

Supporting Pupils with Medical Needs & Intimate Care Policy

Avonwood Primary School
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Part of United Learning

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Avonwood Primary School
Medical Needs and Intimate Care Policy

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the 'best from everyone'.

Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school, can take part in the normal school activities. However, some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Introduction

The United Learning Trust is committed to ensuring that the necessary provision is made for every pupil within their schools' communities. The Trust celebrates the inclusive nature of their schools and strives to meet the needs of all pupils including those with medical needs and conditions.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
Each school will ensure that all medical information will be treated confidentially by the Headteacher and staff.

All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document.

All staff have a duty of care to follow and co-operate with the requirements of this policy.
Where children have a disability, the requirement of the Equality Act 2010 will apply.
Where children have an identified special need, the SEND Code of Practice will also apply.
We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Supporting Pupils with Medical Needs Policy

Context
This policy was developed in line with the: • Statutory Guidance: Supporting pupils at school with medical conditions – DfE – December 2015 • Section 100 of the Children and Families Act 2014 and associated regulations • The Equality Act 2010 • The SEND Code of Practice 2015
Headteacher: Mr Chris Jackson
Governor with responsibility for Medical Needs: Bobbie Dove
SENCo: Lucy Sloane
Contact details: 01202 727910
This policy will be reviewed annually
Agreed by Governing Body: October 2026
Review date: September 2027

This policy is to be read in conjunction with our: SEND Policy

- Inclusion Policy
- Safeguarding policy
- Equality Policy
- Behaviour and Anti Bullying policies
- Curriculum and Teaching and Learning policies
- Health and Safety Policy/ Emergency Policy
- School Visits Policy
- Complaints Policy

Aims and Objectives

Aim

To ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in Avonwood so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement

- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our pupils education as possible
- To develop staff knowledge and training in all areas necessary for our pupils
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

Roles and Responsibilities

The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Avonwood Primary School.
- 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 that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Avonwood Primary School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

- Contacting the school nursing service in the case of any child who has a medical condition.

Staff Members

- 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.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

There is no legal duty which requires staff members to administer medication; this is a voluntary role.

School Nurses

- Notify the school when a child has been identified as requiring support in school due to a medical condition.
- Support staff on writing and implementing a child's individual healthcare plan and provide advice where appropriate
- Liaising locally with lead clinicians on appropriate support.

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school (Annex 1).
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or term.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

The Pupil

- Pupils are often best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

- Pupils who are competent will be encouraged to inform members of staff if they feel that they require their medication or feel unwell.
- Medicines will be located in an easily accessible, secure location.
- Pupils who require Buccolam (midazolam) may carry their medication in a bag around their waist or a member of staff will have responsibility for this medication being close to the child at all times.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a first aid trained member of staff.

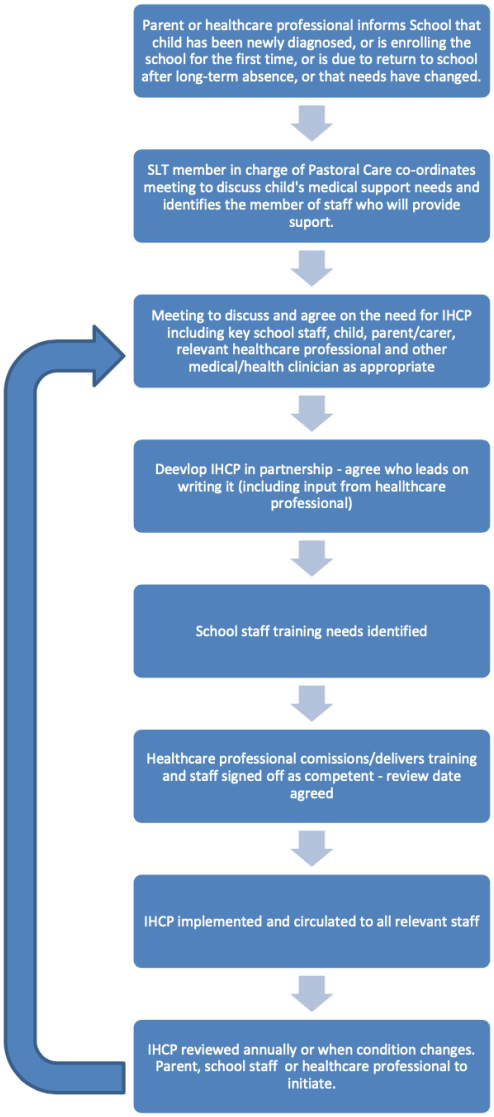
Local Authorities

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Individual Health Care Plans

- An Individual Healthcare Plan (annex 3) is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.
- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.

- It is now mandatory to provide the school with an allergy action plan (AAP) and a personalised asthma action plan (PAAP) if your child requires any allergy medication (e.g. Piriton, EpiPen etc.) or inhaler to be kept in school and administered, if needed. These are written and provided by the family's healthcare professionals, such as a GP or nurse. These action plans will sit alongside our school individual health care plan, which may have more detailed, school specific information on.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.
- Parents will receive a copy of the Health Care Plan with the originals kept by the School. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and given to the child's class teacher for quick identification, together with details of what to do in an emergency.
- Medical notes are kept in a safe place in line with GDPR regulations.



Allergy Management and Anaphylaxis

Avonwood Primary School recognises that allergies can be life-threatening and is committed to providing a safe environment for pupils with diagnosed allergies. In line with current statutory guidance and emerging requirements associated with **Benedict Blythe's Law**, the school will take all reasonable steps to reduce the risk of allergen exposure whilst maintaining a fully inclusive educational environment.

Where a pupil has a diagnosed allergy requiring medication in school, parents/carers must provide:

An up-to-date Allergy Action Plan (AAP) completed by a healthcare professional.
Any prescribed medication, including adrenaline auto-injectors (AAIs) where applicable.
Current emergency contact information.
Details of known allergens, symptoms and emergency treatment procedures.

The Allergy Action Plan will be shared with relevant staff and used alongside the school's Individual Healthcare Plan where required. Allergy information will be communicated to staff on a need-to-know basis whilst maintaining confidentiality and dignity for the pupil. The school will ensure that staff receive appropriate allergy awareness and anaphylaxis training and understand how to recognise and respond to allergic reactions.

For pupils prescribed adrenaline auto-injectors, two in-date devices should be available in school wherever possible and must remain easily accessible at all times.

Asthma Management

Avonwood Primary School recognises asthma as a serious medical condition which can be life-threatening if not managed appropriately. All pupils with asthma should have a current Personalised Asthma Action Plan (PAAP) completed by a healthcare professional and shared with the school.

Parents/carers are responsible for ensuring that:

- A prescribed reliever inhaler is provided and remains in date.
- The school is informed of any changes to treatment.
- An updated Personalised Asthma Action Plan is supplied whenever changes occur.

Pupils will be allowed immediate access to their inhalers whenever required. Staff will be familiar with asthma symptoms and emergency procedures. Where appropriate, asthma information will be incorporated into the pupil's Individual Healthcare Plan.
The school maintains an emergency salbutamol inhaler in accordance with national guidance. This may only be administered to pupils where parental consent has been obtained and the pupil has been diagnosed with asthma or prescribed a reliever inhaler by a healthcare professional.

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 the parent suspects their child has a new allergy or intolerance then they must contact their GP in the first instance and notify the school of their concern. As a school we will only be able to administer allergy medication if we have been notified by the GP or nurse or the parent has provided us with an allergy action plan.
- 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 form.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Non prescribed medication can only be administered in school, at the discretion of the Headteacher, for a maximum of 4 consecutive school days. However, if the GP or school nurse has advised the child requires long term, non-prescribed medication on a less regular basis e.g. menstrual cramps, this may be appropriate alongside a written letter from parent/guardian outlining the reason for the medication. This MUST be reviewed independently and agreed by the Headteacher.
- No child under 16 years of age 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.
- Controlled drugs **(see explanation at end of policy)** may only be taken on school premises by the individual to whom they have been prescribed (a list of controlled drugs can be found here). Written records of controlled drugs must be completed on Annex 4 form, which includes a running total of the drug.
- Medications will be stored in the Medical Room or first aid cabinet in classrooms. All medicines must be stored safely in a locked cupboard. An exception to this is epipens and inhalers, which must be stored safely but easily accessible for any adult to use on the child. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children.
- Any medications left over at the end of the course will be returned to the child's parents.
- Children with diabetes will have easy access to their medication, safely stored in the front office or classroom. They are able to take high energy snacks when needed and at any point in the day.
- Children with epilepsy will have a medication belt bag which contains Buccolam. One will be with the responsible adult and the other kept with the child or in the medical room.
- Children with EpiPens are required to have two in school at all times. One should be safely kept in the classroom and the other in the medical room.

- Written records will be kept of any medication administered to children. An example can be found in Annex 2.
- Pupils will never be prevented from accessing their medication, however due to their primary school age they must always ask an adult in the first instance.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Avonwood Primary **School has a defibrillator in the entrance to the school by the front office.** Anyone has access to use this and most staff in school have been trained how to use it.
- Avonwood Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

Intimate care

- Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with toileting accidents, continence, washing and changing pull ups.
- Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them.
- Staff who provide intimate care to children have a high awareness of child protection issues.
- Staff behaviour is open to scrutiny and staff at Avonwood Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding.
- Avonwood Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.
- The School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our Approach to Best Practice

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's

needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

- As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.
- Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health. Parents will be asked for written consent to this plan.
- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine who cares for that child.
- The adult delivering intimate care to a child will be overseen by another adult as a safeguarding precaution. This will safeguard the child as well as the adult.
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- If the adult delivering the intimate care feels out of their comfort zone in terms of providing the care they will call the parents to help intervene.
- Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

The Protection of Children

- The school's Child Protection Policy will be accessible to staff and adhered to.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.
- A clear record of the concern will be completed and referred to social services if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. Further details are available in the school's Child Protection Policy.
- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Educational Visits

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are

included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- At least one trained first aider should attend all school trips especially when a child with a specific medical need is going. The first aider provisions at the destination of the trip should be included as part of the risk assessment.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) [link here] and Medication (4.4d) [link here] to ensure suitable provision at the planning stage of every trip.

Staff Training

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required, and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)

- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.
- The school will ensure that appropriate staff receive regular training in allergy awareness, anaphylaxis, the use of adrenaline auto-injectors, asthma management and the administration of emergency medication. Training records will be maintained and refreshed in accordance with healthcare advice and local procedures. Staff supporting individual pupils with specific medical conditions will receive condition-specific training where required.

Emergency Procedures

- 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
    - What to do in an emergency
    - Ensure all members of staff of aware of emergency symptoms and procedures
    - Other children in school should know to inform a teacher if they think help is needed
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

Unacceptable Practice - as outlined in the DfE statutory guidance.

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints
Please refer to the school's complaint's policy.

Relevant Documents
Supporting pupils with medical conditions – DfE – December 2015
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
Section 100 – Children and Families Act 2014
http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted
The Equality Act 2010
https://www.gov.uk/guidance/equality-act-2010-guidance
The SEND Code of Practice – 2015
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions
http://medicalconditionsatschool.org.uk/

Explanation of a controlled drug

https://www.nice.org.uk/guidance/NG46/ifp/chapter/information-for-people-using-and-looking-after-controlled-medicines#what-is-a-controlled-medicine

Any questions please speak with Lucy Sloane or Emma Bowden.

Annex 1: Parental agreement for setting to administer medicine

Avonwood Primary School
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Part of United Learning

Avonwood Primary School
Parental Agreement for school to Administer Medicine

Please complete and sign this form so that we are able to give your child the medicine that they require.

Name of School **Avonwood Primary**

Child's Name _____ DOB _____ Class _____

Name of Medication _____ Dose & method _____

Time(s) to be given _____

Days to start medicine _____

Date to end medicine _____

Any other Instructions: _____

Self-administered: Y / N

Procedures to take in an emergency: _____

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details:

Daytime contact number for Parent: _____

Name and contact number for GP: _____

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

Signed_____
Person with parental responsibility

Print Name_____

Dated_____

Annex 2: Record of medicine administered to an individual child

DATE & TIME	DOSE AMINISTERED	ADMINSTERED BY (Initials)	PRINT NAME

Annex 3: Individual healthcare plan

Avonwood Health Care Plan

[insert child's name and class]

Date of this plan: ……..
Overview of medical condition: *(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:

_____
_____
_____

Arrangements for school visits:

_____
_____
_____

In the case of an Emergency:

_____
_____
_____

Additional Information:

_____

Important phone numbers

Mother: ……..

Father: ……

GP Name: …… GP Number: ……

I agree with this health care plan and consent to it being followed by school,

Parent Name …… Signature …… Date……

Headteacher/SENDCo …….. Date……

Adult responsible: ……
This plan must be updated as soon as any changes are made. If no changes are made the health care plan will be reviewed annually. *Review Date: ……*

Annex 4: Record of controlled drug administered to an individual child

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

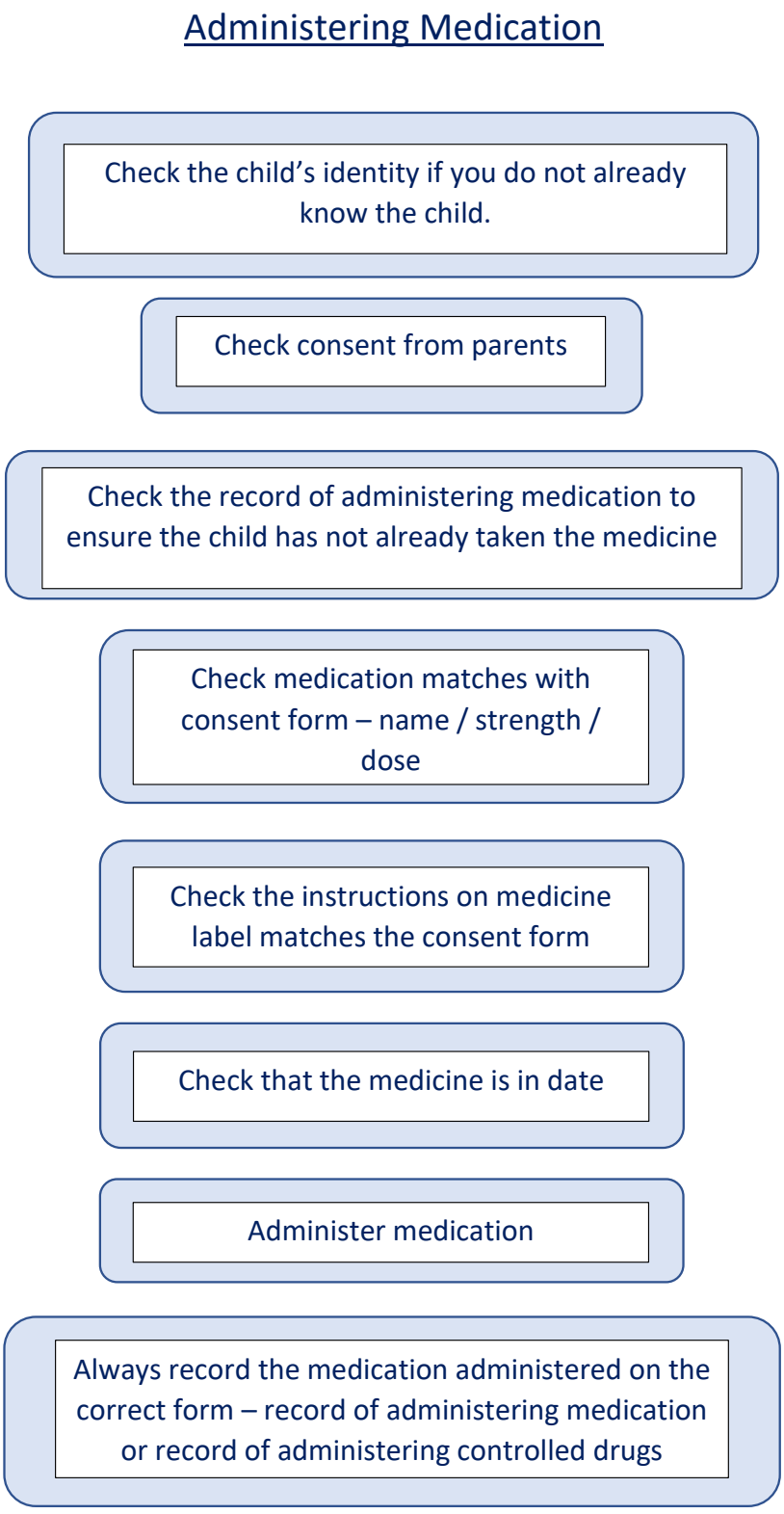
Staff signature _____

Signature of parent _____

Date			
Time given			
Dose / quantity given			
Name of member of staff			
Staff initials			
Running total			

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

Annex 5: Administering Medication flow Chart



If you are ever in doubt about any of the steps in the flow chart DO NOT administer medication and ask the office to call parents.