available (forgotten, broken, lost) the emergency inhaler could be used if conditions are met as outlined below.

### **Who can use the Emergency Salbutamol Inhaler?**

The emergency salbutamol inhaler should only be used by children:

- **who have been diagnosed with asthma, and prescribed a reliever inhaler**
- OR
- **who have been prescribed a reliever inhaler**
- AND**
- **for whom written parental consent for use of the emergency inhaler has been given**

A register will be kept of such students. This information will also be recorded in a student's IHCP.

### **Asthma Register**

- There must be a register kept of all who have been diagnosed with asthma or prescribed a reliever inhaler AND for whom written permission has been given use the emergency inhaler
- The register should be easily available in an emergency and should be kept with the emergency inhaler
- The register should be updated annually

### **Recording use of the Inhaler and Informing Parents/Carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (eg: PE lesson, playground, classroom) how much medication was given, and by whom.

The student's parents must be informed in writing so that this information can also be passed to the GP (template letters kept with the register and emergency inhaler)

### **The School's Emergency Procedures**

See Form 8 – Department of Health Guidance for more information

- a) Where a student has an IHCP it will clearly state what constitutes an emergency – this information is made known to all the student's staff at the start of each academic year.
- b) Where it is clear that a child / adult requires urgent medical attention, an ambulance will be called.

### **Ambulance Protocol**

In a life threatening emergency **any staff member** can call an ambulance if they feel the situation warrants one:

- \*Call for help from another staff member (preferably a first aider) - call Reception to assist with this if no one else is close by
- \*Do not leave the casualty. **Whoever calls the ambulance must remain with the casualty**
- \*Once an ambulance has been summoned please inform the Front Office / Caretakers of expected timescale so they can support / escort
- \*Reception can offer additional support of contacting relatives / sending extra staff assistance but cannot call the ambulance unless the casualty is within line of sight.

\*NB: Please see additional protocol below for students / staff with **adrenal insufficiency** who require a **paramedic ambulance via 999** and state individual has **Adrenal Insufficiency**

State:

- Location of incident
- Nature of incident eg fall, severe vomiting etc
- Inform Ambulance Control that \_\_\_\_\_ has adrenal insufficiency; and that they may require the administration of **intramuscular hydrocortisone** 100mg (check if has been given by trained staff)
- Arrange for a member of staff to meet paramedic crew, taking with them the student's care plan
- Inform Parents (If JK – next of kin)
- Arrange for someone to accompany in the ambulance.

c) A student taken to hospital by ambulance should be accompanied by a member of staff who should remain until the parents/carers arrive.

d) The school has a defibrillator located in the reception office for use in emergencies.

## **9. TRAINING RECORDS**

- Staff who volunteer to administer medication will receive training by a suitably qualified medical professional.
- **A record of who delivered the training and who received the training will be kept by the school.** A date for review of further training will be agreed at the first training session.
- If a serious medical incident occurs in school, a debriefing session will be arranged in school.

## **10. RECORD KEEPING**

The school will keep records of the following:

- a) Medication administered or supervised
- b) Individual Health Care Plan (see sample IHCP framework – Appendix 3)
- c) Notification from parents/carers giving consent regarding medication issued (Appendix 2)
- d) Training records
- e) All records referred to in this policy will be kept separately
- f) Records will be transferred with the child to subsequent schools throughout their school career
- g) Secondary schools will retain these records for Year 11 leavers for a further **5 years**

## **11. CONFIDENTIALITY**

- a) Whilst the school will endeavour to maintain confidentiality, in the interests of safety some medical information relating to a child's condition and treatment may be required to be made available to staff at school. This will be discussed at the meeting to arrange an IHCP.
  
- b) Sometimes it will be appropriate for a photograph to be kept with the child's IHCP. Normally these will be displayed in areas where students have restricted access, eg: staff room/school office. This will be discussed with parents/carers and students as appropriate.

## **12. MONITORING AND REVIEWING THIS POLICY**

- a) The Principal will ensure that this policy is implemented and monitored and is made known to parents/carers, staff and students.
  
- b) The Board of Trustees will receive an annual report on the implementation and monitoring of the policy.
  
- c) The policy will be reviewed annually or in the event of any changes to Local Authority policy/legislation.

**HOW TO RECOGNISE AN ASTHMA ATTACK****The signs of an asthma attack are:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

**WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
  - • If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

**Parental Agreement for Setting to Administer Medicine**

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

|                                    |  |
|------------------------------------|--|
| Date for review to be initiated by |  |
| Name of school/setting             |  |
| Name of child                      |  |
| Date of birth                      |  |
| Group/class/form                   |  |
| Medical condition or illness       |  |

**Medicine**

|   |  |
|---|--|
| Name/type of medicine<br><i>(as described on the container)</i>         |  |
| Expiry date   |  |
| Dosage 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/purchased**

**Contact Details**

|   |                          |
|---|--------------------------|
| Name  |                          |
| Daytime telephone no.                                       |                          |
| Relationship to child                                       |                          |
| Address   |                          |
| I understand that I must deliver the medicine personally to | [agreed member of staff] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Sample Individual Health Care Plan Template**

|                                |  |
|--------------------------------|--|
| Name of school/setting         |  |
| Child's name                   |  |
| Group/class/form               |  |
| Date of birth                  |  |
| Child's address                |  |
| Medical diagnosis or condition |  |
| Date                           |  |
| Review date                    |  |

**Family Contact Information**

|                       |  |
|-----------------------|--|
| Name                  |  |
| Phone no. (work)      |  |
| (home)                |  |
| (mobile)              |  |
| Name                  |  |
| Relationship to child |  |
| Phone no. (work)      |  |
| (home)                |  |
| (mobile)              |  |

**Clinic/Hospital Contact**

|           |  |
|-----------|--|
| Name      |  |
| Phone no. |  |

**G.P.**

|  |  |
|--|--|
| Name   |  |
| Phone no.  |  |
| Who is responsible for providing support in school |  |

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to