HOLY TRINITY
CE Primary School

part of the

LDBS Academies Trust
LAT and LAT 2

Medicines and Supporting Pupils with Medical Conditions Policy (including pupils with long-term medical needs)

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On behalf of Holy Trinity (Tottenham)			
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Position	Chair of the School Board of Governors	Position	Headteacher
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Trust Vision Statement

"The kingdom of heaven is like a mustard seed, which a man took and planted in his field. Though it is the smallest of all seeds, yet when it grows, it is the largest of garden plants and becomes a tree, so that the birds come and perch in its branches." (Matthew 13: 31-32)

In the parable of The Mustard Seed, Jesus reminds us that even the smallest of seeds has the potential to grow into the fullness of itself. We aim to provide the right environment for our children, and all whom we serve, to flourish into the fullness of themselves. He tells us these seeds grow into trees, capable of providing a home for a rich diversity of life, our work is to ensure all in our communities grow into people of compassion and wisdom with a deep spiritual understanding of how to support the needs of others.

SCHOOL VALUES

In our school we demonstrate how we support this vision through our values which are justice, trust, humility, reverence, peace, thankfulness, endurance, wisdom, creation, service, koinonia, friendship, forgiveness, compassion and hope, and summed up in the following statement *"We aim to provide a caring, stable and intellectually stimulating environment where all children are valued, nurtured and empowered to develop their individual potential, flourish in their learning, and contribute positively to their community through our Christian values."*

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1 Introduction

The LDBS Academies Trust and the LDBS Academies Trust 2 (herein collectively referred to as the "Trust") is committed to ensuring that it supports pupils with medical conditions who are attending its schools.

Pupils with special educational needs and disabilities ("SEND") have the same right of admission to Trust schools as other children and cannot be refused admission to or be excluded from the Trust schools on medical grounds alone.

The Trust expects all school staff to remain aware of their duties, on and off site, to act in the place of the parent and take swift action when necessary to ensure that pupils with medical conditions are supported and allowed to access the same education as other pupils. This may include the need to administer medicine when prescribed by a doctor.

However, the prime responsibility for a pupil's health lies with the parent, who is responsible for the pupil's medication and who should ensure that the school is supplied with the relevant medicine and medical information to discharge its duties.

This policy is reviewed once every two years. All new guidance or changes in legislation will be implemented earlier than the review date, if required. This policy should also be made readily accessible to parents/carers and school staff.

2 Aims

This policy aims to :

- Make sure that pupils, staff and parents/carers understand how the school will support pupils with both short-term and long-term medical conditions, including conditions that may be life-threatening.
- Set out the roles and responsibilities for everyone in the school community in relation to supporting pupils with medical conditions, including long-term needs.
- Describe the process for creating, reviewing and managing individual healthcare plans (IHPs).
- Explain how the school will manage medicines safely and effectively.

3 Legislation

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on the Trust to make arrangements for supporting pupils at its schools with medical conditions.

This policy is based on the Department for Education (DfE) statutory guidance Supporting pupils at school with medical conditions (December 2015, or as updated).

This policy complies with the Trust's funding agreements and articles of association.

4 Roles and responsibilities

The Trust delegates the responsibility for the successful implementation of this policy, and for ensuring that arrangements are in place to support pupils with medical conditions, to the Headteacher.

4.1 The Headteacher

The Headteacher will:

- Make sure that staff are aware of this policy and understand their role in its implementation.
- Ensure that there are sufficient numbers of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Commission the training required to ensure that staff have the skills to adequately implement this policy
- Take overall responsibility for the development, approval and monitoring of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Appoint a School First Aid Leader
- Alert the school's Lead First Aid Leader when a pupil's medical needs are brought to attention.
- Ensure that systems are in place for obtaining, recording and regularly updating information about a child's medical needs, and that this information is kept confidential and shared appropriately.
- Ensure a system is in place to ensure supply teachers are briefed;
- Ensure risk assessments for school visits and other school activities outside of the normal timetable are completed and include delivery against pupils' IHPs
- Ensure the monitoring compliance with IHPs, where appropriate.
- Ensure that all new staff are given proper induction and made aware of the arrangements and guidelines set out in this policy.

4.2 SENDCo

IHPs will be written and reviewed by the Special Educational Needs & Disability Coordinator ("SENDCo") with the support of the School's First Aid Leader.

4.3 School's First Aid Leader

The school's First Aid Leader is expected to adequately support the Headteacher and the SENDCo in meeting the school's responsibilities in line with this Policy. They are also expected to adequately support the Headteacher in establishing first aid procedures for the school and for ensuring their proper implementation, in line with the school's First Aid Policy.

They are key in advising the Headteacher on the storage of medication, the drafting and storage (along with relevant medication) of Individual Health Plans (IHPs) and ensuring these are up to date. They also support the Headteacher in assessing and organising first aid training requirements.

4.4 Class teacher

The class teacher will be responsible for the development of the pupils in their class and for ensuring that their medical conditions are supported at school.

4.5 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one staff member. 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 administration of medicines. For pupils with IHPs, it is the responsibility of all staff supporting the pupil to ensure that the IHP is followed.

4.6 Parents / Guardians

The parents / guardians will provide the school with sufficient an up-to-date information about their child's medical needs. The parents will be involved in the development and review of their child's IHP and may also be involved in its drafting. The parents will also carry out any action that they have agreed to as part of the implementation of the IHP, including ensuring that the required medication, properly labelled and with clear storage instructions, is available to the school at all times, and that this medication is in date. This may require of the parent that they have duplicate medication for their child, one at home and one at school.

It is the parent's responsibility to inform the Headteacher in writing of any updates to the child's medical condition so that these can be reflected in the IHP immediately. The school needs to be provided with any relevant new medication at the same time.

It is the school's responsibility to return any medication that is no longer necessary or in date to the parent. It is the parent's responsibility to safely dispose of such medication.

4.7 Pupils

Pupils with medical conditions may often be best placed to provide information about how their condition affects them. Where possible, pupils should be involved in discussions about their medical support needs and contribute to the development of their IHPs.

5 Training

Staff who are responsible for supporting pupils with medical conditions will receive suitable and sufficient training to do so. The type and level of training will be identified during the development or review of individual healthcare plans (IHPs) and agreed between the Headteacher and relevant healthcare professionals.

Training will:

- Ensure that staff are competent and confident in their ability to support the pupils they work with.
- Fulfil the requirements in pupils' IHPs.

Help staff to understand the medical conditions they are being asked to support, their implications and any preventative measures.

Relevant healthcare professionals will provide confirmation of staff proficiency in any medical procedures or in administering medication where this is required.

All staff will receive awareness training on this policy, including preventative and emergency measures, as part of their induction and through regular updates. The school is to keep a record of all completed training in this context as part of its Health and Safety training records.

6 Definitions of medical conditions

Medical needs can be broadly summarised as 'short-term' or 'long-term' needs.

- 'Short-term' medical needs are those which affect a pupil's ability to participate in school activities because they are on a course of medication.
- 'Long-term' medical needs are those which affect or limits a pupil's ability to access education and requires extra care and support, these can be deemed to be special educational needs.

7 Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the Headteacher (or appointed First Aid Leader) will decide, in consultation with parents/carers and relevant healthcare professionals, whether the pupil requires an individual healthcare plan (IHP).

Wherever possible, arrangements will be put in place, and an IHP agreed where needed, within two weeks of notification, or by the beginning of the relevant term for pupils who are new to the school.

The school will make every effort to ensure that appropriate arrangements are in place during transitions between schools and when a pupil is undergoing diagnosis or a change in their medical condition. This may include sharing relevant information with the receiving school or setting, with parental consent.

The school nursing service (or other relevant health professionals) will be involved as early as possible in supporting the school to plan for pupils with medical conditions.

8 Equal opportunities

The Trust 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 prevented from doing so.

The school will consider what reasonable adjustments need to be made to enable pupils with medical conditions 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, and any relevant healthcare professional will be consulted.

9 Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. IHPs will usually be in place for pupils with long-term or complex medical conditions, or where there is a high risk that emergency intervention will be needed. All IHPs should be reviewed at least annually.

If relevant, the IHPs will be linked to, or become part of, any statement of special educational needs ("SEN"), or education health care plan ("EHCP") in line with the school's Special Educational Needs & Disability Policy and SEN legislation for further information.

IHPs will be written and reviewed by the Special Educational Needs & Disability Coordinator ("SENDCo") with the support of the School's First Aid Leader. It is the responsibility of all staff supporting the pupil to ensure that the IHP is followed. The class teacher will be responsible for the pupil's development and ensuring that their medical conditions are supported at school.

IHPs will help ensure that the school effectively supports pupils with medical conditions and provides clarity about (1) what needs to be done, (2) when it needs to be done, and (3) by whom it must be done. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of cases, especially where medical conditions are long-term and complex. However, not all children will require one.

It will be agreed with a healthcare professional and parents when an IHP would be inappropriate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

IHPs will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nursing service, specialist or a paediatrician, who can best advice on a pupil's specific needs. The pupil will be involved, wherever possible.

Where relevant, IHPs will be linked to, or become part of, any statement of SEN or EHCP. If a pupil has SEN but does not have a statement or EHCP, 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. The Headteacher and SENDCo 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, 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 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 / pupil, the designated individuals to be entrusted with information about the pupil's condition; and
- What to do in an emergency, including who to contact, and contingency arrangements.

A TEMPLATE IHP IS PROVIDED IN ANNEX II - MODEL PROCESS FOR DEVELOPING AN IHP

Annex III

10 The pupil's role in managing their own medical needs

If it is deemed, after discussion with the parents/carers, that a pupil is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within the IHP.

Where possible, pupils should be allowed to carry their own medicines and / or relevant medical devices; and / or should be able to access their medicines for self-medication quickly and easily. All medication held by the school will be stored in the place indicated in Annex I, to ensure that the safeguarding of other pupils is not compromised.

The school also recognises that pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a pupil is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the pupil's IHP. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

11 Managing medicines

Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so. No child under 16 should be given prescription or non-prescription medicines without their Parents' / Carers' written consent.

The school will not administer non-prescription medicines to a child. If a parent/carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the school to administer it to their child, with the exception of medicines listed below.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist, and that include instructions for administration, dosage and storage.

The exceptions to this are:

- Insulin, which must still be in date, but will generally be available inside an insulin pen or a pump rather than in its original container; and
- Non-prescription allergy medication.

All medicines will be stored safely in the location indicated in Annex I. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who can help them access their medicines.

Medicines and devices such as:

- asthma inhalers,
- blood glucose testing meters and
- adrenaline pens

should be always readily available to children and not locked away; these will be stored in the location specified in Annex I, where both first aiders and the child know how to access them.

If a child requires an asthma inhaler, it is crucial that they have an in-date inhaler in the school at all times. Depending on the age of the pupil, best practice would be that they retain their inhaler or epi-pen with them, with a spare kept centrally. It is the parent's responsibility to ensure the required medication is at school and in-date at all times.

Risk assessments for trips, residential visits and sporting activities will take account of pupils' medical needs and any requirements set out in their IHPs. The member of staff in charge of first aid during the school trip will carry all medical devices and medicines required. In some cases, following consultation with parents/carers, pupils and the relevant healthcare professional, pupils may be allowed to carry their own medical devices, such as inhalers, when on school trips. These provisions should be reflected in the risk assessment.

Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how, and how much was administered, when and by whom.

Any side effects of the medication to be administered at the school should be noted. Annex C and Annex D outline these procedures. School records, whether written or electronic, are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

When no longer required, medicines should be returned to the Parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

12 Early Years Foundation Stage

For schools with an Early Years Foundation Stage (EYFS) setting, the school will:

- Gather information from parents/carers about children's need for medicines before they start and update this information regularly.
- Have clear procedures for children who are sick or infectious, including appropriate action to prevent the spread of infection, in line with current public health guidance.

Further details can be found in the EYFS Policy, which should be read alongside this policy.

13 Unacceptable practice

Although staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it is not generally acceptable practice to:

- Prevent pupil's 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, or ignore medical evidence or opinion (although this may be challenged);
- Send pupil's with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children 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 the school to administer prescribed medication or provide medical support to their child, 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; and
- Prevent pupil's from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child. The school will actively support pupils with medical conditions to participate in all aspects of school life, including trips, visits and sporting activities, and will make reasonable adjustments to enable this wherever possible.

14 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 in case of such a situation, including who to contact (See Annex I).

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

15 Record Keeping

The school will keep written/electronic records of all medicines administered to pupils, including what was given, how much, when and by whom. Any side effects will be recorded and reported where appropriate.

Records of medicines administered will be retained for as long as the pupil remains on roll at the school.

IHPs will be kept in a readily accessible location, often together with the medication if needed to ensure that individuals who would be intervening ad-hoc in case of emergency can administer the medication in line with the instructions specified in the IHP. The location should however also be a secure location, known to staff, and the plans should be stored / handled in line with the school's data protection obligations.

16 Complaints

Should parents/carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.

If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the Trust's Complaints Procedure, which is published on the school's website.

17 Monitoring

This policy will be monitored by the Headteacher, with oversight from the Local Academy Committee.

Monitoring will include:

- Checking that suitable arrangements are in place for all pupils with identified medical conditions, including that individual healthcare plans (IHPs) are in place, up to date and being followed.
- Reviewing records of medicines administered, incidents, emergencies and any related complaints, to identify patterns, concerns or training needs.
- Ensuring that staff training for supporting pupils with medical conditions is delivered, refreshed and recorded as set out in this policy.

The Local Academy Committee will receive an annual report on the implementation of this policy, including an overview of pupils with medical conditions, staff training, and any significant incidents or complaints.

This policy will be formally reviewed and approved by the Trust Board at least every two years, or sooner if there are significant changes in legislation or statutory guidance.

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ANNEX I - KEY SCHOOL INFORMATION

Headteacher:	Lisa Miles
SENDCo:	Alice Parker
School First Aid Leader:	Sharon Dias
Location where medicines are kept at school:	Medical Room
Process to ensure accessibility to medicines for those who require it	The school is committed to ensuring that all pupils who require medication have timely, safe, and appropriate access to it throughout the school day and during all school-related activities. No pupil will be disadvantaged or excluded from education due to a medical condition or the need for prescribed medication. **Individual Assessment** • The school will work with parents/carers and, where appropriate, healthcare professionals to identify pupils who require access to medication during the school day. **Individual Healthcare Plans (IHPs)** • Pupils with ongoing medical needs will have an Individual Healthcare Plan outlining their medication requirements, storage arrangements, administration procedures, and emergency actions. **Accessible Storage** • Medicines will be stored safely and securely in designated locations. • Emergency medications, such as inhalers, adrenaline auto-injectors (AAIs), and diabetes medication, will be readily accessible at all times and will not be locked away if this could delay treatment. **Staff Awareness** • Relevant staff will be informed of pupils who require medication and will know where medicines are stored and how they can be accessed in an emergency.

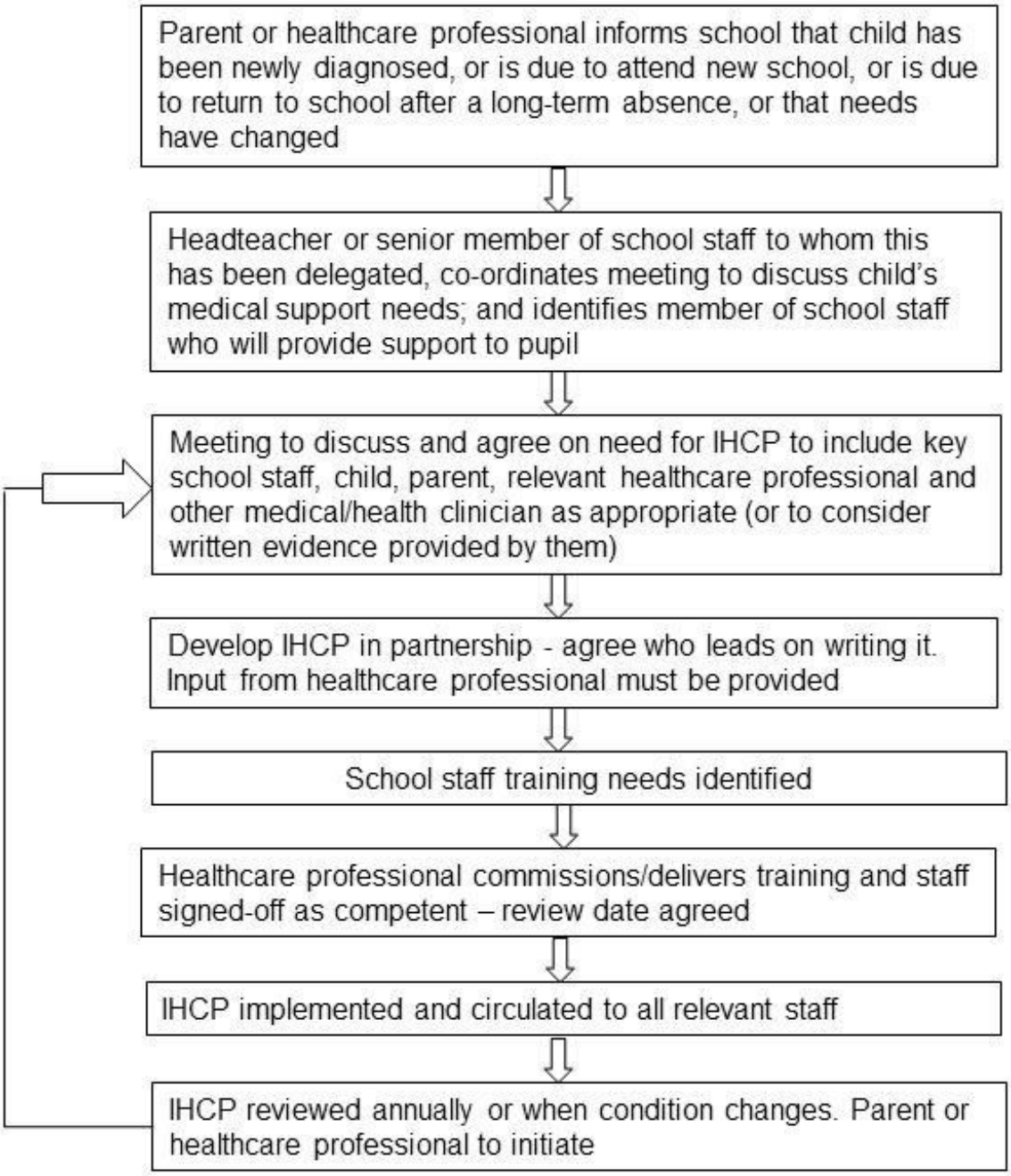
	Reasonable Adjustments • The school will make reasonable adjustments to ensure pupils with medical conditions can access their medication when required, including during lessons, educational visits, sporting activities, and extracurricular clubs. **Self-Administration** • Where appropriate and agreed by parents/carers and healthcare professionals, pupils may carry and administer their own medication, such as asthma inhalers, with the school's knowledge and consent. **Educational Visits and Off-Site Activities** • Arrangements will be made to ensure required medications accompany pupils on trips, residential visits, sporting events, and any off-site activities. **Emergency Access** • Emergency medicines will be immediately available to authorised staff and pupils who require them, with clear procedures in place to respond quickly to medical emergencies.
Safeguards to ensure accessibility restricted for those who should not have access:	The school will balance the need for timely access to medicines for pupils who require them with appropriate security measures to prevent unauthorised access, misuse, loss, or theft of medication. Robust storage and access arrangements will be maintained at all times to safeguard pupils and staff. **Secure Storage** • All medicines, except those required for immediate emergency use, will be stored securely in a locked cabinet, refrigerator, or designated medical storage area with restricted access. **Controlled Access** • Access to stored medicines will be limited to authorised members of staff who have responsibility for administering or supervising medication.

	Emergency Medication • Emergency medicines will be stored in locations that are readily accessible to the pupil and trained staff but protected from unauthorised access by other pupils. **Pupil Access Arrangements** • Pupils will only access medication independently where this has been agreed by parents/carers, healthcare professionals, and the school, and is documented within an Individual Healthcare Plan. **Supervision and Administration** • Medication administration will be supervised by authorised staff and recorded in accordance with the school's medicines procedures. **Visitor and Volunteer Restrictions** • Visitors, contractors, volunteers, and pupils without authorisation will not have access to medication storage areas. **Stock Monitoring** • Regular checks will be undertaken to ensure medicines remain accounted for, in date, and stored in accordance with manufacturer instructions. **Confidentiality and Information Sharing** • Information relating to pupils' medication will only be shared with staff who need to know in order to support the pupil's health, safety, and wellbeing.
School process for dealing with first aid emergencies in school:	The school is committed to ensuring that prompt and appropriate first aid is provided to any pupil, member of staff, volunteer, or visitor who becomes ill or injured while on the school site or participating in a school activity. The welfare of the individual will always be the school's primary concern, and all first aid emergencies will be managed in a calm, timely, and effective manner. **Immediate Response** • Any member of staff who becomes aware of an accident, injury, illness, or medical emergency

	must assess the situation and seek assistance from a qualified first aider without delay. **Contacting a First Aider** • A trained first aider will be summoned immediately to assess the casualty and provide appropriate first aid treatment within the scope of their training. **Emergency Services** • If the casualty's condition is serious, life-threatening, or requires urgent medical attention, emergency services (999) will be contacted immediately. Staff will follow the instructions provided by the emergency operator. **Parental Notification** • Parents/carers will be informed as soon as possible of any significant injury, illness, head injury, or where further medical assessment or treatment is required. **Emergency Medical Conditions** • Where a pupil has an Individual Healthcare Plan, staff will follow the agreed emergency procedures, including the administration of emergency medication where authorised and appropriately trained to do so. **Supervision and Support** • The casualty will remain under supervision until they have recovered, been collected by a parent/carer, or been transferred to the care of emergency services. **Recording and Reporting** • All first aid incidents will be recorded in the school's accident reporting system. Serious incidents will be reported in accordance with statutory requirements and Trust procedures. **Educational Visits and Off-Site Activities** • The same first aid procedures will apply during educational visits, sporting activities, and off-site

	events, with suitable first aid provision available at all times. **Post-Incident Review** • Following any serious or significant incident, the school will review the circumstances to identify any lessons learned, additional risk controls, or training requirements.

ANNEX II - MODEL PROCESS FOR DEVELOPING AN IHP



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ANNEX III: INDIVIDUAL HEALTHCARE PLAN

Name of school / setting:	
Pupil's name:	
Year group and class:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition:	
Date:	
Next review date:	

Pupil's family representative name:	
Relationship to child:	
Contact information up to date on Arbor:	☐ Tick here to confirm that check was completed satisfactorily
GP Surgery information up to date on Arbor:	☐ Tick here to confirm that check was completed satisfactorily

Name of responsible for providing medical support in school:	

Description of medical needs, including 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, if any:

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):

Parties in addition to those cited above, who have been involved in developing this plan:

Staff training needed/undertaken – who, what, when:
Confirmation that this training has been completed as described and by those named above: ☐

Form copied to:	

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ANNEX IV - PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

Please read the school's Policy on Medicine and Supporting Pupils with Medical Conditions. The school will only administer medicine to your child in the circumstances outlined by the policy and only if it has received this form duly completed and signed by a person with parental responsibility over the child.

Date	
Name of school	
Name of child	
Date of birth	
Year group / class	

Medical condition or illness:		
Is this medicine is part of my child's Individual Healthcare Plan (IHP) with the school or has it been prescribed to address a short-term illness?	☐ IHP	☐ Short-term illness
Please note that if this medication was prescribed for your child as part of a new longer-term medical condition, you are required to contact the school to set up an Individual Healthcare Plan.		

Medicine: NOTE: The information provided below must correspond to the information on the package and medicines must be provided in their original container as dispensed by the pharmacy.	
Name of medicine	
Type	
Expiry date	

To be completed if medicine is not related to an existing IHP:			
Dosage and administration method			
First date administration		Last date administration	
Timing (if your child requires medication more frequently, please contact the Headteacher / SENCo or School First Aid Leader).		Morning break ☐	Lunch break ☐
Special precautions / storage conditions / other instructions			

Are there any potential side effects that the school/setting needs to know about?	
Tick here if the child is allowed to self-administer this medicine	☐ Yes my child may self-administer this medicine.
If applicable only: We strongly recommend that all medication is left on-site during the administration period. If the medication is required at home (e.g. liquid antibiotics), please confirm that you will personally collect the medicine at the end of every school day.	☐ I will personally collect the medication from the school office every day. I understand that this can only happen during official school office opening times. The school cannot be liable for medication left on school premises in error.
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.	
Name of the parent / guardian	
Relationship to the child	
Signature :	

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ANNEX V – MONITORING & REPORTING MEDICATION SIDE EFFECTS

To ensure that any side effects or adverse reactions associated with medication administered in school are identified, monitored, recorded and appropriately communicated.

Responsibilities

Parents/Carers will:

- Inform the school of any known side effects associated with the medication.
- Provide up-to-date medical information and emergency contact details.
- Notify the school of any changes to medication or dosage.

School Staff will:

- Familiarise themselves with any known side effects of medication they are required to administer.
- Monitor pupils following the administration of medication where appropriate.
- Record any side effects, concerns or unusual symptoms.
- Inform parents/carers of any side effects observed during the school day.

Monitoring Procedure

Where a child receives medication in school, staff should:

1. Administer medication in accordance with the school's Medication Administration Procedure.
2. Observe the pupil for any known or anticipated side effects.
3. Provide reassurance and appropriate supervision where minor side effects occur.
4. Record any concerns on the school's Medication Administration Record (MAR) or Incident Form.
5. Inform the Designated First Aider or relevant member of the Senior Leadership Team where necessary.

Examples of Side Effects

Staff should be alert to symptoms such as:

- Drowsiness or unusual fatigue
- Dizziness
- Nausea or vomiting
- Headache
- Skin irritation or rash
- Stomach discomfort
- Changes in behaviour or mood
- Difficulty concentrating
- Any symptoms identified by the parent/carer or healthcare professional

Recording and Reporting

The following information should be recorded:

- Child's name
- Date and time of medication administration
- Medication administered
- Description of the side effect or concern
- Action taken
- Name and signature of the staff member completing the record
- Details of any communication with parents/carers

Escalation

Where side effects are persistent, worsening, or cause concern, staff must:

- Seek advice from the designated first aider or member of the leadership team.
- Contact the parent/carer.
- Follow the procedures outlined in Annex D if the reaction is severe or potentially life-threatening.

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Annex VII – EMERGENCY RESPONSE TO ADVERSE MEDICATION REACTIONS

Purpose

To ensure a prompt and effective response where a pupil experiences a serious or unexpected reaction to medication while in school.

Recognition of an Emergency

Staff should treat the situation as an emergency if a pupil experiences:

- Difficulty breathing or shortness of breath
- Swelling of the lips, tongue, mouth or throat
- Signs of anaphylaxis
- Loss of consciousness
- Seizures where this is not part of a known condition
- Severe rash or widespread allergic reaction
- Persistent vomiting following medication administration
- Sudden deterioration in condition
- Any symptom that presents an immediate risk to life

Immediate Actions

1. Remain calm and reassure the pupil.
2. Send for a qualified first aider immediately.
3. Follow the pupil's Individual Healthcare Plan (IHCP) where applicable.
4. Administer emergency medication if prescribed and staff are trained to do so.
5. Do not leave the pupil unattended

Calling Emergency Services

Staff must call **999** without delay if:

- The pupil is experiencing anaphylaxis.
- Breathing is compromised.
- The pupil loses consciousness.
- A prescribed emergency medication has been administered and emergency attendance is required.
- Staff are unsure of the severity of the reaction.

Information provided to emergency services should include:

- Child's name and age.
- Description of symptoms.
- Medication administered.
- Time medication was administered.

- Any first aid or emergency treatment already provided.

Contacting Parents/Carers

Parents/carers should be contacted as soon as possible once emergency arrangements have been activated.

The following should be communicated:

- Nature of the incident.
- Action taken by the school.
- Whether emergency services have been called.
- Where the child is being taken if hospital treatment is required.

Post-Incident Procedure

Following any serious adverse reaction:

- Complete an Accident/Incident Report Form.
- Record all actions taken and times.
- Inform the Headteacher or designated senior leader.
- Review risk assessments, healthcare plans and medication procedures as required.
- Hold a debrief with relevant staff where necessary.

Record Retention

All records relating to medication incidents and adverse reactions will be retained in accordance with the school's data retention and record-keeping procedures.