St Mary's Bryanston Square CE Primary School

Supporting Pupils with Medical Needs

March 2026

Excellence with Compassion

"Love your neighbour as yourself" Mark 12.31

Our Vision

To provide an excellent learning environment, which promotes achievement in every area, and nurtures the social, emotional and spiritual well-being of the whole school community.

1. Statement of Intent

At St Mary's Bryanston Square CE Primary School, we are committed to ensuring that pupils with medical conditions receive appropriate care and support so that they can participate fully in school life.

We recognise that medical conditions may be:

- Short-term and requiring temporary support
- Long-term and requiring ongoing management and reasonable adjustments
- Potentially life-threatening

We aim to ensure that all children, including those in Nursery and Preschool, feel safe, included and supported within our Christian community.

2. Legislation and Statutory Responsibilities

This policy meets the requirements of:

- Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements to support pupils with medical conditions.
- The Department for Education statutory guidance: Supporting pupils at school with medical conditions (released in April 2014, updated August 2017))
- The Early Years Foundation Stage (EYFS) Statutory Framework. (September 2025)
- The Equality Act 2010.
- The Data Protection Act 2018 and UK GDPR.

The Governing Body has overall responsibility for ensuring arrangements are in place to support pupils with medical conditions.

3. Roles and Responsibilities

3.1 The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of St Mary's Bryanston Square.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring the level of insurance in place reflects the level of risk.

3.2 The Head of School is responsible for:

- Ensuring the day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of St Mary's are carried out effectively
- Ensuring the policy is developed effectively with partner agencies.
- Guaranteeing that information and teaching support materials regarding Supporting Pupils with Medical Conditions, are available to members of staff with responsibilities under this policy.

- Ensuring that relevant training is delivered to staff members who take on responsibility to support children with medical conditions.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring staff are made aware of this policy.
- Making sure that staff who need to know are made aware of a child's medical condition.
- Overseeing the development of Individual Healthcare Plans (IHCPs).
- Ensuring that all pupils with medical conditions are able to participate as fully as possible in all aspects of school life.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

3.3 The Medical and Health Lead is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of St Mary's.
- Involving partner agencies in the development and implementation of this policy.
- Making staff aware of the policy and its implications for their practice.
- Liaising with healthcare professionals regarding the training required for staff.
- Providing information to staff about children's medical conditions on a need-to-know basis.
- Developing Individual Healthcare Plans (IHCPs).
- Organising training for staff so that this policy and IHCPs can be delivered in normal, contingency and emergency situations.
- Contacting the school nursing service in the case of any child who has a medical condition.

3.4 Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Taking appropriate steps to support children with medical conditions.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

3.5 The school nurse is responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

3.6 Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine before bringing medication into school.

- Providing the school with the medication that their child requires (clearly named and with written instructions for its administration) and keeping it up to date.
- Collecting any left-over medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Deputy Head and/or SENCo, other staff members and healthcare professionals.

3.6 Pupils will be encouraged, where appropriate, to:

- Take increasing responsibility for managing their condition.
- Understand their medical needs.
- Take their own medication under the supervision of a teacher.
- Inform a member of staff if they feel unwell.

4. Definitions

- Medication is defined as any prescribed or over the counter medicine.
- Prescription medication is defined as any drug or device prescribed by a doctor.
- A staff member is defined as any member of staff employed at St Mary's Bryanston Square Primary School, including teachers.

5. Training of staff

- Teachers and support staff will receive regular and ongoing training as part of their professional development.
- Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:
  Paediatric First Aid Training (Support staff)

  Emergency First Aid at Work Training (currently the school business manager and the Head of School).
- All staff members who work in class with children receive Epi-pen training every two years.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administration.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- The School Office will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

6. Individual Healthcare Plans (IHCPs)

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, the Special Educational Needs Coordinator (SENCO) and medical professionals. IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education, alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

7. Equal Opportunities

The school complies with the Equality Act 2010. We will:

- Make reasonable adjustments to ensure pupils with medical conditions can access all aspects of school life.
- Ensure full participation in trips, sports and enrichment activities.
- Carry out risk assessments where necessary.
- Avoid penalising attendance related to medical appointments or treatment.

8. Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine.
- No child will be given any prescription or non-prescription medicines without written parental consent, except in exceptional circumstances.
- No child will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of a term's supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed.
- Medications will be stored in a secure location, usually a filing cabinet in the school office, staff room fridge or safely in the classroom if specific circumstances demand. The location must be indicated on the list of pupils with medicines.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication in line with the instructions prescribed.
- St Mary's Bryanston Square School cannot be held responsible for side effects that occur when medication is taken correctly.

9. Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail: What constitutes an emergency and what to do in an emergency.

- Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher or member of support staff
- If a pupil needs to be taken to hospital, a member of staff will remain with them until parents arrive.

10. Avoiding inappropriate practice

St Mary's Bryanston Square School understands that the following practice is inappropriate:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school, without seeking further information or advice from health professionals (eg school nurse).
- Sending the pupil to the school office without adequate adult support if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition, without liaising with external agencies or working with parents to put a plan in place so that they do not miss out on their education.
- Forcing parents to attend school to administer medication or provide medical support, including toilet issues for pupils of statutory school age.
- Creating barriers to children participating in all aspects of school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11. Storage of Medication

The Medical and Health Lead should ensure that medication is stored correctly. All medicines are kept in the office in sealed containers labelled with the child's name, condition, medication and a photograph. Asthma inhalers are to be kept in the classrooms. Children should know where their medication is stored and how to access it.

All emergency and non-emergency medication should be clearly labelled with the child's name, photo and name of medication. It should be stored wherever possible in its original container with the prescriber's instructions for dose and administration.

Some medication may need to be refrigerated and should also be clearly labelled with the child's name. This medication is stored in the refrigerator in the staff room, which is not accessible to children.

Expiry dates on medication are checked monthly by the school nurse and parents are sent a letter to inform them if it has expired. A record of letters sent home is kept in the medical file. All medication should be sent home with the child at the end of the school year and not be stored during the summer break.

It is the parent's responsibility to ensure new and in date medication is provided in school on the first day of the new academic year or when they have been informed that it is out of date by the school.

12. Nursery and Preschool (EYFS) Procedures

In accordance with the EYFS Statutory Framework (2025):

- Written parental permission is required for all medication.
- A record of all medicines administered is maintained and shared with parents.
- Parents are informed the same day if medication is administered.
- Children who are infectious will be excluded in line with UK Health Security Agency guidance.
- Hygiene procedures are followed to prevent the spread of infection.
- A daily cleaning routine is followed for Nursery and Preschool areas.
- Nappy changing areas are cleaned after each use.
- Support Staff in EYFS hold Paediatric First Aid qualifications.

13. Insurance

Teachers who undertake responsibilities within this policy are covered by the school's insurance.

14. Complaints

Details of how to make a complaint can be found in the school's Complaints Policy.

15. Monitoring and Review

This policy will be:

- Monitored by the Head of School and Medical Lead.
- Reviewed annually.
- Approved by the Governing Body.

14. Links to Other Policies

This policy links to:

- Safeguarding Policy
- SEND Policy
- Health & Safety Policy
- Complaints Policy

Reviewed by

Jadwiga Stepinska

Reviewed on 3.03.26

Appendices:

1) Asthma Policy
2) Diabetes Policy
3) Anaphylaxis Policy
4) Epilepsy Policy
5) Individual Healthcare Plan implementation procedure.
6) Individual Healthcare Plan.
7) Parental agreement for St. Mary's Bryanston Square to administer medicine.
8) Record of medicine administered to an individual.
9) Record of medicine administered to all children.
10) Staff training record-administration of medicines.
11) Contacting emergency services
12) Model letter to Parents

Appendix 1 - Asthma Policy

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

In developing this asthma policy, the school acknowledges the advice and guidance of the National Asthma Campaign. The school recognises that asthma is a widespread, serious but controllable condition affecting many children at the school. The school welcomes all children with asthma and through the policy children will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on asthma management and will be expected to update this.

- A record of the delivery of asthma medication will be kept.

- The school will store spare inhalers for individual children in a labelled container in their classroom.

- Staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack and a record of this training logged in the medical needs file.

- Children will be encouraged to understand the condition so that they can support each other.

- A list of children with asthma is produced annually and made available to school staff confidentially. This can be found on the medical needs list displayed in each classroom, the lunch room and the Medical Room.

<u>Recognising an asthma attack</u>

- The airways in the lungs become restricted

- The child may complain of a tummy ache
- The child will have difficulty speaking
- The child may wheeze, and have difficulty breathing out
- The child may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.

What to do if a child has an asthma attack

- Ensure that the reliever (blue) inhaler is taken if prescribed in accordance with the health care plan
- Send for a first aider
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward with their hands on their knees
- Loosen any tight clothing
- Encourage slow deep breaths with an open chest

Call 999 and request an ambulance urgently if:

- The reliever (blue inhaler) has had no effect after 5 - 10 minutes
- The child is unable to talk or increasingly distressed
- The child is disorientated or collapses
- The child looks blue around the mouth and lips
- If you have any doubts about the child's condition
- Inform the parents or carer as soon as possible about the attack

Minor attacks should not interrupt the child's involvement the school day and they should return to class when they are fully recovered. The parent and Head of School or a member of the Senior Leadership Team should be informed as soon as possible.

Appendix 2 - Diabetes Policy

Diabetes is a condition in which the amount of sugar in the blood stream is too high. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar.

As a result the sugar builds up in the blood causing Hyperglycaemia. People with diabetes control their blood sugar levels with a diet which provides a predictable amount of sugar and carbohydrate and insulin injections. Young people particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

In developing this diabetes policy the school acknowledges the advice and guidance of the Paediatric Diabetes Team, Imperial College London.

The school recognises that diabetes is a widespread condition affecting many children and welcomes all children with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management from the Paediatric Diabetes Team.

- All children with diabetes have a Health Care Plan.

- Parents are asked to provide spare supplies, eg glucose tablets, biscuits, glycogel, etc. This will be added to their kit which is kept within the classroom or in the Medical Room.

- All staff have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.

- Staff are informed each year of those children who have diabetes.

- Children with diabetes will be encouraged to take supervised, age appropriate responsibility for checking their blood glucose levels and administering insulin.

Hypoglycaemia – low blood sugar

Hyperglycaemia – blood sugar

Causes of Hypoglycaemia:

- Inadequate amounts of food eaten, missed or delayed
- Too much or too intense exercise
- Excessive insulin

- Unscheduled exercise

Recognition of Hypoglycaemia:

- Onset is SUDDEN
- Weak, faintness or hunger
- Palpitation (fast pulse) tremor
- Strange behaviour or actions
- Sweating, cold, clammy skin, seizures
- Headache, blurred vision, slurred speech

- Confusion, deterioration levels of response leading to unconsciousness

Treatment of Hypoglycaemia:

- REFER TO CHILD'S INDIVIDUAL HEALTH CARE PLAN

Causes of Hyperglycaemia:

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection

Recognition of Hyperglycaemia:

- Onset is over time – hours or days
- Warm dry skin, rapid breathing
- Fruity sweet-smelling breath
- Excessive thirst and increasing hunger
- Frequent passing of urine
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hypoglycaemia:

- REFER TO CHILD'S INDIVIDUAL HEALTH CARE PLAN

Appendix 3 - Anaphylaxis Policy

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances), usually proteins, which causes the formation of an antibody which specifically reacts with it. In susceptible individuals the reaction may develop within seconds or minutes of contact with a trigger factor. The exposure may result in a severe allergic reaction that can be life threatening.

In an anaphylactic reaction chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

In developing this policy the school acknowledges the advice and guidance of the Anaphylaxis Society. The school recognises that allergic shock (anaphylaxis) is a serious condition that may affect a number of children at the school and recognises the responsibility it has in dealing with child's allergies appropriately.

- All children with potential anaphylaxis will have a Health Care Plan.
- All first aiders will have an understanding of what it means to be allergic, whether it be a reaction of the skin, airborne, contact, ingestion, or injection. They will be able to recognise and respond to a child who may be having an anaphylactic reaction including the administering of emergency adrenaline (epi-pen).
- Staff will receive regular training and updates to ensure they have a clear understanding of what to do in the event of an allergic shock.
- The school will hold an epi-pen for those children who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- Spare medication will be labelled and stored appropriately in a container in the medical cabinet in the Medical Room. This container can be taken off-site on school excursions. Emergency medications can only be used on children where written permission is given by the parents.

- All staff will be informed of those children who have this condition.

<u>Triggers</u>

- Skin or airborne contact with particular materials
- Injection of a specific drug
- Insect bite
- Ingestion of certain foods, eg nuts, fish and dairy products.

<u>Recognition</u>

- Anxiety
- Widespread blotchy skin
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing

<u>Serious symptoms</u>

- Cold, clammy skin

- Blue-grey tinge around lips
- Weakness/dizziness
- Rapid shallow breathing

Progress further

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Call for a first aider
- Use epi-pen from child's medical box
- If not - ask member of staff to get child's emergency medication from the medical room
- Administer antihistamine as appropriate ACCORDING TO HEALTH CARE PLAN
- Contact parents
- When a child recovers allow time to rest
- If serious symptoms appears CALL 999, request ambulance and administer:
- Adrenaline via the epi-pen immediately if prescribed
- Stay with child, note the time epi-pen was given and reassure child (keep this information and container for ambulance crew)
- Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine you have given

Appendix 4 - Epilepsy Policy

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but may be a symptom of some physical disorder. However, its cause, especially in the young, may have precise medical explanations.

The school recognises that epilepsy is a condition which can affect children in school. The school welcomes all children with epilepsy and through the policy children will be able to achieve their full potential in all aspects of school life. All first aiders will be given training on epilepsy management should a child with epilepsy be admitted into school.

- First aiders should have a clear understanding of what to do in the event of a seizure.

- The school works in partnership with the School Nurse and parents to provide a continuation of care for those children who suffer from the condition.

- Staff are informed each year of the children at the school who have epilepsy. A copy of Health Care Plans are available for staff to inspect.

- Advice and further information on individuals is available from the School Nurse.

Tonic Clonic Seizure (Grand Mal)

The child may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the child may be incontinent.

Complex and Partial Seizures (Temporal Lobe Seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The child may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the child and gently move them away from any dangers. Speak calmly to the child and stay with them until the seizure has passed.

Absence (Petit Mal)

This can easily pass unnoticed. The child may appear to daydream or stare blankly. There are very few signs that a child is in seizure. These types of episodes, if frequent, can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds. Therefore, it is important to be understanding, note any probable episodes, check with the child that they have understood what has happened and inform parents.

All staff can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Procedure for an Epileptic Seizure

KEEP CALM – Children will tend to follow your example! Let the seizure follow its own course; it cannot be stopped or altered.

- Send a nominated child to take your class red card to the office to get a first aider.

- When the adult arrives, remove the children from the room if possible.

- Note the time of the seizure.

- Protect the child from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.

- As soon as possible (normally post fit) place the child on his/her side – this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.

- Support the head and stay with the child until completely recovered.

- Talk quietly to the child and reassure but do not try to restrain any convulsive movements.

- Do not put anything into the mouth or offer drinks until fully recovered.

- Remove to the medical room when safe to do so.

- The first aider should then make a full assessment of the seizure and note any injuries that may have been sustained.

- Allow the child to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their sides.

- Inform the parents and arrange for collection.

- If the fit lasts any longer than 5 minutes, call an ambulance immediately. It is very important the child is assessed at the hospital and the sooner this happens, the better.

- If the ambulance is summoned then report the seizure in as much detail as you can, especially how long it has lasted.

- A member of staff should accompany the child to hospital and stay with them until the parent(s) arrive.

Appendix 5 - Individual healthcare plan implementation procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. SENCo or senior member of staff co-ordinates meetings to discuss a child's medical needs and identifies members of school staff who will provide support to the pupil.
3. Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent and relevant healthcare professionals.
4. Develop IHCP in partnership with healthcare professionals and agree on who leads.
5. School staff training needs identified.
6. Training delivered to staff - review date agreed.
7. IHCP implemented and circulated to relevant staff.
8. IHCP reviewed annually or when conditions changed. Parent/carer or healthcare professional to initiate. (Back to point 3)

Appendix 6 - St Mary's Bryanston Square - Individual Healthcare Plan.

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
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	

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-

indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 7 - Parental agreement for St Mary's Bryanston Square 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 8 - St Mary's Bryanston Square - Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

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

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

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

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

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

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

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

Appendix 9 - St Mary's Bryanston Square Record of medicine administered to all children

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

Appendix 10 - St Mary's Bryanston Square 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

Appendix 11 - St Mary's Bryanston Square - 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

Appendix 12 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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 each 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 judgments 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 to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely