SELSTED CHURCH OF ENGLAND PRIMARY SCHOOL

Here at Selsted, in our unique rural setting, we provide a happy, safe, stimulating environment where children develop a love of learning. Through mutual respect and trust, children are given a voice and responsibility. We are brave, resilient, and committed to making the impossible possible through God's loving care.

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

Date written:	**September 2026**
Date of next review:	**September 2027**
Signed: Chair of Governors	
Signed: Headteacher	

Contents

This policy is written in line with the requirements of:	**2**
Main Policy	**3-16**
Form A: individual healthcare plan	**17-18**
Form B: Parental agreement for setting to administer medicine	**19-20**
Form C: Record of medicine administered to an individual child	**21-22**
Form D: Record of medicine administered to all children	**23**
Form E: Staff training record – administration of medicines and/or medical procedures	**24**

This policy is written in line with the requirements of:

-Children and Families Act 2014 - section 100.
-Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
-0-25 SEND Code of Practice, DfE 2014
-Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
-Equalities Act 2010
-Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies.

-SEN Policy / SEN Information Report
-Child Protection Policy
-Off-site visits policy
-Complaints Policy
-Accessibility Policy and Report

Definitions of medical Conditions

Pupils' medical needs may be broadly summarised as being of two types: -

> **Short-term,** affecting their participation at school because they are in treatment, accessing an intervention and / or on a course of medication
>
> **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their medical health needs and keep them well, including monitoring, preventative care and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical health needs and that pupils feel safe.

It is important that short- and long-term care is provided in a non-stigmatizing way wherever possible. For example, agreed subtle communication cues about medical health needs between pupils and staff.

Some children with medical health needs may be considered disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010, i.e. to make 'reasonable adjustments' to make sure disabled students are not discriminated against. The duty to make reasonable adjustments in education is 'anticipatory'. This means schools must consider in advance what they need to do to make sure all disabled pupils can access and participate in the education and other benefits, facilities and services they provide for their pupils.

Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report, and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty to support pupils at school with medical health needs. The governing body of Selsted CE Primary School fulfills this by: -

- Ensuring that arrangements are in place to support pupils with medical health needs. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child.

- Ensuring that where children and young people also have SEN, their provision is planned and delivered in a co-ordinated way with the healthcare plan.

- Taking into account that many medical health needs that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others, and therefore the focus is on the needs of each individual child and how their medical health needs impact on their school life;

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical health needs, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;

- Ensuring that no child with a medical health need is denied admission, or prevented from taking up a place in school because arrangements for their medical health needs have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases

(Health protection: Infectious diseases - detailed information - GOV.UK (www.gov.uk,), and reserve the right to refuse admittance to a child at times when it would be detrimental to the health of that child or others to do so;

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented.

- Developing this policy for supporting pupils with medical health needs that is reviewed regularly and accessible to parents and school staff.

- Ensuring that this policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation).

- Ensuring that this policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical health need (see section below on procedure to be followed when notification is received that a pupil has a medical health need).

- Ensuring that this policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical health needs (see section below on individual healthcare plans).

- Ensuring that this school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical health needs and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support).

- Ensuring that this school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs).

- Ensuring that this policy is clear about the procedures to be followed for managing medicines, including the completion of written records (see section below on managing medicines on school premises).

- Ensuring that this policy sets out what should happen in an emergency situation (see section below on emergency procedures).

- Ensuring that robust risk assessments are completed, and appropriate arrangements are clear and unambiguous to actively support pupils with medical health needs to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);

- Considering:
  - developing transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport.
  - purchasing and training staff in the use of defibrillators
  - anaphylaxis – preventative approaches e.g., nut-free school and access to medication
  - holding asthma inhalers for emergency use; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

- Ensuring that this policy is explicit about what practice is not acceptable (see section on unacceptable practice).

- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity).

- Ensuring that this policy sets out how complaints may be made and will be handled concerning the support to pupils with medical health needs (see section on complaints).

Policy implementation

The statutory duty to make arrangements to support pupils at school with medical conditions rests with the governing body. A member of the governing body or a subcommittee must have specific oversight of the school's arrangements for SEN and disability.
The governing body has delegated the following functions of implementing this policy to the staff below; however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for implementing this policy is assigned to Andrea Copper, the Headteacher. They will also ensure that sufficient staff are suitably trained and arrange cover in cases of staff absences or staff turnover, so someone is always available and on-site with an appropriate level of training.

Teachers will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside the normal timetable, and the Headteacher/SENDCO will be responsible for monitoring individual healthcare plans.

The Headteacher/SENDCO will be responsible, in conjunction with parents/carers, for drawing up, implementing, and reviewing the individual healthcare plan for each pupil, and ensuring relevant staff are aware of these plans.

All members of staff are expected to show commitment to, and awareness of, children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy when they take up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Selsted CE Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Selsted CE Primary School mid-term, a meeting will be arranged with parents/carers to discuss the reasonable adjustments needed. Following this, if necessary, leaders will seek advice from external agencies, write risk assessments and individual care plans to ensure the child's return to school is safe and well managed. This will take place within a maximum of two weeks from the meeting date.

In making the arrangements, we will take into account that many of the medical conditions that require support at school may affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure the focus is on each child's needs and how their medical condition impacts their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions, including emotional wellbeing and mental health, impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions, and we will be clear and unambiguous about the need to actively support pupils with medical conditions in participating in school trips and visits or sporting activities, and not to prevent them from doing so. We will make arrangements for the inclusion of pupils in such activities, with any necessary adjustments, unless evidence from a clinician indicates that this is not possible. We will ensure that no child with a medical condition is denied admission or prevented from attending the school because arrangements to support their medical condition have not been made within the time frame given above. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk, for example, from infectious disease. We will therefore not admit a child to school at times when it would be detrimental to the health of that child or others.

Selsted CE Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on available evidence. This would normally involve medical evidence and consultation with parents/carers. Where evidence conflicts, discussions will be required to ensure the right support is put in place. These discussions will be led by the Headteacher/SENDCO , and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers by the Headteacher/SENDCO and put in place.

Individual healthcare plans

Individual healthcare plans are not the same as education, health and care (EHC) plans which set out the support needed by children with SEND, although some children may have both types of plan. As stated below, where the child has an EHCP, the individual healthcare plan should be linked to or become part of the EHC plan

Individual healthcare plans will help to ensure that Selsted CE Primary School effectively supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. 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 on page 16.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional wherever possible e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim is to capture the steps Selsted CE Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. 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.

Selsted CE Primary School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. If your child attends an appointment with their specialist nurse/consultant, the follow up letter should be shared with us via office@selsted.kent.sch.uk

They will be developed and reviewed with the child's best interests in mind and ensure that Selsted CE Primary School assesses and manages risks to the child's education, health and social wellbeing, and minimizes disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Form 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, it should include the following information.

- 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
- 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required.
- Arrangements for written permission from parents/carer and 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 child can participate e.g., risk assessment.
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Medical Alerts

Once an Individual Health Care Plan has been agreed, a medical alert is created showing a snapshot of the child's health conditions and emergency procedures, which is sent to all staff. This states at the top, 'This child has an Individual Health Care Plan which needs to be read in conjunction with this alert.'
These are shared with parents/carers, and the Headteacher/SENDCO are expected to sign them to say that they have been agreed.
If there is no current medical intervention or involvement of healthcare professionals' school may make the decision to raise awareness of a medical condition through a Medical Alert. This will ensure that staff are aware of the medical condition. This can then transfer to an Individual Health Care plan if medical professionals become involved again.

Roles and responsibilities

Please refer to the section on policy implementation for the functions delegated to different, named members of staff at Selsted CE Primary School.

In addition**, the health professional involved in their care can support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaise with lead clinicians, and advise** or support pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Children's community health teams, i.e. Children's community nursing teams which include specialist practitioners for asthma, epilepsy or diabetes, may be able to provide support and training to staff for children with particular needs.

The Kent School Health Service provides virtual generic awareness updates for Asthma, Epilepsy and Anaphylaxis. However, the service is not notified when an individual child is identified as having a medical condition requiring support in school. School staff can contact the Kent School Health Service duty clinician for signposting/advice regarding a child/young person in school with a health condition, or to discuss the appropriateness of a referral into the service for support.

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, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions and can, for example, alert staff to a deteriorating condition or emergency need.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. In many cases they may be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in developing and reviewing their child's individual healthcare plan, and may be involved in drafting it. 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 contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation among relevant partners, such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups, and NHS England, with a view to improving children's well-being in relation to their physical and mental health, and their education, training, and recreation. KCC will work with us to support pupils with medical conditions in attending full-time. If a pupil would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should 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 because of health needs (whether consecutive or cumulative across the year).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

The Integrated Care Board (ICB) commission healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and the IBC to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection toolkit places a clear emphasis on meeting the needs of disabled children and pupils with SEN and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy on medical needs and to demonstrate that it is being implemented effectively.

Staff training and support

The following staff have received general training.

School first aiders (full certificate) are:

Maria Clarke-Green	First Aid at Work	30.04.2025	29.04.2028
Hannah Withington	First Aid at Work	09.07.2024	08.07.2027

Paediatric First Aiders:

Kerry Smee	Paediatric	24.06.2025	23.06.2028
Tiffany Heath	Paediatric	26.06.2025	25.06.2028
Jo Anne Carter	Paediatric	26.06.2025	25.06.2028
Emma Peak	Paediatric	20.08.2024	19.08.2027
Mim Finch	Paediatric	24.06.2025	23.06.2028
Suzy Ive	Paediatric	15.03.2024	14.03.2027
Hannah Hills	Paediatric	15.03.2024	14.03.2027

Emergency First Aiders:

Jane Goldsmith	Emergency First Aid	07.07.2026	06.07.2029

Named people for administrating medicines:

Maria Clarke-Green	First Aid at Work	30.04.2025	29.04.2028
Hannah Withington	First Aid at Work	09.07.2024	08.07.2027

Form E will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. They may choose to arrange training themselves and will ensure that it remains up to date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the

individual healthcare plans. 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 healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions (including safe storage and handling of medication) and their role in implementing the policy. The Headteacher/SENDCO, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice but should not be the sole trainer.

The child's role in managing their own medical needs.

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

- Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the medicine cabinet in the front office to ensure that the safeguarding of other children is not compromised. Selsted CE Primary School also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child 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 individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At Selsted CE Primary School, the following procedures are to be followed:

- Medicines should only be administered at 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' written consent (see Form B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

- With written parental consent, the school will administer non-prescription medication, excluding aspirin or any medicine containing aspirin**,** unless it has been specifically prescribed by a doctor. Non-prescription medication, including pain relief, will only be administered after staff have checked the maximum permitted dosage and confirmed

the time of the most recent dose. Parents will be informed whenever such medication is administered.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

- Selsted CE Primary School will only accept prescribed medicines, with written permission from parent/carer, that are in date, labelled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage, and storage. The exception to this is insulin, which must be in date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

- All medicines will be stored safely in the main office. Children 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: all Office staff.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and not locked away. Asthma inhalers should be marked with the child's name and held in a yellow bag in the child's classroom. During lunchtimes, these bags will go to the main hall and will be returned to their classrooms.

- During school trips, the first aid trained member of staff will carry all medical devices and medicines required.

- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise, we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will 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 in the school.

- Staff administering medicines should do so in accordance with the prescriber's instructions. Selsted CE Primary School will keep a record (see Forms C and D) 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 school should be noted. Written records 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 safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

The Headteacher will ensure arrangements are in place to deal with emergencies for all school activities, wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, 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 child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child 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.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician, such as a paediatrician, that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA, and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The school has a defibrillator, and staff who are first aid trained have been trained as part of their course. The defibrillator is stored in the school office.

Unacceptable practice

Although staff at Selsted CE Primary School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged).
- Send children 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 child becomes ill, send them to the school office unaccompanied or without someone suitable.

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 breaks whenever they need to in order to manage their medical condition effectively.
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working or have caring responsibilities impacted because the school is failing to support their child's medical needs.

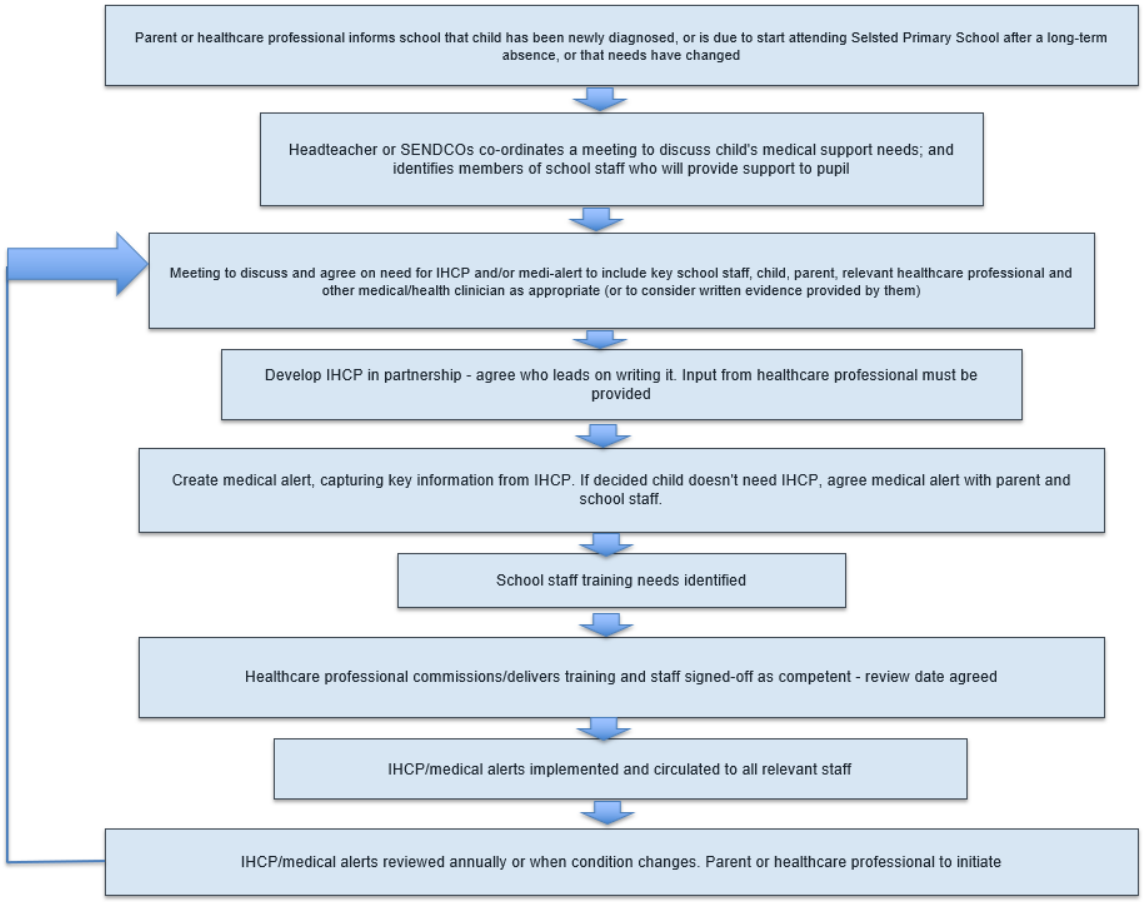
Liability and indemnity

Selsted CE Primary School's insurance covers the activities of staff carried out in the ordinary course of the business of the Council. This includes the medical/healthcare procedures which form part of the duties of teaching and other staff performing a caring and support role. Although any claim for negligence would be assessed on its individual circumstances, a member of staff who, in providing medical support as part of their duties, follows pre-set guidelines and acts in line with training they have received from a competent/qualified person, should be considered by insurers to have acted reasonably and be protected by the policy.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at Selsted CE Primary School, they must discuss their concerns with the school. In the first instance, this should be with the child's class teacher, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using Selsted CE Primary School's Complaints Procedure.

Model process for developing Individual Healthcare Plans and Medical Alerts



Form A

HEALTH CARE PLAN

Pupil Name		**DOB:**	**Class:**	**Yr grp:**	
EHCP	Yes/no	**High needs funding**	Yes/no	**STLS**	Yes/no
Child's Address			**Completion date:**	**Review date:**	

Details of condition / illness / medical need / diagnosis

Who is responsible for providing support in school

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

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

Daily care requirements	**How this will be managed**
Known allergies	

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

What constitutes an emergency?	**Action required**

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

Precautions to be taken for off site activities / school visits / trips etc

Other information:

Staff training needed/undertaken – who, what, when

CONTACT				Phone numbers
1st contact		Relationship to pupil		
2nd contact		Relationship to pupil		
GP name		Surgery address		
Clinic/Hosptial Contact name		Address		

Plan developed with:

Form copied to:

If medication is held on site has a form been completed? No Medication

I confirm that I understand that it is my responsibility to inform the school immediately, of any changes that need to be made to this Care Plan including change of dose or medication.

Signed…… Date……

(Parent / Carer)

Signed…… Date……

(HT/SENDCo)

Form B

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

Selsted CE Primary School will not give your child medicine unless you complete and sign this form, in line with our Managing Medicines Policy.

Child's Details		
Name		**Address:**
Class		
Date of Birth		
Condition/Illness:		
Date for review to be initiated by:		

Details of Medication			
Name/Type of medication ***(as described on the container)***			
Date dispensed		**Expiry Date**	
How long will medication be required?			

Directions of Use					
Dosage		**Method**		**Time(s) to be administered**	
Special precautions/other instructions					
Side effects					
Self-Administration?	**YES**				**NO**

Has the child taken this medication before?	**YES**	**NO**
Procedures to take in an emergency		

Contact Details	
Name	
Daytime contact number	
Relationship to child	
Address	

Home/School Agreement for Administration of Medication in School			
• **I/We understand that I/we must deliver the medicine personally to the school office in the original container as dispensed.** • **I/We will ensure that the school is informed immediately of any change to required medication.** • **The above information is to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with Willesborough Schools Managing Medicines 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.**			
Name of parent/carer			
Signature		**Date**	
Relationship to child			

Form C

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD	
Name	
Class	
Date medication provided by parent	
Quantity received (Tablets/liquid)	
Name and strength of medicine	
Expiry date	
Quantity returned (Tablets/liquid)	
Dose and frequency of medicine	

Staff signature: _____

Staff members printed name: _____

Signature of parent: _____

Parents printed name: _____

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

Form D

Child's Name: _____

Date	Time	Name of medication	Dosage given	Reason for administering	Any reactions?	Print Name	Signature

Form E

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES AND/OR MEDICAL PROCEDURES	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Manager's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____