



# Administering Medicines Policy

<b>Approved By:</b>	Board of Trustees
<b>Date:</b>	September 2024
<b>Review Date:</b>	September 2026

## Administering Medicines Policy

Date of Issue:	September 2024
Policy applies to:	<b>All staff employed by the Wessex Multi-Academy Trust.</b>
Policy Version Number:	3
Purpose of the document:	This Policy will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy
Summary of the main points:	<p>This policy has due regard to statutory legislation and guidance including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Children and Families Act 2014</li> <li>• DfE (2015) 'Supporting pupils at school with medical conditions'</li> <li>• DfE (2017) 'Using emergency adrenaline auto-injectors in schools'</li> <li>• DfE (2022) KCSIE Keeping children safe in education.</li> </ul> <p>This policy is implemented in conjunction with the following school policies:</p> <p>Supporting pupils with medical conditions policy</p> <p>Complaints policy</p>
Approved by:	This policy has been approved by the Wessex MAT Board of Trustees
Reviewer:	Dave Diaz
Summary of amendments:	No changes
Next review due:	September 2025

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## **Statement of intent**

The Wessex Multi Academy Trust (WMAT) will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The WMAT is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

## **Legal framework**

18.1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'
- KCSIE (2022) Keeping children safe in education.

This policy is implemented in conjunction with the following school policies:

Supporting Pupils with Medical Conditions Policy

Complaints Policy

## **2. Definitions**

- 2.1. The Trust defines "medication" as any prescribed or over the counter medicine.
- 2.2. The Trust defines "prescription medication" as any drug or device prescribed by a doctor.
- 2.3. The Trust defines a "staff member" as any member of staff employed at the school, including teachers.
- 2.4. For the purpose of this policy, "medication" will be used to describe all types of medicine.
- 2.5. The Trust defines a "controlled drug" as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

## **3. Key roles and responsibilities**

- 3.1. The Trust is responsible for:
  - The implementation of this policy and procedures.
  - Ensuring that this policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity or national origin, culture, religion, gender, disability or sexual orientation.

- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.
- Managing any complaints or concerns regarding the support provided or administration of medicine using the Trust's complaints policy.

3.2. The Governing body will ensure on behalf of the Trust that this policy is implemented and monitored.

3.3. The headteacher/ head of school is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in the case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.
- Handling complaints regarding this policy, as outlined in the Trust's Complaints policy.

3.4. All staff are responsible for:

- Adhering to this policy and ensuring pupils do so also.
- Carrying out their duties that arise from this policy fairly and consistently.

- 3.5. Parents are responsible for:
- Keeping the school informed about any changes to their child's health.
  - Completing a medication administration form ([appendix A](#)) prior to bringing any medication into school.
  - Discussing medications with their child prior to requesting that a staff member administers the medication.
- 3.6. It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with a First Aider or other members of staff.

#### **4. Training of staff**

- 4.1. Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.
- 4.2. The headteacher/ head of school will ensure that a sufficient number of staff are suitably trained in administering medication.
- 4.3. Appropriate number of staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, pupils can still receive their medication from a trained member of staff.
- 4.4. Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice.
- 4.5. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g. a school nurse.
- 4.6. Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:
- The timing of the medication's administration is crucial to the health of the child
  - Some technical or medical knowledge is required to administer the medication
  - Intimate contact with the pupil is necessary

Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; hence, staff members will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

## **5. Receiving and storing medication**

- 5.1. The parents of pupils who need medication administered at school will be sent a medication administration consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16.
- 5.2. A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present.
- 5.3. Consent obtained from parents will be renewed when the medical condition changes.
- 5.4. The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.
- 5.5. The school will only allow prescribed medication, and only a maximum of four weeks' supply, to be stored in the school.
- 5.6. Parents should always supply medication provided to the school in the original packaging, complete with instructions, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the sides of the bottle. This does not apply to insulin, which can be stored in an insulin pen.
- 5.7. The school will ensure that all medications, with the exception of those outlined in paragraph 5.9, are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to pupils, e.g. lockable cupboards and/or office.
- 5.8. Medication will be stored according to the following stipulations:
  - In the original container alongside the instructions
  - Clearly labelled with the name of the pupil and the name and correct dosage of the drug
  - Clearly labelled with the frequency of administration, any likely side effects and the expiry date
  - Alongside the parental consent form

- 5.9. Medication that does not meet these criteria will not be administered.
- 5.10. Medication that may be required in emergency circumstances, e.g. asthma inhalers and EpiPens, will be not be kept in locked cupboards. Such medication will be stored in such a way that they are readily accessible to pupils who may need them and can self-administer, and staff members who will need to administer them in emergency situations.
- 5.11. The school will allow pupils who are capable of carrying their own inhalers to do so, provided parental consent has been obtained.
- 5.12. The school will ensure that spare inhalers for pupils are kept safe and secure in preparation for the event that the original is misplaced.
- 5.13. The school will not store surplus or out-of-date medication, and parents will be asked to collect containers for delivery back to the chemist.
- 5.14. The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these pupils.
- 5.15. Needles and sharp objects will always be disposed of in a safe manner, e.g. the use of 'sharp boxes'.

## **6. Administering medication**

- 6.1. Medication will only be administered at school if it would be detrimental to the pupil not to do so.
- 6.2. Staff will check the expiry date of each medication being administered to the pupil each time it is administered.
- 6.3. Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.
- 6.4. Only suitably qualified members of staff will administer a controlled drug.
- 6.5. Medication will be administered in a private and comfortable environment and, as far as possible, in the same room as the medication is stored.
- 6.6. The room will be equipped with the following provisions:
  - Arrangements for increased privacy where intimate contact is necessary
  - Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment after use if necessary
  - Available Personal Protective Equipment (PPE) for use where necessary

- 6.7. Before administering medication, the responsible member of staff should check:
- The pupil's identity.
  - That the school possesses written consent from a parent.
  - That the medication name and strength and dose instructions match the details on the consent form.
  - That the name on the medication label is the name of the pupil who is being given the medication.
  - That the medication to be given is within its expiry date.
  - That the child has not already been given the medication within the accepted timeframe.
- 6.8. If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.
- 6.9. If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.
- 6.10. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member, provided that parental consent for this has been obtained.
- 6.11. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.
- 6.12. The school will not be held responsible for any side effects that occur when medication is taken correctly.
- 6.13. Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible.

## **7. Out of school activities and trips**

- 7.1. In the event of a school trip or activity which involves leaving the school premises, medication and devices such as insulin pens and asthma inhalers, will be readily available to staff and pupils.

- 7.2. If possible and appropriate, pupils will carry certain medications themselves, e.g. asthma inhalers.
- 7.3. If the medication is not one that should be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they need assistance with taking the medication, the medication will be carried by a designated staff member for the duration of the trip or activity.
- 7.4. There will be at least one staff member who is trained to administer medication on every out-of-school trip or activity which pupils with medical conditions will attend.
- 7.5. Staff members will ensure that they are aware of any pupil who will need medication administered during the trip or activity and will make certain that they are aware of the correct timings that medication will need to be administered.
- 7.6. If the out-of-school trip or activity will be over an extended period of time, e.g. an overnight stay, the school will ensure that there is a record of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record should be kept by a designated trained staff member who is present on the trip and can manage the administering of medication.
- 7.7. All staff members, volunteers and other adults present on out-of-school trips or activities will be made aware what should be done in the case of a medical emergency with regard to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure.

## **8. Individual healthcare plans**

- 8.1. For chronic or long-term conditions and disabilities, an Individual Healthcare Plan (IHP) will be developed in liaison with the pupil, their parents, the headteacher/ head of school, any designated staff member and any relevant medical professionals.
- 8.2. When deciding what information should be recorded on an IHP (see [appendix B](#)), the headteacher/ head of school will consider the following:
  - The medical condition, as well as its triggers, signs, symptoms and treatments
  - The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, equipment and dietary requirements
  - The specific support needed for the pupil's educational, social and emotional needs

- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

8.3. The IHPs are reviewed when there is a change to the medical condition.

## **9. Adrenaline auto-injectors (AAIs)**

- 9.1. The schools can obtain a supply of spare AAIs from a pharmaceutical supplier that can be used in the case of a medical emergency for pupils who are at risk of anaphylaxis, but whose devices are not available or not working.
- 9.2. The headteacher/ head of school or designated lead will ensure that all relevant staff members are aware of how to submit a request to the pharmaceutical supplier to purchase these AAIs and the need to include in the request:
  - The name of the school.
  - The purposes for which the product is required.
  - The total quantity required.
- 9.3. The headteacher/ head of school and/or designated lead will decide which brands of AAI to purchase.
- 9.4. Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.
- 9.5. The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the school adheres to the correct dosage requirements. These are as follows:
  - For pupils under age 6: 0.15 milligrams of adrenaline

- For pupils aged 6-12: 0.3 milligrams of adrenaline
  - For pupil aged 12+: 0.3 or 0.5 milligrams of adrenaline
- 9.6. Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:
- One or more AAIs
  - Instructions on how to use the device(s)
  - Instructions on the storage of the device(s)
  - The manufacturer's information
  - A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
  - A note of the arrangements for replacing the injectors
  - A list of pupils to whom the AAI can be administered
  - An administration record
- 9.7. The school will arrange specialist training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis.
- 9.8. Designated staff members who are suitably trained and confident in their ability to do so will be appointed as the administrators of AAIs.
- 9.9. As part of their training, all staff members will be made aware of:
- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
  - Where to find AAIs in the case of an emergency.
  - The correct dosage amounts in correlation with the age of the pupil.
  - How to respond appropriately to a request for help from another member of staff.
  - How to recognise when emergency action is necessary.
  - Who the designated staff members who will administer AAIs are.
  - How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
  - How to make appropriate records of allergic reactions.
- 9.10. There will be a sufficient number of staff who are trained, and consent, to administer AAIs on site at all times.

- 9.11. Schools should consider the locations of spare AAI's so that they are not far away from where they may be required.
- 9.12. Schools should consider a stock of AAI's, that are replenished when used, within locations where there is a greater risk of anaphylaxis occurring i.e. dining room.
- 9.13. Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of these spare AAI's in emergency situations.
- 9.14. The spare AAI's will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent.
- 9.15. Where consent and authorisation has been obtained, this will be recorded in their IHP.
- 9.16. The school will maintain a Register of AAI's , copies of which will be kept in the school office, which lists pupils to whom spare AAI's can be administered. This includes the following:
  - Name of pupil
  - Class
  - Known allergens.
  - Risk factors for anaphylaxis
  - Whether medical authorisation has been received
  - Whether written parental consent has been received
  - Dosage requirements

## **10. Emergency Inhaler**

- 10.1. The school keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in a designated place in each school. [emergency asthma kits](#)
- 10.2. Emergency asthma kits contain the following:
  - A salbutamol metered dose inhaler
  - Two plastic, compatible spacers
  - Instructions on using the inhaler and spacer.
  - Instructions on cleaning and storing the inhaler.
  - Instructions on replacing inhalers and spacers.
  - The manufacturer's information

- A checklist, identifying inhalers by their batch number and expiry date.
  - A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler.
  - A record of administration showing when the inhaler has been used.
- 10.3. The schools can buy their own supply of salbutamol inhalers from a local pharmacy. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.
- 10.4. When not in use, emergency inhalers are stored in the temperate conditions specified in the manufacturer's instructions, out of reach and sight from pupils, but not locked away.
- 10.5. Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school, but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.
- 10.6. In line with the school's Supporting Pupils with Medical Conditions Policy, appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.
- 10.7. Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident in writing.
- 10.8. A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.
- 10.9. The designated staff member who oversees the supply of salbutamol inhalers is responsible for:
- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
  - Ensuring replacement inhalers are obtained when expiry dates are approaching.
  - Ensuring replacement spacers are available following use.
  - Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

## 11. Symptoms of an asthma attack

11.1. Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences.

11.2. Younger pupils may express feeling tightness in the chest as a 'tummy ache'.

## 12. Response to an asthma attack

12.1. In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forward – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a designated member of staff to help administer an emergency inhaler.
- Ensure the pupil takes two puffs of their inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.

12.2. If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**. If there is no improvement before the pupil has reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive within 10 minutes, the pupil can administer another 10 puffs of the reliever inhaler as outlined above.

12.3. Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.

- The pupil is going blue.
- The pupil has collapsed.
- You are in any doubt.
- The pupil's lips have a blue or white tinge.

### **13. In an emergency.**

- 13.1. Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.
- 13.2. As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance.
- 13.3. A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car. In some extreme situations, the school understands that it may be the best course of action. If a situation warrants a staff member taking a pupil to hospital in their car, another staff member or other responsible adult must accompany them.

### **14. Record Keeping**

- 14.1. When a child joins the school, parents are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.
- 14.2. The school keeps a record of all pupils with asthma, complete with medical requirements, in its asthma register. Parents must inform the school of any changes to their child's condition or medication during the school year.

### **15. Exercise and physical activity**

- 15.1. Games, activities and sports are an essential part of school life for pupils. All teachers know which pupils in their class have asthma and are aware of any safety requirements.

- 15.2. Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's asthma register.
- 15.3. Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.
- 15.4. During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.
- 15.5. The school believes sport to be of great importance and utilises out-of-hours sport clubs to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation. Members of school staff and contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

## **16. The school environment**

- 16.1. As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

## **17. Medical emergencies**

- 17.1. Medical emergencies will be handled in line with the First Aid Policy.
- 17.2. The school will ensure that emergency medication is always readily accessible and never locked away, whilst remaining secure and out of reach of other pupils.
- 17.3. The headteacher will ensure that there is a sufficient number of staff who have been trained in administering emergency medication by an appropriate healthcare professional.
- 17.4. For all emergency and life-saving medication that is to be kept in the possession of a pupil, e.g. EpiPens or prescribed AAIs, the school will ensure that pupils are told to keep the appropriate instructions with the medication at all times, and a spare copy of these instructions will be kept by the school.

## **18. Monitoring and review**

- 18.1. This policy will be reviewed by the trust annually.
- 18.2. Records of medication which have been administered on school grounds will be monitored and the information will be used to improve school procedures.
- 18.3. Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.
- 18.4. Schools will seek advice from any relevant healthcare professionals as deemed necessary.

## Appendix A 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.

Date for review to be initiated by

Name of school/setting

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/setting 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/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\_\_\_\_\_

## Appendix B Individual Healthcare Plan

Pupil's name:

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Group/class/form:

--

Date of birth:

--

Pupil's address:

--

Medical diagnosis or condition:

--

Date:

--

Review date:

--

### Family contact information

Name:

--

Relationship to pupil:

--

Phone number (work):

--

(home):

--

(mobile):

--

Name:

--

Relationship to pupil:

--

Phone number (work):

--

(home):

--

(mobile):

--

### Clinic/hospital contact

Name:

Phone number:

**Child's GP**

Name:

Phone number:

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits and trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed or undertaken – who, what, when:

Form copied to: