



Supporting Pupils with Medical Conditions in School

Reviewed: February 2021
Ratified by the Governors: March 2022
Due for Revision: March 2022

George Tomlinson Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014.

The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

This policy follows guidance in "Supporting Pupils at School with Medical Conditions" - DFE Statutory Guidance 2014

Some children with medical conditions may be considered disabled under the definition of the Equality Act 2010. Where this is the case governing bodies **must** comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

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Please also refer to the school's policies on SEN, Intimate Care, Safeguarding and Equalities.

1. Key roles and responsibilities

1.1 The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

1.2 The Governing Body of George Tomlinson Primary School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.

- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

3 The Headteacher is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- Ensuring procedures are in place for the day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of George Tomlinson Primary School.
- Ensuring the school keeps a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staffs that need to be aware of a child's medical condition.
- Ensuring Individual Healthcare Plans (IHPs) are developed for pupils who require them
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Ensuring there is continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

1.4 SLT are responsible for:

- The day-to-day implementation and management of the Policy and Procedures for Supporting Pupils with Medical Conditions.
- Identifying the training required for staff.
- Developing Individual Healthcare Plans (IHPs) for pupils who require them with other professionals such as school nurse.
- Ensuring the clinical lead for each training area/session is named on each IHP.
- Maintaining continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.

- All of the above in the absence of the Headteacher.

1.5 Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

1.6 School nurses are responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support.
- Assisting the Headteacher in identifying training needs and providers of training.

1.7 Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

1.8 Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

1.9 Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.

2. Medical conditions register /list

- Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

2.1 Child-focused principles of medical care

The following are the fundamental principles upon which the policy and guidelines are based:

- ← Every child has the right to be safe.
- ← Every child has the right to personal privacy.
- ← Every child has the right to be valued as an individual.
- ← Every child has the right to be treated with dignity and respect.
- ← Every child has the right to be involved and consulted in their own medical care to the best of their abilities.
- ← Every child has the right to express their views on their own medical care and to have such views taken into account.
- ← Every child has the right to have levels of medical care that are as consistent as possible.

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2.2 Sharing medical Information

Medical information relating to a pupil will be treated as confidential, and stored with care. It may be shared in school on a 'need to know' basis.

Each class has a medical needs folder. It is stored in an easily accessible cupboard in the classroom. The cupboard door will be locked. All medications required for daily or emergency care for children in that class are kept in the same cupboard, in rigid containers, clearly labelled.

The folder contains:

- A list of all medical needs in the year group
- A copy of all the IHC plans for that class
- A proforma for recording use of asthma pumps

The need to know condition would normally include the class teacher and the class support staff. It would often also include adults in a supervisory capacity during break periods or taking extra-curricular activities e.g. sports.

2.3 Missing School on medical grounds

There are occasions when children are asked not to come into on medical grounds. These generally are:

- Where the child's condition is infectious (see Appendix 1, although this list is not exhaustive) to others.
- Where the safety or well-being of the child or other pupils cannot be adequately ensured.
- Where the child becomes unwell during the day and parents are asked to collect the child, as they would be better at home.

With reference to the safety/well-being of pupils, the Headteacher will seek appropriate advice and the parents/carer will be fully consulted and informed.

2.4) Short term medical conditions

Most children will at some time have a medical condition that may affect their attendance at school. Class teachers have the responsibility for ensuring that returning pupils bring a letter of explanation in with them or that the parent has telephoned. The class teacher should then enter the appropriate coding into the register.

The Welfare Assistant has the responsibility of checking the registers on a daily basis and will telephone the parents of any absent children on the first day of absence. She will inform the class teacher of any reason a parent may give for their child's absence.

Any pupil whose frequency of absence due to medical conditions raises concerns should be referred to the Welfare Assistant, who will liaise with the SEDCO (Inclusion), and the Assistant Headteacher (Attendance).

If a child is fit enough to attend school but needs to complete a **prescribed** course of treatment, such as antibiotics, we follow LA advice and are not able to supervise the pupil taking the medication.

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. LA Guidance states that no member of staff should administer any medications unless they have received proper training. First aiders are not trained to administer medication.

It is each parent/carers responsibility to ensure that their child is fit to attend school, and any medication required whilst the child is at school should be administered by the parent/carer. Very few medicines need to be taken four times a day. In most cases, final doses of medicines e.g. antibiotics can be given before the child leaves home for school and immediately on their return from school, so that a consistently high level of the medication is maintained in the bloodstream throughout the day.

Where cream is required, eg. for eczema, staff will supervise children applying the cream themselves, but will not apply the cream for them.

If a child has a short-term medical need that requires specific measures to be undertaken but not the administration of medication, an IHC plan should be completed by the parent/carer, in conjunction with the AHT (Inclusion), who will be advised, as necessary by the school nurse. Copies of IHC plans are kept in classroom medical folder, with the AHT (Inclusion), with the school nurse and in the office.

2.5 Long term medical conditions

Some pupils may have long term medical conditions that will warrant them having a IHC plan. Designated members of staff will do their best to meet the needs of those pupils. It is essential that the parents/carers of those pupils meet with the SENDCO (Inclusion) at the earliest opportunity. Wherever possible this would be prior to the child starting at George Tomlinson or as soon as possible thereafter.

The SENDCO (Inclusion) and parents will draft the IHC plan with the support of the school nurse or other appropriate health staff.

The SENDCO (Inclusion) will inform the Headteacher and other staff as necessary of the IHC and will organise training/resources necessary in order for daily and emergency care to be put in place.

If the child's condition is likely to affect the child's attendance at school, the SENDCO (Inclusion) will undertake to arrange to keep herself informed of the reasons for lateness and absence and to liaise with the Welfare Assistant, who has the responsibility for monitoring pupil attendance/punctuality. A referral to the Hospital Tuition Service may be appropriate to ensure the child continues with their education. Class teachers may be asked to provide work for the child in their absence.

Where a child has asthma, parents are asked to provide relevant asthma medication and the child will be supervised in taking their medication as necessary. Parents are asked to provide an asthma plan (see appendices) which sets out the daily and emergency care requirements necessary to treat their child.

Where a child has a severe allergy or condition, which could result in anaphylactic shock, seizure or other medical emergency, parents are required to provide appropriate emergency medication in school, such as epipen, piriton or midazolam.

All staff receive relevant and regular training in the administration of an epipen or other adrenaline injector devices and would be expected to administer these in the event of a medical emergency. Staff not wishing to do so, should put this in writing to the SENDCO (Inclusion).

In line the DFE guidance (2014) we do not have to wait for a formal diagnosis before providing support. In the case where a pupil's medical condition is unclear or where there is a difference of opinion, the school will endeavour to seek as much information/ advice as possible, including via the school nurse and in consultation with the parents in order to put in place the most appropriate support for the child. Should evidence/ advice conflict a degree of challenge will be necessary in the child's best interests.

Note: 'Annex A' of 'Supporting pupils at school with medical conditions' gives a flow chart of the process used by George Tomlinson in developing IHC plans.

3. Care Plans

A note on terms

- **Education, Health & Care (EHC) plan** – this is a statutory document, drawn up and maintained by the local authority. It is the document referred to in the
- **Individual Health Care (IHC) plan** – is a document we use in school where a pupil has a medical need or condition that requires management in school for the purposes of:
 - ← Preventing emergencies where there is a known medical risk of this occurring (eg: in the case of epilepsy, allergies, severe asthma etc)
 - ← Outlining what to do should an emergency occur (in the case of a, above)
 - ← Outlining how to manage other medical conditions in school (eg: chronic eczema, bowel conditions, etc) so that the child concerned can take part in school life
- **Asthma plan** – is a document which can be drawn up with the GP, Practice Nurse or the School Nurse. Parents of all children with Asthma are encouraged to get an asthma plan and share it with the child and with the school

Only children with more serious/ significant medical needs require an IHC plan. Where there are no daily or emergency care requirements associated with the child's medical need in school and/or where parents feel it is not necessary we may not draw up an IHC.

Examples of when we **would** draw up an IHC plan

- has a serious allergy (has been prescribed EPIPEN and/or had severe reaction and/or seen hospital consultant regarding the allergy)
- Has a serious medical condition such as epilepsy, diabetes, major heart condition

Examples of when we **would not** draw up an IHC plan

- Has a minor allergy (mild reaction/ no prescribed medication/ no involvement of medical staff) may not need an IHC plan if the parents are satisfied that none is required.
- Has a mild medical condition (eczema, migraine etc)
- Has something in their medical history that staff should be aware of in case it become relevant in the future (eg: heart condition resolved by surgery; penicillin allergy; paracetamol allergy)
- Has a sensory impairment or physical difficulty (ie SEND rather than medical condition)

In cases where there is no need for an IHC plan we will nevertheless share the required medical/sensory information via a note on the child's record in SIMS and in the class medical folder and/or SEN records.

3.2 Individual Healthcare Plans (IHPs)

- Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
- IHPs 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 IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

4. Transport arrangements

- Where a pupil with an IHP is allocated school transport the school should invite a member of DCC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be

passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

- For some the driver/ escort will require adequate training.
- For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

5. Education Health Needs (EHN) referrals

- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

6. Medicines

- Where possible, unless advised it would be detrimental to health, medicines should 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 consent to administration of medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 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.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- A child 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 child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- Medications will be stored in the School Office.
- 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.

- Emergency salbutamol inhaler kits may be kept voluntarily by school.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room
- George Tomlinson Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

7. Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

8. Day trips, residential visits and sporting activities

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

9. Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in George Tomlinson Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in 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.

10. Insurance

- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions.

Those who wish to see the documents should contact the Head.

11. Complaints

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the School Complaints Policy.

12. Definitions

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at George Tomlinson Primary School.

13. Bodily fluids

- All staff will undertake to protect themselves and others by wearing plastic gloves when dealing with emergency situations involving blood and other bodily fluids.
- A ready supply of gloves will be kept in the school office as well as in every first aid box. The Welfare Assistant is responsible for checking on a regular basis the contents of each first aid box and ordering supplies when things run down.
- When children wet themselves, the person changing them should ensure the door to the room being used should to change them is not closed, or where the child is older and it would not be appropriate to keep the door open, a second member of staff must be nearby – see Intimate Care Policy for more detail on preserving dignity.
- Spare clothes are stored for FS in the classes, and for KS1 and KS2 children in the cuboard in the large meeting room. Alternatively, children could change into their PE kits. Wet clothes will be sent home at the end of the day in a carrier bag. Please request the parent washes and

returns the clothes on loan. Please remember to hand the clothes to the child and not change them yourself.

- When a child soils themselves please ensure their dignity is preserved at all times. Take gloves, spare clothing, wipes and two carrier bags into the toilet area. Call another member of staff and hand the child the wipes, talking them through cleaning themselves. Place wipes in the bag and dispose of in the named, lidded bin in the Accessible Toilet next to the office. Send the child's soiled clothing home in the other bag. Always call the parents, as the child will need to have a shower at home. School rules regarding diarrhoea state that a person should not return to school until 48 hrs after their last bout. This prevents cross infection.
- When a child has vomited, the procedure states that if the site manager is on the premises then he will clear it up. If out of his hours then it should be covered with sawdust and the area covered/made safe until the cleaner comes on duty at 2:00 pm. A note should be left for the cleaner with the office, asking him to prioritise cleaning of the area.

Appendix 1: Infection Control in Schools and Childcare settings

The full list is available in the poster found here:

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Appendix 2

Supporting Pupils with Medical Conditions

- 1 | Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2	Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.
3	Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).
4	Develop IHP in partnership. Agree who leads on writing it. Input from healthcare professionals must be provided.
5	School staff training needs identified.
6	Healthcare professional commissions and/or delivers training. Staff signed off as competent - review date agreed.
7	IHP implemented and circulated to all relevant staff
8	IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.

Appendix 3 George Tomlinson Primary IHC plan proforma

The boxes in the form expand as they are completed. Whilst we try to keep the form as simple as possible it will sometimes run to several pages. In order to reduce the possibility of pages being missed we will usually print them single-sided and number the pages in the footer eg: page x of y.

Name of Child:

DoB:

Photo:	Emergency Contact details:	GP/ Clinician details:

All care plans are kept in class and SENDCo, Office, School Nurse and Parents have copy.

All medication is kept in the child's class, in a suitable sealed and labelled container. In some circumstances a second set of sealed and labelled medication can be kept at the office.

Parents/carers are responsible for ensuring that the correct medication is supplied to school and that it is replaced before the expiry date.

Parents are responsible for informing school about any changes to the details in the care plan.

By setting up this care plan parents are agreeing that the school can administer medicine or give medical aid as outlined above.

Date of this care plan: DATE

Who present: WHO PRESENT

Copied to:

Classroom staff

Parents

SENCO

Office

School Nurse

Needs/diagnoses:

Daily care required:

Signs of Minor incident :

What must staff do in a minor incident:

Signs of Serious incident:

What to do/administer major incident:

