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Be successful
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Be Bankfields

Supporting Pupils with Medical Conditions and Administration of Medicines Policy

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1.AIMS

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The Headteacher will implement this policy by:
 - Making sure sufficient staff are suitably trained.
 - Making staff aware of pupils' conditions, where appropriate.
 - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
 - Providing supply teachers with appropriate information about the policy and relevant pupils
 - Ensuring class teachers develop, monitor and annually review individual healthcare plans (IHPs) for relevant pupils.

2. LEGISLATION, STATUTORY RESPONSIBILITIES AND RATIONALE

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Local Authority and encourages self-administration of medication when possible. Contact details for the School Nurse are available from the School Office.

3. ROLES AND RESPONSIBILITIES

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations. Day to day decisions about administering medication will normally fall to a named member(s) of trained staff
- Ensure that all staff who need to know are aware of a child's condition.
- Oversee the development of IHPs in conjunction with class teachers and SENDCO.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the

- school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Important: staff may only administer medication if they have received the appropriate training.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical Needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. EQUAL OPPORTUNITIES – school trips, visits and sporting events and activities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils, they will speak to the headteacher immediately.

Children with medical needs will be encouraged to take part in sporting activities

appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE will be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise and /or be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures.

5. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. INDIVIDUAL HEALTH CARE PLANS

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions in conjunction with the class teacher and SENDCO. Individual Healthcare Plans help to ensure that pupils with medical conditions are supported effectively and give clarity about key information and actions that are required to support the child effectively.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support Required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency Arrangements.
- Where a pupil is returning to school following a period of hospital education or alternative provision, school will ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

What to include in an Individual Health Care Plan

The format of Individual Health Care Plans may vary for the specific needs of each pupil. However, the following information should be considered:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, managing the condition, medication and other treatments
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed
- Who will provide this support, their training expectations, proficiency to provide support and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the child's condition and support required, and is there consent to inform others?
- Arrangements for written permission from parents for medication to be administered.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- Essential facts should be included e.g. name, date of birth, address, names of parents/carers, contact telephone numbers, emergency contact person and telephone number, doctor's name, nature of medical difficulty, the key facts about how the pupil is affected by his/her medical condition, details of the medication prescribed and the treatment regime, the name and contact number of key personnel (e.g. staff, paediatrician, school doctor), steps to be taken in an emergency, details of personnel and equipment that will be required, procedures to be taken to administer the treatment or medication, where the medication will be kept and who can access it, when and how often the care plan will be reviewed and who will be involved in that process.
- Staff should review: training required, risks involved, cautions or requirements, additional guidelines if there is a need to lift or move a child, who is responsible for drawing up and monitoring the plan, and cultural or religious beliefs that could cause difficulties for the child or staff.

An Individual Healthcare should:

- Give correct factual information
- Give information that enables staff to correctly interpret changes within the child's condition and action required
- Be kept where it can be easily accessible and taken with the child on educational visits etc.
- Be accurate, accessible, easy to read, and give sufficient detail that the staff know exactly how to deal with the child's needs

The care plan should include –

- Identification Details
- Name of child
- Date of birth
- Address
- School/setting id (class, year etc.)

- Medical Details
- Medical condition
- Treatment regime
- Medication prescribed or otherwise
- Side effects
- Action to be taken in event of emergency
- Contact Details of Parents/carers
- Alternate family contact (persons nominated by parents/carers)
- Doctor/Paediatrician/Pharmacy
- Any other relevant Health Professional
- Facilities Required
- Equipment and accommodation
- Staff training/management/administration
- Consent
- Review and update.

7. CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

- Staff will follow the school's normal emergency procedures (for example, calling 999) for any child who requires emergency medical treatment.
- For more serious medical conditions, the IHPs will clearly set out what constitutes an emergency and will explain what to do.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.
- Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff.
- It is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.
- All pupils who need one will have individual health-care plans drawn up by parents and school, which must be adhered to.
- Staff are alerted to pupils with severe conditions/allergies and intolerances with pupils' photographs, together with outline medical protocols on a poster displayed in the office, staff rooms and school kitchen.
- As with other medicine, a record should be kept each time the inhaler is used in the inhaler log (see Asthma Policy).
- When children are involved in out of school activities, we will administer prescribed Calpol/Paracetamol Oral Suspension if required. Permission will be granted by parents/carers before this takes place by completing the EVAP form. The nominated member of staff will complete the administration of medication record upon return to school.
- Medical reviews are carried out at the beginning of each academic year. Parents are asked to confirm medical conditions and whether medication is required in school. Individual Health Care Plans, Asthma Action Plans and any Risk Assessments are updated and reviewed at this time also but can also be updated at any time during the year.

8. MANAGING MEDICINES

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and where we have parents' written consent (The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents).
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Authorisation will always be gained from parents/carers prior to the administration of medicines and the times will be detailed by the parent/carer.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the contents i.e. name and type of medicine
- Labelled with the child's name
- Provided in the original container / packaging, showing the patient's label as provided by the Pharmacist, with no alterations to the label evident as dispensed by the pharmacist, and include instructions for administration, dosage and storage. (Labels with no Pharmacist's logo should not be accepted. If in doubt, phone the Pharmacist).
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

It is expected that:

- The school will only administer prescribed medicines in which the dosage is required 4 times a day.
- When parents have asked the school to administer the prescribed medication for their child, they must ensure that the prescription and dosage regime should be printed clearly on the outside of the medication.
- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
- No medication can be administered to the nose or eyes by school staff. We ask that parents come into school if medication needs to be administered to the eyes or nose during the school day. However, if parents are unable to do this due to, for example, work commitments, then this should be discussed with the Headteacher so that school can make arrangements to support.
- The school will liaise with the School Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.
- Medicines must never be ground-up, split open or chewed.

Paracetamol

If a child suffers from a minor medical ailment in school, we are able to administer pain relief (paracetamol) if we have written permission from parents to do so. School will keep paracetamol / calpol oral suspension within school and designated trained staff will administer to pupils, with parental consent, as required.

Storage of Medication

Any medication is securely stored in a lockable cabinet in the main reception office with a Record of Administration. Medication that needs to be kept refrigerated is also kept in the office fridge.

In the event of educational visits, medicines should be stored in a staff member's bag and kept under constant supervision of an adult/group leader. Where possible, only the necessary dosage required will be taken on an educational visit. Parents will be asked to complete a permission slip to allow an 'authorised person' to administer medicine.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. All controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable
- Penalise pupils 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
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil. Where possible, staff will volunteer to support with this. However, there are some invasive or complex medical conditions that school staff may not be trained to deal with and may feel unable to volunteer for. If a qualified medical practitioner is not available to provide this support, e.g. School Nurse, then support from a parent or nominated family member or friend will be requested for these procedures
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

If a parent wishes a child to take a prescribed medicine during school time they should:

- Arrange with the Head Teacher to come into school to administer the medicine themselves if they so wish, **or** complete a school 'Parental Agreement for the Administration of Medicine Form' giving permission for the Head Teacher or his / her nominee to administer the medicine. This form will suffice if short-term medicines need to be administered. If long-term medicines need to be administered, this will also be detailed in the child's Individual Healthcare Plan.
- Deliver the medicine together with the form to the school office where it will be kept securely. Medication also needs collecting by the adult and not the child. Children must not carry medication to and from school under any circumstance.
- Permission should never be taken over the telephone or after medication has been given.

9. TRAINING

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs and renewed as required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHP
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.

10. RECORD KEEPING

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept electronically in a readily accessible place which all staff are aware of (Staff Resources – SEND – Individual Healthcare Plans).

Clear records of medication brought into and administered in the school for individual children who take regular continuous medication are maintained.

The school will keep a daily record of all medicines administered by them continually (Form AM3). This is kept in the main office.

Only one child at a time should be in the room for medication.

Note:

- If a child refuses to take the prescribed medication, school staff will not force them to do so. In this event staff will follow the procedure agreed in the individual healthcare plan and parents will be contacted immediately. If necessary, the school will call emergency services.
- If a parent considers the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this.
- Topical lotions and creams e.g. emollients and sunscreen may be brought into school for application by the child with the permission of the Head Teacher, and consent of parent by completing the school medical form.
- Cough sweets / throat lozenges etc. are not medicines and are not allowed in school.
- Any misuse of medication should always be reported to the police i.e. if a child brings in and gives out a relative's medication.
- A any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken will be reported to the local authority within one week.

11 STORING MEDICINES PROCEDURE

- The Head Teacher is responsible for making sure that medicines are stored safely.
- Large volumes of medicines should not be stored.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines should be stored strictly in accordance with product instructions, (paying particular note to temperature) and in the original container in which dispensed.
- Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.
- Where a child needs two or more prescribed medicines, each should be in a

separate container, and a separate set of forms completed for each one (Parental Agreement for the Administration of Medicine)

- Non-healthcare staff should never transfer medicines from their original containers.
- Children should know where their own medicines are stored, and who holds the key.

EMERGENCY MEDICINES e.g. INHALERS, ADRENALINE PENS

- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Each classroom will have an accessible, clearly labelled storage bag in which to store these emergency medicines. This bag is taken onto the playground by an adult during break times and during PE.
- In school, we hold emergency salbutamol inhalers and adrenaline auto-injectors for pupils who have a medical condition that requires this medication, and for whom parents have given consent for the emergency medicine to be administered if required.

CHILDREN WITH ASTHMA – please refer to the separate Asthma Policy.

12. LIABILITY AND INDEMNITY

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy can be obtained from the School Business Manager.

The insurer will indemnify the insured in respect of all sums which the insured may become legally liable to pay as damages in respect of:

- a) accidental injury to any person other than an Employee
- b) accidental damage to property
- c) the provision of first aid treatment by an Employee to any person.

13. COMPLAINTS

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. MONITORING

This policy will be reviewed every two years.

15. LINKS TO OTHER POLICIES

This policy links to the following policies:

- Bankfields Primary School Asthma Policy
- Complaints Procedure
- Equality, Diversity and Inclusion Policy information and objectives
- SRAT Corporate Health and Safety Policy
- SRAT Safeguarding Policy
- SRAT Special Educational Needs and Disabilities Policy

Appendices:

Appendix 1: Individual Healthcare Plan

Appendix 2: Parental Agreement for Administration of Medicine

Appendix 3: Record of Medicine administered to all children

Appendix 4: Staff Training Record

Appendix 5: Model letter for Parent

Appendix 6: Parental Consent form for Administration of Paracetamol

Appendix 1 - Bankfields Primary School - Individual Healthcare Plan

Child's name

Year Group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

1. Name

Relationship to child

Contact no.

2. Name

Relationship to child

Contact no.

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

Appendix 2 - Bankfields Primary School - Parental Agreement for Administration of Medicine

Name of child

Date of birth

Year Group

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Dosage and method

Timing

Special precautions/other instructions

Self-administration – y/n

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

Contact Details

Name

Contact telephone no.

Relationship to child

I understand that I must deliver the
medicine personally to

The School Office

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

Parental Signature _____ Date _____

Date

Time given

Dose given

Name of staff member

Staff initials

Date

Time given

Dose given

Name of staff member

Staff initials

Name of child:

Date

Time given

Dose given

Name of staff member

Staff initials

Date

Time given

Dose given

Name of staff member

Staff initials

Date

Time given

Dose given

Name of staff member

Staff initials

Date

Time given

Dose given

Name of staff member

Staff initials

Date

Time given

Dose given

Name of staff member

Staff initials

Date

Time given

Dose given

Name of staff member

Staff initials

Appendix 3 - Bankfields Primary School - Record of Medicine Administered to all Children

Record Date: to

[illegible]

Appendix 4 - Bankfields Primary School - Staff Training Record, Administration of Medicines

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that the following members of staff have received the training detailed above and are competent to carry out any necessary treatment. I recommend that the training is updated (*annually*).

Trainer's signature _____ Date _____

[illegible]

Appendix 5 - 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 the 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 judgements 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 contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 6 - Parental Consent for School to Administer Paracetamol

If your child suffers from a minor medical ailment in school, we are able to administer pain relief (paracetamol) if we have written permission from parents to do so. One dose of paracetamol (oral suspension) medicine will be administered by a member of staff who has been trained to administer medication. Parents will be contacted by phone before paracetamol is administered to inform you and ensure the correct dosage.

Paracetamol is only to be administered in the short term, and school will not administer paracetamol for more than 3 consecutive days.

School keeps a supply of paracetamol oral suspension medicine as detailed with dosage amounts below:

- **120mg/5ml oral suspension for children aged 2+ months**
 - 2-4 years: One 5ml spoonful and one 2.5ml spoonful.
 - 4-6 years: Two 5ml spoonfuls.
- **250mg/5ml oral suspension for children aged 6+ years**
 - 6-8 years: One 5ml spoonful.
 - 8-10 years: One 5ml spoonful and one 2.5ml spoonful.
 - 10-12 years: Two 5ml spoonfuls.
 -

Pupils will be given the dosage according to their age following the instructions on the paracetamol packaging.

If you would like us to administer paracetamol to your child when needed, please complete the consent form below and return to school. **If we do not receive a signed and completed form, no paracetamol will be administered during a school day.**

Child's Name	
Date of Birth	
Name of Medicine	Paracetamol Oral Suspension
Dosage and Method	Children will be given the dosage based on their age following guidance on the packaging.
Any other instructions	

I confirm that I have administered paracetamol without adverse effect to my child in the past.

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 immediately, in writing, if there are any changes to the above consent form.

Parent/Carer Name: _____

Date: _____

If you wish to withdraw consent at any time, please email the school office
office@bankfields.steelriver.org.uk