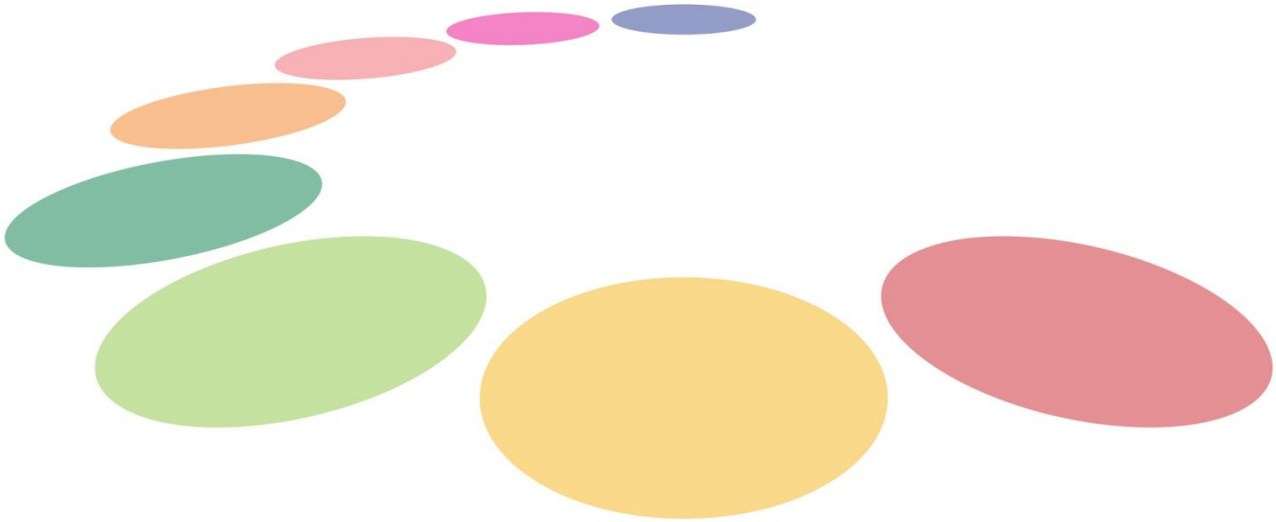
Claremont Primary School

Supporting Pupils with Medical Needs Policy



The Six Principles of Nurture

The nurturing approach offers a range of opportunities for children and young people to engage with missing early nurturing experiences, giving them the social and emotional skills to do well at school and with peers, develop their resilience and their capacity to deal more confidently with the trials and tribulations of life, for life.

1. Children's learning is understood developmentally
2. The classroom offers a safe base
3. The importance of nurture for the development of wellbeing
4. Language is a vital means of communication
5. All behaviour is communication
6. The importance of transition in children's lives

Agreed Date	**Sept 26**
Review Date	**Sept 27**

Contents:

Statement of intent

1. Legal framework
2. Roles and responsibilities
3. Admissions
4. Notification procedure
5. Staff training and support
6. Self-management
7. IHPs
8. Managing medicines
9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)
10. Record keeping
11. Emergency procedures
12. Day trips, residential visits and sporting activities
13. Unacceptable practice
14. Liability and indemnity
15. Complaints
16. Home-to-school transport
17. Defibrillators
18. Monitoring and review

Appendices

A. Individual Healthcare Plan Implementation Procedure
B. Parental Agreement for the School to Administer Medicine
C. Record of Medicine Administered to an Individual Pupil
D. School Asthma Health Plan
E. Contact Details for the Emergency Services
F. Staff training log re administration of medicine/treatment

Statement of intent

The governing board of Claremont Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

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

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- First Aid Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equality Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

2. Roles and responsibilities

The Governing Body will be responsible for:

- Reviewing this policy alongside the headteacher and school nurse.
- Ensuring that this policy is readily accessible to parents and school staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.

- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that 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.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the Governors holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Headteacher will be responsible for:

- Reviewing this policy alongside the governing board
- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHCPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHCPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.

- Being involved in the development and review of their child's IHCP.
- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHCP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse will be responsible for:

- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Other healthcare professionals, including GPs, school nurse and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHCPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.

- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHCP, outlined in detail in the IHCPs section of this policy. They will seek the support of the school nurse in facilitating this where appropriate.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place.

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

Training needs will be assessed by the SENDCO and Inclusion team, alongside the school nurse or other professionals if appropriate, through the development and review of IHCPs. The SENDCo will liaise with medical professionals who care for pupils.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHCPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out for all staff, and included in the induction of new staff members.

The SENDCo will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the SBM and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of a pupil with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHCP.

Medicine will be kept in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHCP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

7. IHCPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHCP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHCPs. Where appropriate, the pupil will also be involved in the process.

IHCPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHCP.

IHCPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHCPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHCP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHCP identifies the support the child will need to reintegrate.

All IHCPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHCP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain 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.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in designated labelled boxes around the school and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHCP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices will have these kept in the classroom in a filing cabinet. These will be stored in black cross body bags so they can be taken into the dinner hall daily.

All staff are trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs can be administered by any member of staff, however a member of the inclusion team or first aider will be called to assist. Calling for assistance must not delay a child being administered an AAI.

In the event of anaphylaxis, where delay could cause a fatality, the nearest staff member will administer the AAI. A designated staff member will be contacted and informed. If necessary, other staff members may assist with administering AAIs, e.g. if the pupil needs restraining. Another member of staff will contact 999 stating anaphylaxis.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought. The school does have spare AAI devices which can be used in the case of an emergency.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the school office ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Where a pupil is, or 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 pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

10.Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix B and Appendix C.

11.Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

12.Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13.Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.

- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHCP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

14.Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with the DfE – Risk Protection Arrangement covering liability relating to the administration of medication. The policy has the following requirements:

- Staff members (excluding doctors, surgeons, or dentists working professionally) are covered while supporting pupils with medical conditions, provided they have received sufficient, suitable training
- Schools must adhere to government guidelines such as *Supporting pupils with medical conditions at school*, which includes maintaining clear policies and Individual Healthcare Plans

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

15.Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16.Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

17.Defibrillators

The school has a Heartsine Samaritan automated external defibrillator (AED). The AED will be stored in the main office.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the site manager, who will also keep an up-to-date record of all checks and maintenance work.

18.Monitoring and review

This policy is reviewed on an annual basis by the governing board, school nurse and Headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A: Individual Healthcare Plan Implementation Procedure

Individual Healthcare Plan Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The Inclusion Assistant Headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHCP.
4. An IHCP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHCP is implemented and circulated to relevant staff.
8. The IHCP is reviewed annually or when the condition changes (revert back to step 3).

Appendix B:

Claremont Primary School

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Please complete both sides of this form, providing as much information as possible. Where medication is required 3 times a day, we recommend that this is given outside of school hours. Wherever possible, medicines should be administered by parents.

PUPIL DETAILS

Name of child: _____

Date of Birth: _____

Class Group: _____

Medical condition / illness: _____

(Reason for medication)

MEDICINE DETAILS

All medicines must be provided in their original container with a pharmaceutical dispensing label identifying the pupil's name, dosage / times a day. Non-prescribed medicines **cannot** be accepted.

Name / Type of medicine: _____

Date dispensed: _____

Expiry date: _____

Agreed review date: _____ ____

Dosage & method: _____

Times of administration: _____

Special precautions: _____

Are there any side effects that

school need to be aware of: _____

Procedures follow in an

emergency: _____

Self administration: Yes / No (delete as appropriate)

Please note: Your child must be competent and confident to do so, using correct administration (e.g using an inhaler spacer)

Please complete the reverse of this page

CONTACT DETAILS

Parents / Carers name: _____

Daytime telephone number: _____

Relationship to child: _____

Address: _____

_____

Doctor's name & phone no: _____

_____

I understand that I must deliver and collect the medicine personally at the school office and accept that this is a service that the school is not obliged to undertake for minor illnesses. The information within this document is, to the best of my knowledge, accurate at the time of writing and I consent for my child to be administered medicine as outlined by the above member of staff.

I understand that I must complete a 'Individual Healthcare Plan' for my child for any medication that is for an ongoing / long term medical condition

I understand that I must notify the school of any changes in writing.

Date: _____

Signature of parent / carer: _____

Relationship to child: _____

Additional information**:** _____

_____

……..

Return of medicines held in school:

(only to be completed when medicines are returned back to parents / carers)

Signature of parent / carer: _____Date: __/__/____

Witnessed by staff (name) _____

Appendix C:

Claremont Primary School

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child _____

Class Group _____

Date medicine provided by parent _____

Name of medicine _____

Expiry of medicine _____

Dose and frequency of medicine _____

Staff signature (on receipt & check of medicines) _____

Parent signature _____

Medicines returned to parent (date) _____

Record of medicine administered:

All medication administered to a pupil must be witnessed **by 2 staff members** (excludes self-administration). Medicines must be checked before administration using the table in the appropriate boxes below:

Date:	__/__/_____	Pupil check?	Yes / No
Medication check – details?	Yes / No	Medicine expiry check?	Yes / No
Replacement medication required?	Yes / No	Dosage check as per dispensing label?	Yes / No
Dosage given (actual amount)	_____	Last dosage received? (check)	_____
Time medicine administered	_____		
Staff name (witness): _____ (PRINT)		Staff signature (witness): _____ (SIGN)	
Staff name (dispenser): _____ (PRINT)		Staff signature (dispenser): _____ (SIGN)	

Appendix D:

Claremont Primary School

School Asthma Health Plan

Date completed: ...../...../.....

Please complete as much detail as possible and return back to the school office ASAP.

Child's name:
.....

DoB: ...../...../.....

Address:
.....

.....
...

Postcode: .....

Home Tel:
.....

Work Tel :
.....

Mobile Tel:
.....

GP Details

Doctor's name:
.....

Surgery Name:
.....

Surgery Address:
.....

.....

Surgery Tel:
.....

About your child:

Does your child tell you when they need to take their inhaler?	Yes / No
Does your child need help taking their inhaler	Yes / No
Does your child user a spacer to take their inhaler	Yes / No
Does your child need to take their inhaler before exercise?	Yes / No
Does your child only use an inhaler when they have a cold?	Yes / No
Has your child had a confirmed diagnosis of asthma from GP?	Yes / No

Complete this section if your child requires their inhaler ONLY if they have a cold:

Inhaler Type:	Dose (how many puffs)	When to be taken?
	Use a spacer: Yes / No	Before activity: Yes / No During activity: Yes / No Staff to observe: Yes / No Any other information:

What are your child's asthma triggers? (tick the boxes that you are aware of that cause the triggers)

Cold air		Colds / viral infection		Pollen		Stress/ Anxiety	
Changes in weather		Exercise		Dust		Emotion/excitement	
Damp/mould		Night-time		Pets/animal fur		Cigarette smoke	

Other (please give details): .....

.....

Relief Treatment when required: for coughs/ wheeze / sudden chest pain / breathlessness

Inhaler Type:	Dose (how many puffs)	When to be taken / how frequently?
	Use a spacer: Yes / No	

Use of a school emergency Salbutamol Inhaler

In case of emergency only, the school has Salbutamol Inhalers for use. These can only be used if your child does not have a usable inhaler available ONLY. This will **not** be available for regular use, and your child will still have to have their own inhaler in school.

Consent: School needs a parent / carers consent to be able to administer a school inhaler in an emergency. Please sign below to consent for this use. This will only happen in an emergency.

Parent / Carer Name: Parent signature:

....

Appendix E:

Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **0161 226 2066**.
- Your name.
- Your location as follows: **Claremont Primary School, Claremont Road, Moss Side Manchester**
- The postcode: **M14 7NA**.
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.

The best entrance to use and where the crew will be met and taken to the individual

Inform the school office and Headteacher (Deputy Headteacher in their absence) that you have contacted the emergency services so they are aware and know to expect them.

You do not need to do this prior to contacting the emergency services – informing SLT should not delay someone getting the emergency help they need.

Appendix F:

Staff Training Record – Administration of Medication/Treatment

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____