

The Bishop Wheeler Catholic Academy Trust



Policy

Supporting Pupils at School with Medical Conditions.

Published: November 2022

To be reviewed: 2025-26





Our Mission

Outstanding Catholic education for all pupils. As a family of schools, we will enable our young people to develop spiritually, morally, intellectually and personally, putting their faith into action, through serving Christ in others, in the church and in the world around them.

**This policy was approved by the Chief Executive Officer
on behalf of the Trust Board**

Signature:

**Mr D Beardsley
Chief Executive Officer**

Date: 21st November 2022

Version:		2.0	
Date Approved:		21/11/22	
Approved by:		CEO	
Revision Date:		2025/26	
Legislation/Category: Trust Policy		Statutory Policy	
Review Frequency:		3 years or earlier with statutory updates	
Version	Date	Description	Revision Author/s
1.0 Published	July 2019	Trust Policy	JJN/DBY/GNE
2.0 Review	November 2023	Trust Policy Review	JJN/GNE/MHY/DBY/ AAH (Executive Headteacher)/ALI (Catholic Life Lead for the Primary Schools)

Change Control

Version	Date	Author	Changes
1.0	July 2019	Trust Head of Governance	First Draft
2.0	November 2022	Trust Head of Governance	Review – Changes made: Introduction: reference to the Children with Health Needs who Cannot Attend School Policy Executive Headteacher removed COO added along with Headteacher to monitor implementation on policy Individual Healthcare Plans (IHP): Process to be used to develop IHP's added

2.0	November 2022	Trust Head of Governance	<p>Roles and Responsibilities:</p> <p>Governing Body changed to Trust Board</p> <p>Change to bullet point 3</p> <p>Bullet point 5 added</p> <p>Staff changed to School Staff</p> <p>Ofsted: Changed to September 2022 Inspection Framework</p> <p>Templates:</p> <p>Appendix H removed</p>
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Definitions

In this policy for Supporting Pupils at School with Medical Conditions, unless the context otherwise requires, the following expressions shall have the following meanings:

'The Trust Board' means the Board of Directors for the Trust.

'Academy Council' means local governing body.

'BWCAT/We and Trust' refers to The Bishop Wheeler Catholic Academy Trust.

'Governors' means the governors appointed to the Academy Council of the individual academy.

'Headteacher' means the lead person in each school and the Chief Executive Officer as lead person for the Trust Office.

'IHP' means Individual Healthcare Plan

'LA' means the Local Authority that the academy is linked to

'Academy' refers to the Academies within BWCAT.

'Pupil' refers to any pupil on roll at any of the BWCAT schools.

'Parents' refers to any person who holds parental responsibility for the child.

'Staff' means all employees, temporary, casual, agency and contracted staff working for the Trust, volunteers and consultants.

References

Children and Families Act 2014

DfE guidance "Supporting pupils at school with medical conditions" - December 2015 (last reviewed in August 2017)

Introduction

The Bishop Wheeler Catholic Academy Trust will ensure that all pupils with medical conditions, are properly supported in school. So that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is important that parents feel confident that we will provide effective support for their child's medical condition and that pupils feel safe. The Trust understands that long-term absences due to health problems affect a child's educational attainment, impact on their ability to integrate with their peers and effect their general wellbeing and emotional health.

Should a medical condition lead to prolonged absence from school, The Trust will work with parents and partnership agencies to arrange alternative provision, this will minimise the impact on the pupils' education. Please refer to the BWCAT Children with Health Needs who Cannot Attend School Policy for further information.

Pupils with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no pupil with a medical condition should be denied admission or prevented from taking up a space in school because arrangements for their medical condition have not been made.

However, in line with our safeguarding duties, the Trust will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. The Trust therefore do not have to accept a child into school at times where it would be detrimental to the health of that child or others.

The Trust will ensure that staff are trained properly and provide the support that pupils need. The Trust will ensure that staff are appropriately insured and are aware that they are insured to support pupils' in this way. Staff must follow the procedures and instructions in this policy.

Each Headteacher and the BWCAT Chief Operating Officer (COO) will monitor and evaluate the implementation of this policy across the Trust on behalf of the Trust Board.

Procedures

Upon the Trust receiving notification that a child has a medical condition, there are a number of procedures that should be followed:

1. Admission Form: the pupil admission form is the starting point for identifying pupils with medical conditions.
2. Initial Medical contact pro-forma sent out. (Appendix A)

3. Meeting set up with parents to develop the Individual Healthcare Plan (IHP) as necessary (Appendix B)
4. Parental agreement pro-forma completed if the school is to administer medicines (Appendix C)
5. Identify key staff to be involved with the pupil as required. (Complete Appendix D and E as necessary.)
6. Record staff training (Appendix F)
7. Review training needs of staff as necessary.
8. Review IHP as and when the medical condition of the pupil changes.

Where the school receives notification that a child has a medical condition which involves a period of transition either coming or going to a different educational setting. The school must make every effort to have arrangements in place within two weeks.

Individual Healthcare Plans (IHP)

Each school within the Trust will use the Admission Form to identify pupils' that may have a medical condition.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. 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 and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision.

The model below details the process that should be used for developing individual healthcare plans.



Parent or healthcare professional informs school that the pupil has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates a meeting to discuss the pupils medical support needs; and identifies a member of school staff who will provide support to the pupil.



At the meeting discuss and agree on the need for an independent healthcare plan, to include key school staff, pupil, parent, relevant healthcare professional and other medical/health clinician as appropriate (or consider written evidence provided by them).



Develop independent healthcare plan in partnership – agree who leads on writing the plan. Input from the healthcare professionals **must** be provided.



School staff training needs identified.



Healthcare professional commissions/delivers training to identified school staff and a review date agreed.



Individual healthcare plan implemented and circulated to all relevant staff.



Individual healthcare plan reviewed annually or when conditions change.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g., school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate

The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where appropriate the IHP should include the following.

1. The medical condition, its triggers, signs, symptoms, and treatments.
2. The pupils resulting needs, including medication (dose, side-effects, and storage).

3. Other treatments, time, facilities, equipment, testing, access to food and drink where it is used to manage their condition. Dietary requirements and environmental issues e.g., crowded corridors, travel time between lessons.
4. Specific support for the pupil's education, social, spiritual, and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams
5. The level of support needed, (some pupils' will be able to take responsibility for their own health needs), including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
6. Who will provide the 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. Cover arrangements for when they are unavailable, who in the school needs to be aware of the pupil's condition and support required.
7. 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.
8. Separate arrangements or procedures required for school trips or other school activities outside the normal school timetable that will ensure the pupil can participate, e.g., risk assessments.
9. Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
10. What to do in an emergency, including whom to contact and contingency arrangements. Some pupils may have an emergency healthcare plan, prepared by their lead clinician that could be used to inform development of their IHP.

Roles and Responsibilities

Each school within the Trust will have an identified senior member of staff who will have responsibility for implementing this policy.

Trust Board

The Trust Directors have the responsibility to:

1. Ensure the health and safety of their employees and anyone else on the premises or taking part in Trust activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, school trips.
2. Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions.
3. Make sure this policy is effectively monitored and evaluated and regularly updated with reports to parents, pupils and staff about the success and areas for improvement of this policy.
4. Provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.
5. Ensure that any members of school staff who provide support to pupils with medical conditions can access information and other teaching support materials as needed.

Headteacher

This is the most senior person with day-to-day responsibility for each school in the Trust.

1. Make arrangements to support pupils with medical conditions in their school. Including making sure that this policy is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
2. Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

3. Ensure that any members of staff who provide support to pupils with medical conditions can access information and other teaching support materials as needed.
4. Ensure that staff are aware that they are insured to support pupils with medical needs and that this is a voluntary agreement staff must not be forced into carrying out this role.
5. Ensure that IHPs are developed.

Senior Designated Person

This will usually be the Child Protection and or SENCO but may be another clearly designated member of the senior team in the school.

1. Ensure that the Trust policy is evaluated within their school and is effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role.
2. Ensure that all staff who need to know are aware of the pupil's condition.
3. Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including contingency and emergency situations.
4. Have overall responsibility for the development of IHPs.
5. Contact the school nursing service in the case of any pupil who has a medical condition that may require support from the school, but who has not yet been brought to the attention of the school nurse.

School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although they cannot be required to do so unless this forms part of their contracted role and they have had up to date training. Although administering medicines is not part of teacher's professional duties, they should consider the needs of pupils with medical conditions that they teach. Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nurse

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school. The school nurse can have some input into the IHP and provide advice and liaison, for example on training.

Other Healthcare Professionals, including GPs and Paediatricians

Other healthcare professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing an IHP.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHP.

Parents

Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents are key partners and should be involved in the development and review of their child's IHP. They should carry out any action they have agreed to as part of its implementation. E.g., provide medicines and equipment and ensure they or another nominated adult are always contactable.

Local Authority (LA)

Local authorities are commissioners of school nurses for academies. Local authorities should provide support, advice and guidance, including suitable training for academy staff. Under Section 5 of the Children Act 2014, they have a duty to promote cooperation between relevant partners. Local Authorities should work with the Trust to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more.¹

¹ See Children with medical needs who cannot attend school policy for more information

Providers of health services

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals.

Ofsted

The Ofsted inspection framework 1st September 2022, aimed at promoting greater consistency across inspection remits. Inspectors are briefed to consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Schools are expected to have a policy dealing with the medical needs and to be able to demonstrate that this is implemented effectively.

Staff Training and Support

Staff will be supported in their role by appropriate training and support. This includes:

1. General awareness training for all staff of the issues to do with medical conditions that pupils have in our schools. What the risks are for them and what they should do in an emergency. This will usually be delivered on whole staff training days and will include teaching staff and support staff directly involved with pupils. This training should also make staff aware of this policy.
2. Induction of new staff should include awareness of duties regarding pupils with medical needs and specific information, especially if staff join in-year.
3. Suitable training should be identified during the development or review of an IHP. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
4. The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required and how this can be obtained.
5. Specialist training for individuals who are supporting a particular pupil or group of pupils with medical conditions. This should involve a key member of staff and back-up staff member.
6. Training for the most senior person in the school responsible for ensuring that medical needs are met and there is liaison with external services.

7. Parents will often be key in providing relevant information to the school about how their child's needs can be met. Parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Appendix F is a staff training record; this should be kept up to date by the senior person responsible for this policy in each school.

The local authority has advised that the local school nursing team would normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will decide where to source that training and should ensure this remains up to date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions. They also need to fulfil the requirements as set out in their IHP. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff **must not give prescription medicines** or undertake health care procedures without appropriate training. A first-aid certificate **does not** constitute appropriate training in supporting pupils with medical conditions. The parental agreement form must be completed.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure or in providing medication.

Senior staff responsible will keep up to date with legislation and training. Opportunities which will enable staff to undertake their duties to the highest standards will be undertaken when these are available.

Pupils Role in Managing Their Own Medical Needs.

The Trust has the full age range of school-age pupils. After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in their IHP.

Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of

supervision. If it is not appropriate for a pupil to self-manage, 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 follow the procedure agreed in the IHP. Parents should be informed so that alternative options can be considered.

Managing medicines on school premises

The following are the procedures for the management of medicines in school.

1. The Trust expects that normally parents and carers will administer medication to their children.
2. Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. The Headteacher of each school will decide whether a medicine can be administered in the school and by whom.
3. It may be appropriate for school to agree to administer non-prescribed medication. Please note non-prescribed medications will only be administered at school when it would be detrimental to the pupils' health or school attendance not to do so. In some cases, we may ask for medical evidence to determine this. Non-prescribed medication will not be administered without a written consent form completed by the parent and approved by the Headteacher.
4. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. If medicines are required during the school day or if the pupil is attending before/after school club or a school residential trip, this must be documented on the appropriate consent forms and the pupils' IHP. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.
5. Trust staff will only administer prescription medicines when a written request using the pro-forma (Appendix C) is completed by the parent and returned to the school. A separate form is required for each medicine to be administered.

6. No pupil under 16 should be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
7. Schools should only accept prescribed medicines if these are in date, labelled, provided in the original container, and dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container.
8. All medicines should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
9. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils and not locked away. This is particularly important to consider when outside of school premises, e.g., on school trips.
10. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
11. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held. (Appendix D and E).

12. School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

Record Keeping

Written records must be kept of all medicines administered to pupils. Records offer protection to staff and pupils and provides evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Emergency Procedures.

All schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK.

Where a pupil has an IHP, this should clearly define what constitutes an emergency and explain what to do. Including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a pupil needs to be taken to hospital, staff should stay with the pupil until the parent arrives, or accompany pupil taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

1. Call for assistance from a nearby teacher or another adult. Or follow any IHP with alternative arrangements.
2. Contact the school reception to call for a first aider and emergency services.
3. Reception/office to contact parents.
4. Estates staff to be notified by reception/office to ensure access for ambulance as close as possible to the location of the pupil.
5. First Aider leading will exchange information with paramedics and hand over care.

Day trips, residential visits, and sporting activities.

Staff are required to actively support pupils with medical conditions so that they can participate in the range of activities on offer. Such as trips and visits, or in sporting activities, and not prevent them from doing so.

Staff should be aware of how a pupil's medical condition will impact on their participation, but there should be enough flexibility for all pupils to participate according to their own abilities and with any reasonable adjustments.

Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

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

1. Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
2. Assume that every pupil with the same condition requires the same treatment.
3. Ignore the views of the pupil or their parents. Ignore medical evidence or opinion (although this may be challenged).
4. Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
5. If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.

6. Penalise pupils for their attendance record if their absences are related to their medical condition, e.g., hospital appointments. School will request evidence of any appointments that pupils may have to attend during school time. E.g., copy of the appointment letter.
7. Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
8. Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
9. Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the pupil.

Liability and Indemnity

The Trust has put in place comprehensive liability insurance provision to cover the administration of medication by school staff to pupils.

As good practice, the insurer would recommend that the following guidance is followed:

1. Staff are suitably trained or qualified to carry out the procedure in question.
2. The school maintains suitable records, training and documented parental permission is in place.
3. The information is regularly updated.
4. It is expected that any training is refreshed and documented as per the guidance from their first aid or medical training provider.
5. Any treatment provided is documented as to when, whom and if necessary, why.

In complex cases of medical treatment or administration of medical care beyond that level of care normally expected of the Trust's trained first aiders, advice should be sought from the Trust's insurers regarding additional cover. In such cases the individual school must be able to demonstrate that the employee has been trained to the level required to perform the treatment before this can commence.

Complaints

Should parents 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 school's complaints procedure.

Making a formal complaint to the Department of Education should only occur if it comes within school of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. It will be relevant to consider whether the trust has breached their terms of its Funding Agreement or failed to comply with any other legal obligation placed on it. Ultimately, parents and pupils will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Appendix A

Initial Medical Contact Form

Pupils Name:

Date of Birth:

Address:

GP's Details:

What medical condition does your child have?

Is your child able to self-medicate (i.e., be responsible for carrying and administrating their own medication?)

If not, please indicate what help is required in school.

Appendix B

Individual healthcare plan

Name of school

Child's name

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

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, contraindications, 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

Appendix C

Parental agreement for the school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(As described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school needs to know about? Self-administration – y/n

Procedures to take in an emergency

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

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver 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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix D

Record of medicine administered to an individual child

Name of school	
Name of child	
Date medicine provided by parent	
Year Group/Class/Form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Appendix F

Staff training record – administration of medicines

Name of school

Name of staff

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff] Suggested review date

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff
signature _____

Date _____

Appendix G

Contacting emergency services

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.

1. Your telephone number
2. Your name
3. Your location as follows (insert school address)
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from postal code
5. Provide the exact location of the patient within the school setting
6. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. Put a completed copy of this form by the phone

The 13 schools in our Trust:

St. Mary's Menston, a Catholic Voluntary Academy

St. Joseph's Catholic Primary School Otley, a Voluntary Academy

Ss Peter and Paul Catholic Primary School, a Voluntary Academy

Sacred Heart Catholic Primary School Ilkley, a Voluntary Academy

St Mary's Horsforth Catholic Voluntary Academy

St. Joseph's Catholic Primary School Pudsey, a Voluntary Academy

St Joseph's Catholic Primary School Harrogate, a Voluntary Academy

St Mary's Catholic Primary School Knaresborough, a Voluntary Academy

St. Stephen's Catholic Primary School and Nursery, a Voluntary Academy

Holy Name Catholic Voluntary Academy

St Roberts Catholic Primary School, a Voluntary Academy

St John Fisher Catholic High School Harrogate, a Voluntary Academy

St Joseph's Catholic Primary School Tadcaster, a Voluntary Academy



The Bishop Wheeler Catholic Academy Trust

The Bishop Wheeler Catholic Academy Trust is a charity and a company limited by Guarantee, registered in England and Wales.

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