



Streatham Wells Primary

Policy for supporting children with medical conditions

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Statement of Intent

The Charter Schools Educational Trust (the 'Trust') has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The Trust believes it is important that parents of pupils with medical conditions feel confident that the Trust's schools provide effective support for their children's medical conditions, and that pupils feel safe in their school's environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The Trust has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the Trust's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the respective school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

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1. Aims

This policy aims to ensure that:

- o Pupils, staff and parents understand how our school will support pupils with medical conditions
- o Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

2. Legislation and statutory responsibilities

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- [Section 100 of the Children and Families Act 2014](#)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- [DfE 'Supporting pupils at school with medical conditions'](#)

- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- First Aid Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints and Concerns Policy
- Attendance and Absence Policy
- Admissions Policy

3. Roles and responsibilities

The board of trustees is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that adequate insurance arrangements are in place.

The CEO is responsible for:

- Overseeing any support the headteacher (read also principal) of each school needs in carrying out their duties
- Highlighting any issues found across the trust to the board of trustees

Local governing bodies of each school will:

- Monitor that there is a sufficient number of appropriately trained staff available in their school
- Review how well this policy is locally applied and make recommendations to the board of trustees as necessary
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life

The Headteacher is responsible for

- The overall implementation of this policy.
- Ensuring that a named member of staff is assigned responsibility for the implementation of the policy in their school. In our school this is Sarah Wordlaw, Headteacher
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that records of children's medical needs and medicines that have been administered are kept up to date
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nursing service where a pupil with a medical condition requires support that has not yet been identified.
- Making sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Making sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed

Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including NHS school nurse services, GPs and paediatricians, are responsible for:

- Notifying the parents when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place with the school and other healthcare professionals, and participating in local outreach training.

4. Equal opportunities

The Trust 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 schools 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.

5. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the Trust's schools or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child, or others, to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process, unless the application is being made under a social and medical need oversubscription criterion.

6. Procedure to be followed when notification is received that a pupil has a medical condition

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the Headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in the IHPs section of this policy).

Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents.

For children starting at a school in The Charter Schools Educational Trust, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

7. Individual Healthcare Plans (IHPs)

The Headteacher (read also Principal) has overall responsibility for the development of IHPs for pupils with medical conditions. In our school this has been delegated to Sarah Wordlaw, Headteacher.

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/carers 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/carers and a relevant healthcare professional, such as the school nursing service, 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. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher will consider the following when deciding what information to record on IHPs.

IHPs will be developed with the child's best interests in mind:

- IHPs will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption.
- IHPs will be drawn up in partnership between the school, parents, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will work with the LA and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.
- The IHP will state the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHP/ will vary to enable the school to choose what is most effective for the specific needs of each pupil, and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

All IHPs will contain the following information:

The medical condition, its triggers, signs, symptoms and treatments.

- The pupil's resultant 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 – e.g. 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.
- Level of support needed including in emergencies. If a child 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 confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Cover arrangements for when the usual support person is unavailable.
- Who in the school needs to be aware of the child'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. Parents will have a copy of the procedures to be followed when administering medicines.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school 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.
- What to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP/EHCP).

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHP/EHCPs will be easily accessible to all who need to refer to them while preserving confidentiality.

A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided in Appendix A.

A template for a pupil's healthcare plan is provided in Appendix B.

8. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by Headteacher in consultation with the school nursing service and other healthcare professionals where appropriate through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical

conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out annually for all staff and will be included in the induction of new staff members.

Respective healthcare professionals and/or the school nursing service will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by Sarah Wordlaw, Headteacher and provided by the following bodies:

- Commercial training provider(s)
- The school nursing service
- Healthcare professionals
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

9. Managing medicines in the Trust schools

In accordance with the Trust's First Aid Policy, medicines will only be administered at school when:

- it would be detrimental to a 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/carers.

In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Streatham Wells holds emergency salbutamol inhalers for use only in extreme circumstances. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (e.g. because it is broken, or empty). The inhalers will be stored in the medical room and their use will be recorded.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the First Aid Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Secondary school pupils who have prescribed AAI devices can keep their device in their possession.

Primary school pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office or designated medical room.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via phone or a two-way radio immediately. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The

spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified immediately that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will consider taking the spare AAI in case of an emergency.

11. 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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs will be kept in a secure cupboard in the school office and only named staff will 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.

12 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/carers 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/carers so that an alternative option can be considered, if necessary.

13 Emergency situations

Pupils in the Trust schools will know to inform a member of staff immediately if they think help is needed. Staff will follow the Trust's procedures to contact emergency services if necessary.

Where a pupil has an IHP/EHCP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or, if an ambulance needs to be called, will accompany the pupil to hospital and stay until a parent arrives there.

Streatham Wells Primary possesses automatic external defibrillators (AEDs) for emergency use and appropriate staff are trained to operate this equipment.

All staff members and pupils will be made aware of the AED's location(s) and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed **annually**.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, relevant staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

In Primary schools, where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school's lead first aider/appointed person, who will also keep an up-to-date record of all checks and maintenance work.

14 Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

15 Unacceptable practice

It is considered as unacceptable to:

- Prevent pupils from easily accessing their inhalers and medication and from 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; or ignore medical evidence or opinion, (although this may be challenged).
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP/EHCP.
- Send a pupil with a medical condition to the medical room without being accompanied, or with someone unsuitable, if the situation is serious.
- 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 child, including toileting issues. (No parent should have to give up working because the school is failing to support their child's medical needs).
- Prevent pupils 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.

Staff may face disciplinary action if any such instances are brought to the attention of the Headteacher.

16 Complaints

Parents or pupils wishing to raise a concern regarding the support provided to pupils with medical conditions should speak to the school in the first instance by contacting Sarah Wordlaw, Headteacher. If they are not satisfied with the school's response, they may make a formal complaint via the Trust's complaints procedures, as outlined in the Trust Complaints and Concerns Policy.

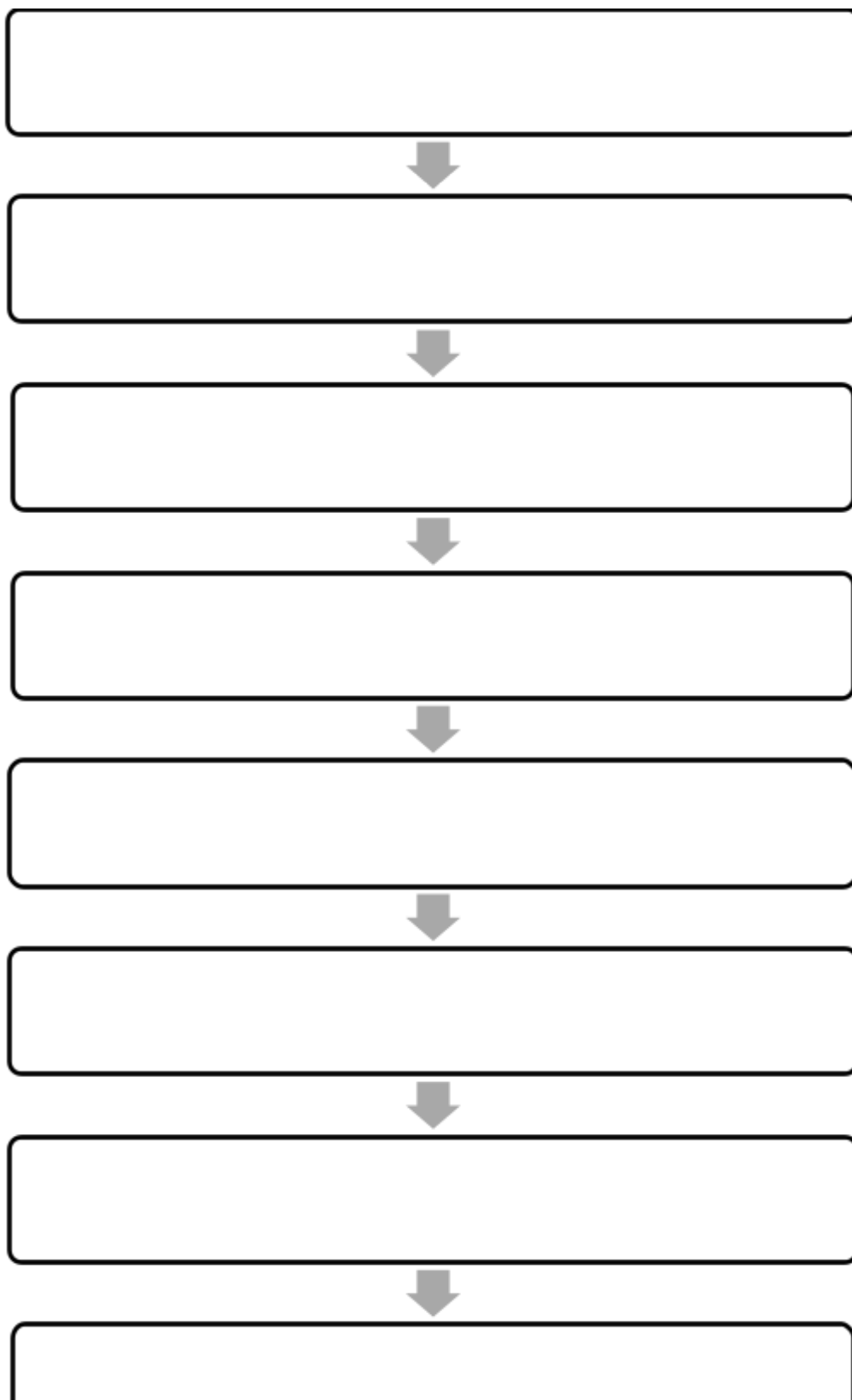
17 Monitoring and evaluation

The policy will be monitored for its effectiveness in implementation, and evaluated and reviewed at least annually, or sooner in the light of any incidents that may occur or any changes to legislation.

Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is October 2027

APPENDIX A: [Model process for developing individual healthcare plans](#)



APPENDIX B: Pupil's healthcare plan (to be reviewed annually)

Name of school		
Pupil's name		
Group/class/form		
Date of birth		
Pupil's address		
Medical diagnosis or condition		
Date		
Review date		
Family Contact Information		
Name		
Relationship to pupil		
Phone numbers	Work	
	Mobile	
	Home	
Name		
Relationship to pupil		
Phone numbers	Work	
	Mobile	
	Home	
Clinic/Hospital Contact Information		
Name		
Phone number		

GP Surgery Name	
GP Name	
Phone number	
Who is responsible for providing support in school?	
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:	
Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:	
Daily care requirements:	
Specific support for the pupil's educational, social and emotional needs:	
Arrangements for school visits and trips:	
Describe what constitutes an emergency, and the action to take if this occurs:	
Responsible person in an emergency (state if different for off-site activities):	
Plan developed with:	
Staff training needed or undertaken – who, what, when:	

Form copied to:	
Parental Agreement I agree that the medical information contained within this form may be shared with individuals involved with the care and education of (insert pupil's name) ----- Signature ----- <i>Parent or Guardian (or pupil if above age of legal capacity)</i> Date -----	

APPENDIX C: Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.	
Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting should know about?	
Self-administration – Y/N?	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.	
Contact Details	
Name	
Daytime phone number	

Relationship to child	
Address	
I understand that I must deliver the medicine personally to the Lead First Aider at the school 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.	
Signature _____ Date _____	