KEYS Academy Trust

Supporting Pupils with Medical Conditions Policy

KEYS Academy Trust
Unlocking the future

Version control summary and overview details

TKAT Statutory Policy

- All schools require a policy on this area.
- There should be no changes to the core text.
- LGBs will minute that they have noted Trust approval and will adopt the policy effective immediately.
- This is a Trust policy to be implemented by all schools within The Keys Academy Trust to ensure a consistent approach for all.

Version control

Version 3 June 2026

- Updated in line with Browne Jacobson policy guidance to staffing responsibilities and rights and EYFS Section

Reviewed by (Trust Officer)	Hester Wooller, CEO
Approved by TKAT Trustee Committee:	CECE
Trust date of approval:	June 26
Trust date of next review:	June 27

TKAT vision

We are a family of distinctive schools at the heart of the diverse communities we serve. In line with our Christian ethos, we aspire to excellent learning and pastoral care for pupils and staff and are committed to being open and welcoming to all.

Key areas of note

Please note the following, which will be applicable throughout the policy:

- Any reference to 'headteacher' should read as whatever title is relevant to the school using the policy (i.e. Executive Headteacher/Head of School or Headteacher). Anything else will be explicitly referenced within the policy.
- Any reference to 'everyone' to staff, trustees, local governors and pupils.
- Any reference to 'we' should be read as The Keys Academy Trust.
- Any reference to 'parents' should be read as 'parents, carers and guardians'.

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1. Aim of this policy

1.1 As proprietor of one or more academies, The Keys Academy Trust (TKAT) has a legal duty to make arrangements for supporting pupils at the school with medical conditions. The board of TKAT has delegated this responsibility to the school.

1.2 The school has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions.

2. Overriding principles

2.1 Children and young people with medical conditions are entitled to a full education. The school is committed to ensuring that 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. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with medical conditions to participate in school trips/visits and/or in sporting activities.

2.2 The school recognises that medical conditions can directly affect a pupil's ability to learn and engage with the curriculum. Staff will take steps to understand the specific ways in which a pupil's condition may influence concentration, energy levels, emotional wellbeing, attendance, or pace of work, and will ensure that appropriate adjustments and support are provided so that learning is not adversely impacted.

2.3 The school is also committed to increasing pupils' confidence and promoting self care wherever appropriate, enabling them to develop independence in managing their condition in a safe and supported manner.

2.4 The school understands that some medical conditions may significantly affect quality of life or be life limiting. Staff will act with sensitivity, ensure access to specialist training where required, and provide pastoral and practical support for pupils and staff involved in the care of children with serious or terminal conditions.

3. Definition of medical condition

3.1 For the purposes of this policy, a "medical condition" is any illness or disability which a pupil has. It can be:

- Physical or mental.
- A single episode or recurrent.
- Short-term or long-term.
- Relatively straightforward (e.g., the pupil can manage the condition themselves without support or monitoring) or complex (requiring ongoing support, medicines or care whilst at school to help the pupil manage their condition and keep them well).
- Involving medication or medical equipment.
- Affecting participation in school activities or limiting access to education.

3.2 Medical conditions may change over time in ways that cannot always be predicted.

4. Roles and responsibilities

4.1 The Trust Board

- Remains legally responsible and accountable for fulfilling its statutory duty to support pupils with medical conditions. Will develop and update suitable policies and systems to meet their statutory responsibilities
- Ensure that policies, plans, procedures and systems are properly implemented.

- Ensure that the arrangements they set up include details of a named person who has overall responsibility for policy implementation in each school.

4.2 The Local Governing Body

- has delegated responsibility to make arrangements to support pupils with medical conditions.
- Will ensure that the school liaises directly with the appropriate medical practitioner to assess training needs
- will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- will ensure that the policy is readily accessible to parents and school staff.
- ensure that the arrangements, include a named person who has overall responsibility for policy implementation in their school and the development of individual healthcare plans for pupils at school with medical conditions.
- Will monitor how staff are supported and review training needs and outcomes.

4.3 Headteacher/Head of School

- To ensure continuity of care, school leaders should ensure that all staff, including temporary staff, know what to do if a child with a known medical condition, needs assistance.
- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that staff understand how medical conditions may affect learning and work with teachers to put appropriate strategies in place.
- Ensure that staff are trained to promote self-care, where appropriate, and to support pupils to build confidence in managing their condition.
- Ensure that where a pupil has a life-threatening or life-limiting condition, appropriate specialist training is obtained and emotional and practical support is available for the pupil, their family, and staff.

4.4 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. 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 the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Staff will take into account how a pupil's medical condition may impact their learning, stamina, emotional regulation, or engagement, and will adapt teaching approaches accordingly.
- Staff will encourage self care skills where appropriate, supporting pupils to take increasing responsibility for their condition in line with medical guidance and their IHP.
- Staff will be aware that some pupils' medical conditions may be life limiting or potentially life threatening, and will follow all training and procedures relevant to emergency or specialist care.

- While staff may be asked to support children, they are not obligated to administer medicines or perform medical procedures unless they have agreed to do so and have been properly trained.

4.5 Parents/Carers (See Note 1)

- Parents/Carers will:
- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

4.6 Pupils

- When appropriate, pupils with medical conditions may be best placed to provide information about how their condition affects them. Where age, ability and competency allows pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4.7 School nurses and other healthcare professionals

- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.
- When working on-site health care professionals will be covered by the same obligations for their employer to provide evidence of identity and safeguarding checks considering the nature of the activities to be undertaken and the regularity and frequency of any contact.

5. Notification that a Pupil has a medical condition

5.1 Ordinarily, the pupil's parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to Headteacher/Head of School. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify Headteacher/Head of School as soon as practicable.

5.2 A pupil may disclose themselves that they have a medical condition. The staff member to whom the disclosure is made should notify Headteacher/Head of School as soon as practicable.

5.3 Notification may also be received directly from the pupil's healthcare provider or from a school from which a child may be joining the school. The school may also instigate the procedure themselves where the pupil is returning to the school after a long-term absence.

6. Procedure following notification that a pupil has a medical condition

6.1 Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their medical condition, the pupil's parents/carers will be contacted by the Headteacher/Head of School or someone designated by them as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality.

6.2 Unless the medical condition is short-term and relatively straightforward (e.g., the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:

- Discuss the pupil's medical support needs.
- Identify a member of school staff who will provide support to the pupil where appropriate.
- Determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.

1.

6.3 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in their views by other means, such as setting their views out in writing.

6.4 The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for and the contents of an IHP.

6.5 In cases where a pupil's medical condition is unclear or where there is a difference of opinion, the Headteacher/Head of School will exercise their professional judgement, based on the available evidence, to determine whether an IHP is needed and/or what support to provide.

6.6 For children joining the school at the start of the school year, any support arrangements will be made in time for the start of the school term, where possible. In other cases, such as a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

6.7 In line with our safeguarding duties, the school will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

7. Pupils with health needs who cannot attend school

7.1 Where a pupil cannot attend school because of health needs, unless it is evident at the outset that the pupil will be absent for 15 or more days, the school will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.

7.2 The school will provide support to pupils who are absent from school because of illness for a period shorter than 15 days. This may include providing pupils with relevant information, curriculum materials and resources.

7.3 In accordance with the Department for Education's statutory guidance[1], as soon as it is clear that a pupil will be away from school for 15 days or more (either consecutive or over the course of a school year) because of their health needs, the local authority should:

- Be ready to take responsibility for arranging suitable full-time education for that pupil.
- Arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.

7.4 The school will inform and work collaboratively with the local authority to support these responsibilities.

[1] Arranging education for children who cannot attend school because of health needs (December 2023)

7.5 The school will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the pupil to identify and meet the pupil's educational needs throughout the period of absence, and to remain in touch with the pupil throughout.

7.6 When a pupil is considered well enough to return to full-time education at the school, the Headteacher/Head of School or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations.

8. Individual healthcare plans (IHP) – see **Error! Reference source not found.**

8.1 Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the school, the pupil's parents/carers, the pupil, and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil; this may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport, to ensure that the authority's own transport healthcare plans are consistent with the IHP.

8.2 The aim of the IHP is to capture the steps which the school needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP, the school will need to assess and manage the risk to the pupil's education, health and social wellbeing and minimise disruption.

8.3 IHPs may include:

- Details of 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 or 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. or 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 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/carers and Headteacher/Head of School 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.
- 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 IHP.
- Information on how the pupil's medical condition specifically impacts their learning and participation, including fatigue, concentration, anxiety, cognitive effects, or sensory considerations, and any reasonable adjustments required.

- Arrangements to promote the pupil's confidence and self-care, including steps to increase independence where appropriate, and staff roles in supporting self-management.
- Information where the condition may be life-threatening or life-limiting, including any specialist training needed for staff, any emotional or pastoral support required for staff and pupils, and clear procedures for managing deterioration, emergencies, or palliative-care-related needs.

8.4 The IHP will also 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 (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany a pupil taken to hospital by ambulance.

8.5 Except in exceptional circumstances or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.

8.6 Where a pupil is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

8.7 Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to or become part of that EHCP.

9. Reviewing individual healthcare plans (IHP)

9.1 Every IHP shall be reviewed at least annually. The Headteacher/Head of School (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider, to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.

9.2 Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

10. Staff training

10.1 The Headteacher/Head of School is responsible for:

- Ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation.
- Working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required.
- Ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.

10.2 In addition, all members of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. There is an expectation that any staff supporting pupils with complex medical needs must 'achieve competency' before undertaking such care.

10.3 The school has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

10.4 Staff training will include, where relevant, understanding how medical conditions can affect learning; how to promote self-care and confidence in pupils; and recognising when a condition may significantly impact quality of life or require specialist or palliative-care-related knowledge. Specialist training will be sought for staff working with pupils with life-limiting or terminal conditions.

11. Administering medication

11.1 No pupil will be given any medication or access to a medical device without confirmation that this has been prescribed by the pupil's GP or other medical professional.

11.2 Medicines will only be administered at the school when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.

11.3 If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens in school, it is vital that the parent/carer advises the school accordingly so that the process for storing and administering medication can be properly discussed.

11.4 The school will only accept medicines that are in date, labelled, provided in the original container, 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 inside an insulin pen or a pump rather than its original container.

11.5 The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.

11.6 The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with the pupil's parent/carer but the school will ultimately decide the approach to be taken.

11.7 Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.

11.8 The school will 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 will be noted.

11.9 If a pupil refuses to take their medication, staff will not force them to do so and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

11.10 It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

11.11 It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

12. EYFS-Specific Requirements for Supporting Pupils with Medical Conditions

12.1 This section sets out the specific statutory requirements for Early Years Foundation Stage (EYFS) pupils (birth to age 5) in relation to the management of medical conditions. It supplements and strengthens TKAT's overarching medical conditions policy, ensuring full alignment with the EYFS Statutory Framework (effective 1 September 2025) and associated guidance. EYFS providers must meet these statutory standards to ensure young children are kept healthy and safe and receive appropriate care when medical needs arise.

13. Paediatric First Aid (PFA)

13.1 TKAT will ensure that:

- At all times when EYFS children are present, at least one member of staff with full Paediatric First Aid (PFA) training is available on site and on any outing or educational visit.
- From September 2025, any EYFS staff or trainees counted in statutory ratios must hold appropriate PFA training.

13.2 This requirement ensures immediate, competent response to medical needs, accidents, allergic reactions, or emergencies.

14. Administration of medicines in EYFS

14.1 In accordance with EYFS statutory requirements, TKAT will maintain and implement clear procedures for the safe administration of medicines. These procedures will include:

- Processes for administering prescribed medication during the school day.
- Steps to follow when a child starts new medication, including how parents and staff exchange information.
- Systems for obtaining and keeping up-to-date information about each pupil's medication needs, including registration forms, care plans and ongoing updates from parents.
- Requirements for written parental consent for every medicine administered.
- Procedures for the safe disposal or return of unused medicines.
- How the setting ensures medication is authorised by a doctor, nurse, dentist or pharmacist where required. Aspirin will only be administered if prescribed.
- The school will not administer medicines without the necessary written information and parental signatures as set out in the EYFS statutory framework.

15. Record-Keeping

15.1 TKAT will maintain accurate records of all medicines administered to EYFS pupils. Records will include:

- Child's name
- Medication name and dose
- Time and date of administration
- Reason for administration
- Name and signature of staff member administering
- Parent signature upon collection, where appropriate

15.2 These records will be stored securely and retained for an appropriate period in accordance with EYFS obligations and data protection legislation.

16. Storage of Medicines

16.1 TKAT will comply with the following statutory requirements at all times:

- Medicines will be stored in their original containers with pharmacy labels attached.
- Medicines must include prescriber instructions and be clearly labelled with the child's name.
- All medicines will be stored securely and kept inaccessible to children.
- Medicines requiring refrigeration will be stored according to manufacturer instructions.

- Emergency medication (e.g., inhalers, EpiPens) should be stored safely but remain accessible to trained staff.

17. Illness, Infection Control and Good Health

17.1 TKAT will comply with the EYFS statutory framework to take all necessary steps to prevent the spread of infection and promote good health**.** The following will be applied accordingly:

- The school will follow exclusion periods for infectious illnesses.
- Parents may be asked to keep a child home for 48 hours after starting new medication to observe for adverse reactions.
- Staff will take appropriate action when a child becomes ill during the day, ensuring their wellbeing while maintaining infection control.

18. Safeguarding Requirements

18.1 TKAT is committed to acting in line with strengthened safeguarding expectations, effective from September 2025, and this policy includes:

- Requirements for robust emergency contact information for EYFS pupils.
- Consideration of children's privacy during medical care, toileting or nappy changing, balanced with safeguarding duties.
- Confidence that medication administration procedures align with safer recruitment and training expectations.

19. Parent and Carer Partnership

19.1 EYFS guidance emphasises the role of parents as partners. TKAT will ensure:

- Parents are fully informed of procedures for managing medical conditions.
- Parents provide timely updates on changes to medication or health needs, and the school updates its internal systems accordingly.
- Parents provide written consent for each medication and each course of treatment.

20. Trips, Outings and Off-Site Activities

20.1 When EYFS pupils participate in off-site activities that Trust will ensue that :

- At least one Paediatric First Aid trained staff member will accompany the group.
- Staff will carry emergency medicines and follow relevant documentation and consent procedures.
- Risk assessments will include a review of each child's medical needs.

21. Compliance and Review

21.1 TKAT will:

- Review this EYFS section annually or sooner if statutory guidance changes.
- Ensure all EYFS staff receive training in these procedures and understand their responsibilities under the EYFS statutory framework

22. Unacceptable practice

22.1 Although the Headteacher/Head of School and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it will not be generally acceptable practice to:

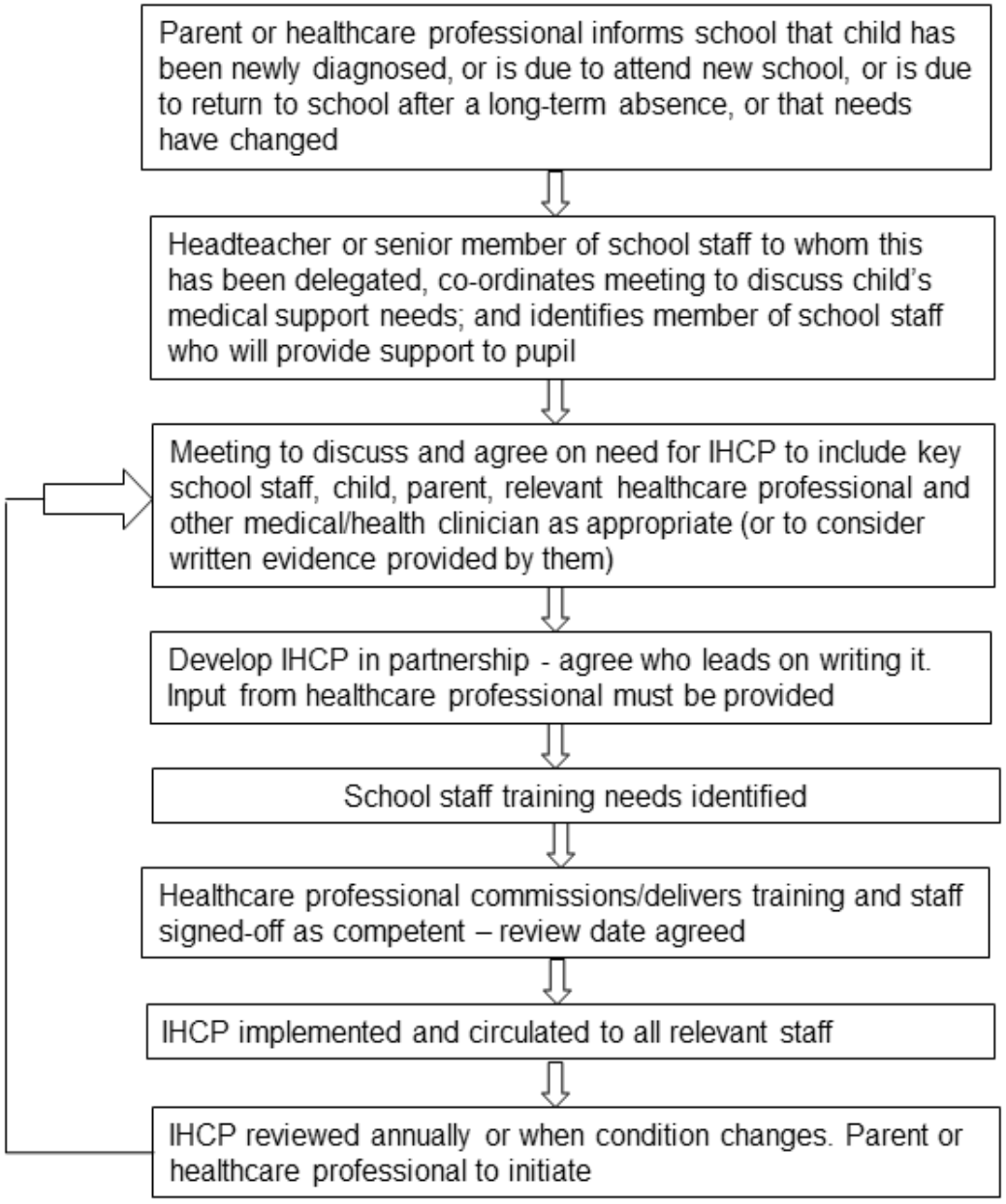
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers or ignore medical evidence or opinion (although this may be challenged).

- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- 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 school to administer 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.
- Prevent children 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.
- Assume that a pupil's learning is unaffected by their medical condition or fail to make reasonable adjustments to support learning needs associated with the condition.

23. Complaints

23.1 Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the school's usual complaints procedure.

Annex 1 Process for developing individual healthcare plans (IHP)



Annex 2 DfE Templates

Department for Education

Templates

Supporting pupils with medical conditions

May 2014

Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

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Template A: individual healthcare plan

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

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	
Who is responsible for providing support in school for this child?	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

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Template B: parental agreement for setting to administer medicine

The school/setting 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. NB: Medicines must be in the original container as dispensed by the pharmacy

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

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/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

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

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

Signature(s) _____ Date _____

Template C: Record of medicine administered to an individual child

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			

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Template D: record of medicine administered to all children

Name of School setting	
Any known allergies?	

Date	Child's name	Time	Name of	Dose given	Any reactions	Signature	Print name

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Template E: staff training record – administration of medicines

Name of school/setting	
Name	
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].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: 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/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely