# Stone Church of England Combined School

# Supporting Pupils with Medical Conditions

Policy review: Autumn 2026
The policy is to be reviewed by: Autumn 2027

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## 1 INTRODUCTION

The Governing Body of Stone CE Combined School will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. To help achieve this, the school has adopted the Department for Education policy on "Supporting Pupils at School with Medical Conditions', which was issued under Section 100 of the Children and Families Act 2014.

The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.

Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child's best interests in mind to ensure that the risks to the child's education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

## 2 ROLES AND RESPONSIBILITIES

2.1 The **Governing Body** for **Stone CE Combined School** will ensure that

- arrangements are in place so that children with medical conditions
    - are properly supported;
    - can play a full and active role in school life;
    - can remain healthy and achieve their academic potential;
- staff are properly trained to provide the support that pupils need;
- in line with their safeguarding duties, ensure that pupil's health is not put at unnecessary risk from e.g. infectious diseases
- in those circumstances, they do not have to accept a pupil at a time where it would be detrimental to the health of that child or others to do so

2.2 The **Headteacher** will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy;

- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support;
- Individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed.
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler;
- all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- at least one emergency inhaler kit is maintained and readily available in an emergency situation;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially;
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.

## 2.3 Appointed Person

The deputy headteacher has been appointed to have overall responsibility for implementing the school's policy for supporting pupils with medical conditions and has received the relevant training. They will ensure that children with medical conditions are appropriately supported.

## 2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- When children are offered a place at Stone School, the induction pack includes a questionnaire regarding medical needs. If a medical need is stated which requires a health care plan or any other documentation, the required paperwork is subsequently completed by parents/carers.
- If a medical need has been inputted to the SIMs system, it is part of the CTF file which is passed to secondary schools during transition between year 6 and secondary.

- It is the responsibility of parents/carers to ensure that medication is given to school when a child starts/throughout the course of their time at the school and removed when they finish.

2.5 All members of **School Staff** may be asked to provide support to pupils with medical conditions

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of teachers' professional duties, teachers should take into account the needs of pupils with medical conditions that they teach
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training (see 6.2 for list of staff trained to administer medication)

**2.6 Pupils:** Where appropriate pupils with medical conditions

- will be consulted to provide information about how their condition affects them.
- will 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.

**2.7 Parents** have the prime responsibility for their child's health. Parents include any person who is not a parent of a child but has parental responsibility for or care of a child.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.
- Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child.
- Parents should provide medicines and equipment as required by the Healthcare Plan. Parents should
    - bring their child's medication and any equipment into school at the beginning of the school year;
    - replace the medication before the expiry date;
    - as good practice, take into school the new asthma reliever inhaler when prescribed;
    - dispose of expired items to a pharmacy for safe disposal;
    - during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
    - keep their children at home when they are acutely unwell;
- Parents should ensure that they or another nominated adult are contactable at all times

### STAFF TRAINING AND SUPPORT

- The deputy headteacher will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. 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 but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.
- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).
- The school will ensure that at least two people have attended Supporting Pupils with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the school.

## 3 INDIVIDUAL HEALTHCARE PLANS (Appendix 1)

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be stated with appropriate arrangements for monitoring;

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the pupil's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. See Appendix 2 for details of how Individual Healthcare Plans are managed.

## 4 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures, telling a member of staff if they feel they need, for example, their inhaler.

- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.

- Parents will be contacted where a pupil is requiring their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

## 5 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form (Template B).

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to the school office.

**6.1** **Prescribed medication:** the school will only accept prescribed medicines 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 still be in date, but will be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

**Short-Term Medical Needs**

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

**Antibiotics** prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day.

It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered.

At the end of the day, parents of pupils prescribed antibiotic medication (four doses a day) should collect their child's medicine from the school office and sign it out. For children staying to the After School Club the designated person(s) will pass antibiotic medicine to the supervisor of the After School Club to return to the parents. The After School Club Supervisor will sign and date the medicines log confirm that they have received the medicine and accept responsibility to return it to parents. If a child is brought to school or collected by an additional adult, written permission must be provided by a parent/carer for the additional adult to sign in/out medicine**.**

## 6.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.
- School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.

The following staff have access to the Controlled Drugs cabinet, have agreed to administer medication and have received training:

| | | |
|---|---|---|
| Kelly Duffin | Teaching Assistant | Administration of Medicines |
| Chloe Imeson | Class Teacher | Administration of Medicines |
| Sarah Mackay | Office Admin Assistant | Administration of Medicines |

| | | |
|---|---|---|
| Momna Asad | Teaching Assistant | Administration of Medicines |
| Emily Edwards | Teaching Assistant | Administration of Medicines |
| Jennifer Hopcroft | Teaching Assistant | Administration of Medicines |
| Denise James | Teaching Assistant | Administration of Medicines |
| Millie West | Teaching Assistant | Administration of Medicines |
| Justine Monson | Teaching Assistant | Administration of Medicines |
| Becky Robinson | Teaching Assistant | Administration of Medicines |
| Sarah Savage | Teaching Assistant | Administration of Medicines |
| Vivian Tanner | Teaching Assistant | Administration of Medicines |
| Arshia Aslam | Teaching Assistant | Administration of Medicines |
| Ashlea Phillips | Teaching Assistant | Administration of Medicines |
| Talisha Craib | Pastoral Officer | Administration of Medicines |

- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
    - where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
    - half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;
    - half tablets will be returned to the parent for disposal.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Templates H or I will be used to gain authorisation for administration from parents.

## 6.3 Non-prescription Medication

### Primary Schools

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the Headteacher. An exception may be made for school residential visits.

The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

### 6.4 Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

- Pain relief will only be given with the expressed consent of the Headteacher for example, for pupils returning to school after sustaining a fracture, dental treatment or older girls with dysmenorrhoea (painful periods).
- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12 noon.
- A record will be made of all doses given using either Template D or E.

## 6 RECORD KEEPING

- 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 using Medical Tracker. Any side effects of the medication to be administered at school will be noted.
- A second person will witness the administration of controlled drugs
- A record will be made when all medication is administered, including where medication is held by the school but self-administered by the pupil e.g. inhaler.

## 7 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

- Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Staff Room/Medical Room refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken daily during the period of storage.
- Medication will never be prepared ahead of time and left ready for staff to administer.
- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required.
- It is the parent's responsibility to ensure their child's medication remains in date. The school will remind parents when their child's medication is due to expire.

## 8 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal;
- Sharp boxes will always be used for the disposal of needles.

## 9 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

### 8 STEP HAND WASHING TECHNIQUES



## 10 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities;
- The school will make reasonable adjustments for the inclusion of pupils in such activities;
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.
- Medicines are administered and this is recorded on Medical Tracker.

## 11 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

### 12.1 Asthma

- An inventory of all pupils with asthma will be compiled;
- An Individual Healthcare Plan will be developed;
- All staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance in Templates O and P;
- Inhalers are kept in a sealed container in classrooms and will be taken out of school in the event of an evacuation or for school trips. Children and staff will know where they are kept. In each box there is a book for each child, where administration is recorded.
- Emergency salbutamol inhalers and spacers are kept in the medicines cupboard in the First Aid room.
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form;
- All staff will know how and when to use the emergency salbutamol inhaler
- Parents will be asked to sign Template L giving permission to administer an emergency dose(s);
- Parents will be informed of any emergency dosages given through a telephone call and notification on Medical Tracker.

### 12.2 Anaphylaxis (Severe Allergic Reaction)

- All staff will attend annual training on the symptoms of anaphylaxis, which includes information and practise on when and how to use the adrenaline auto-injector.
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens;
- Auto-injectors will be kept readily available;
- Epi-pens/Jext Pens are kept in a locked medicine cupboard in the First Aid room.
- Administration is recorded in the administering medicines log book.

**See separate Pupils with Allergies policy for further details of how allergies are managed**

### 12.3 Epilepsy

- An Individual Healthcare Plan will be developed;
- A appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available ***at all times*** to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan.
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition;
- The school will enable students to take a full part in all outings and activities,
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded on Template H or I as appropriate.
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency;
- If appropriate, a record will be kept of the pupil's seizures, using Template N, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.
- Epilepsy medication is stored in the locked medicine cabinet in the First Aid room and administration is recorded in the administering medicines log book.

### 12.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room;

- Pupils will not be prevented from eating, drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.
- Pupils with diabetes will have their medication with them at all times if necessary, with an adult responsible for the bag, ensuring it is always in close proximity to the pupil should it be required.

### 12.5 Defibrillator training

The following staff have also been defibrillator trained:

| | | |
|---|---|---|
| Kelly Duffin | Teaching Assistant | Defibrillator Training |
| Momna Asad | Teaching Assistant | Defibrillator Training |
| Vivian Tanner | Teaching Assistant | Defibrillator Training |
| Sarah Savage | Teaching Assistant | Defibrillator Training |
| Justin Monson | Teaching Assistant | Defibrillator Training |
| Becky Robinson | Teaching Assistant | Defibrillator Training |
| Talisha Craib | Pastoral Officer | Defibrillator Training |
| Emily Edwards | Teaching Assistant | Defibrillator Training |
| Jennifer Hopcroft | Teaching Assistant | Defibrillator Training |
| Millie West | Teaching Assistant | Defibrillator Training |
| Arshia Aslam | Teaching Assistant | Defibrillator Training |
| Ashlea Phillips | Teaching Assistant | Defibrillator Training |

## 12 LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

## 13 COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## 14 SCHOOL PROCEDURES FOR MANAGING MEDICINES

1 Medicines should be brought to the school office by 9am by parents/carers, or an additional adult whom has been given written permission by the parents/carers. The designated member of staff will ask the adult to sign the relevant consent form or check the form downloaded from the school's website.

2 The designated person will check that the

- medicine is in its original container as dispensed by a chemist and details match those on the form;
- label clearly states the child's
    - first and last name
    - name of medicine
    - dose required
    - method of administration
    - time/frequency of administration
- patient information leaflet is present to identify any side effects;
- medication is in date

3 The designated person will log the medicine in the record book and store the medicine appropriately

- Medicines requiring refrigeration will be kept in the fridge in a clean storage container
- A daily temperature of the fridge will be taken and recorded.

4 The designated person will administer medication at the appropriate time.

5 The following procedure will be followed:

- The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
- The name of the medicine will be checked against the authorisation form and record sheet.
- The time, dosage and method of administration will be checked against the authorisation form and record sheet.
- The expiry date will be checked and read out.
- The medicine is administered.
- The record sheet is signed by the designated person and the witness, if it is controlled medication.
- Any possible side effects will be noted.
- The medicine is returned to appropriate storage.

*6* If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.

7 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

8 At the end of the day parents of pupils prescribed anti-biotic medication (four doses a day) should collect their child's medicine from the school office and sign it out. For children staying to the After School Club the designated person(s) will pass anti-biotic medicine to the supervisor of the After School Club to return to the parents. The After School Club Supervisor will sign and date the back of the authorisation form to confirm that they have received the medicine and accept responsibility to return it to parents.

Appendix 1

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy/ medical condition</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy/Medical Condition:<br>Note what allergy/medical condition the child or young person has.<br>Note any known allergens.<br>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy/medical condition managed:<br>Note any care or action plans or prescribed medication issued by healthcare professionals.<br>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.<br>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:<br>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.<br>Indicate how the allergy may impact on the child or young person’s learning.<br>Indicate how the allergy may impact on the child or young person’s emotional wellbeing.<br>If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:<br>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.<br>Outline measures to reduce the risk of contact with known allergens.<br>Give details of the specific support or adaptations to manage food allergy at meal and snack times.<br>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:<br>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.<br>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response:<br>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.<br>Otherwise summarise the signs or symptoms which would indicate an emergency.<br>Set out what to do in an emergency, including whom to contact.<br>If relevant, note where “spare” adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

Appendix 2




# Medical Conditions Procedure at Stone

**Step 1**

- New pupil enrols
- Parent given template A and template B to complete (if needed)
- Does the child require medication to be administered? **No:** no further action required (unless an Individual Healthcare Plan is required). **Yes**: move to step 2
- Does the child require an Individual Healthcare Plan **No:** no further action required. **Yes**: move to step 3

**Step 2**

- Template B signed by parent and Rosie Strudwick, filed, uploaded to Medical Tracker and shared with class teacher. Relevant medications stored and administered as per policy
- Does the child require an Individual Healthcare Plan? **No:** no further action required. **Yes**: move to step 3

**Step 3**

- When completed template A is received, information is transferred to school Individual Healthcare Plan by Sarah Mackay and form A is filed
- Additional school information is added to Individual Healthcare Plan by Rosie Strudwick and IHP is uploaded to Medical Tracker and shared with class teacher

**Step 4**

- At the start of each school year, parents are asked to meet with Sarah Mackay to check template A and B. Are there any changes? **No:** parent sign and date to confirm **Yes:** Sarah Mackay to update Individual Healthcare Plan/template B.

All medication should be checked half termly by class TAs to ensure these are in date and all medication should be sent home at the end of a school year.