ZENITH
MULTI ACADEMY
TRUST

Supporting Pupils with Medical Conditions Policy

for use by all staff and volunteers in:
All schools in the Trust (including Castledon's Satellite)

Approved by:	Board of Trustees
Date:	July 2026
Last reviewed:	February/July 2026
Next review due by:	July 2027

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1. Aims

Under Article 28 of the United Convention on the Rights of the child, every child has a right to an education. Our schools believe that having a medical condition or allergies should not be a barrier to a child or young person participating fully in education and school life.

Our schools aim to ensure that any child or young person with a medical condition or allergies is able to:

- participate fully in all aspects of school life, including learning, enrichment activities, educational visits and wider opportunities;
- have their views, wishes and experiences listened to, with support planned around their individual needs and circumstances;
- feel safe, included, respected and valued as a member of the school community;
- access education without facing unnecessary barriers, discrimination or exclusion as a result of their medical condition or allergies;
- develop independence and, where appropriate, be supported to understand and manage their own health needs with increasing confidence and self-management skills.

We are committed to working in partnership with children and young people, parents and carers, healthcare professionals and staff to ensure that pupils receive the support they need to thrive, achieve and enjoy school.

This policy aims to ensure that:

- Pupils/students, staff and parents/carers understand how our school will support pupils/students with medical conditions
- Pupils/students with medical conditions are properly supported to allow them to access the same education as other pupils/students, including school trips and sporting activities.
- All staff are able to recognise and respond to a wide range of additional needs, not just as a response to specific diagnoses, but as a proactive approach towards creating environments where all children can access learning, feel valued and safe, and succeed.

The Trust Board/Local Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained and competent/confident to support children with medical conditions
- Ensuring that relevant staff are aware of pupils' medical conditions and the support they require, while respecting confidentiality;
- Ensuring that appropriate cover arrangements are in place so that support is available whenever it is needed;
- Providing supply teachers and temporary staff with appropriate information about the policy and relevant pupils/students, where necessary
- Developing, implementing and monitoring individual healthcare plans (IHPs) where required.

Allergy management is set out in greater detail within each school's Allergy Safety Policy. However, the principles of inclusion, participation, safety and individualised support described in this policy apply equally to children and young people with allergies.

The named person with responsibility for implementing this policy is the Headteacher, and in their absence the Deputy Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Governing Bodies to make arrangements for supporting pupils/students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school and *Allergy Safety in Schools*. This statutory guidance focuses only on the support that schools, colleges and early years settings provide for children and young people with medical conditions. It does not cover delegation of healthcare activities from a regulated healthcare professional to a non-healthcare professional working in the education sector (where it is safe and reasonable to do so). The Department for Education and the Department of Health and Social Care will jointly publish separate non-statutory guidance on delegation of healthcare activities for healthcare professionals and education settings.

This policy also complies with our funding agreement and articles of association.

We also have due regard for the relevant sections of the Early Years Foundation Stage (EYFS) Statutory Framework for group and school-based providers.

In addition, a wider range of statutory duties is of relevance to children and young people with medical conditions (including allergy), including:

- The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
- The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015. In addition, where applicable, schools within the Trust will comply with relevant provisions of the Education (Independent School Standards) Regulations 2014;
- The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.
- The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.
- Incident reporting in schools (accidents, diseases and dangerous occurrences): Guidance for employers - HSE

3. Roles and responsibilities

3.1 The Trust Board/Local Governing Body

The Trust Board has the ultimate responsibility for ensuring that appropriate arrangements are in place to support pupils/students with medical conditions and allergies. The Local Governing Body will ensure that sufficient staff have received suitable training and that the Headteacher is confident in making relevant judgements about staff competency in supporting children and young people with medical conditions.

The Named Governor at The James Hornsby School for Medical and Allergies is Judith Salter.

The Named Governor will provide oversight and assurance that the school's arrangements for supporting pupils with medical conditions and allergies are effective and are implemented in accordance with this policy. They will receive information from the Senior Leadership Team Link/Designated Allergy Lead regarding the operation of these arrangements, including information about serious incidents, near misses, training, emerging risks and any actions taken to strengthen practice. Medical and Allergies are included on school's risk registers, and form part of the Zenith Governor Schedule for Monitoring Visits.

The Named Governor will seek assurance that:

- pupils with medical conditions and allergies are supported to participate fully and safely in school life;
- appropriate policies, procedures and Individual Healthcare Plans (IHPs) are in place and reviewed as required;
- lessons learned from serious incidents and near misses are used to improve practice;
- staff receive appropriate training and that arrangements remain effective throughout the year; and
- significant risks relating to medical conditions and allergies are identified, monitored and escalated through the school's governance and risk management processes where appropriate.

The Named Governor will report any significant concerns to the Trust Board/Local Governing Body and provide appropriate challenge and support to ensure that the school continues to meet its statutory duties and the needs of its pupils.

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 are sufficient numbers of appropriately trained staff available to implement this policy and deliver the support set out within Individual Healthcare Plans (IHPs), including during contingency and emergency situations;
- Ensure that all staff who need to know are aware of a pupil's medical condition and the support required, taking account of the pupil's and family's wishes regarding confidentiality where appropriate;
- Take overall responsibility for the development of Individual Healthcare Plans (IHPs).
- Ensure that school staff are appropriately insured and understand the extent of the cover available to them when supporting pupils with medical conditions and allergies;
- Appoint a named member of the Senior Leadership Team to provide strategic oversight of medical conditions and allergy safety across the school;
- Appoint a School Medical Lead to coordinate the day-to-day operational administration of medical support and ensure that concerns about pupils who may require medical support are referred to them promptly. They will report to the Senior Leadership Team Link;
- Ensure that effective systems are in place for obtaining, recording, sharing and regularly reviewing information about pupils' medical needs, and that this information is kept accurate and up to date;

- Ensure that appropriate arrangements are in place to support pupils with medical conditions and allergies to participate fully in all aspects of school life, including educational visits, sporting activities and extra-curricular provision; and
- Ensure that appropriate action is taken following any serious incident or near miss, including reviewing practice and implementing recommendations arising from investigations and lessons learned.

3.3 Senior Leadership Team Link/ Designated Allergy Lead

The Senior Leadership Team Link at The James Hornsby School is David Back. They are also the Designated Allergy Lead.

The Senior Leadership Team Link has strategic oversight of the school's arrangements for supporting children and young people with medical conditions and allergies. They will ensure that appropriate systems and processes are in place to support pupils to access their education safely, participate fully in school life and receive support in accordance with this policy, the school's Allergy Safety Policy and any Individual Healthcare Plans (IHPs).

The Senior Leadership Team Link will monitor the implementation of IHPs and ensure that appropriate arrangements are in place to review support where a pupil's needs change.

The Senior Leadership Team Link will report any serious incidents and near misses relating to medical conditions or allergies to the named governor for medical conditions and allergies. They will consider whether any statutory duties may have been breached, whether there was a significant risk of such a breach occurring, and whether any weaknesses have been identified in policies, procedures, training or Individual Healthcare Plans. Where necessary, they will ensure that appropriate action is taken to review and strengthen practice and amend relevant policies and procedures.

The Senior Leadership Team Link will consider, throughout the year, whether additional training, support or awareness-raising is required for all staff or for specific groups of staff to ensure that pupils' needs continue to be met safely and effectively.

3.4 School Medical Lead and Other healthcare professionals

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

Healthcare professionals, such as GPs, paediatricians, physiotherapists, occupational therapists, specialist nurses, specialist teachers, etc. will liaise with the school's medical lead and notify them of any pupils/students identified as having a medical condition. They may also provide advice on developing IHPs.

In relation to Special Schools, the school medical lead will also liaise with the Special School Nursing Team when a pupil/student has been identified as having a medical condition that will require support in school. They can support staff to develop and implement a child's IHP. Wherever possible, this will be before the pupil/student starts school.

3.5 All Staff

Supporting pupils/students 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/students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

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

Teachers will take into account the needs of pupils/students with medical conditions that they teach.

All staff will know what to do and respond accordingly when they become aware that a pupil/student with a medical condition needs help.

Staff should wear appropriate Personal Protective Equipment (PPE) when administering medication, if applicable. Before administering medication, staff need to check the pharmacy label for dosage, and to ensure the medication is in the name of the student. Medication needs to be administered by two members of staff, one to administer and one to witness. Both staff members are to sign the medication log once medication has been administered.

3.6 Parents/Carers

Parents/carers 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.

3.7 Pupils/students

Pupils/students with medical conditions will often be best placed to provide information about how their condition affects them. Pupils/students 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.

Arrangements for self-management, including support, supervision and alternative arrangements, should be reflected in an Individual Healthcare Plan. Where possible, the school will work to help pupils understand how to manage their medical condition and ultimately how to take responsibility for doing so themselves. However, it will not always be appropriate for the child or young person to manage their own medical condition unaided, for example because of their age, confidence, learning difficulty, the fluctuating nature of a condition or the complexity or risk. School will consider how they can help children and young people to practice management of their medical condition in a safe and supported environment, where it is safe and appropriate to do so, utilising external professionals where required.

4 Equal opportunities

Our school is clear about the need to actively support pupils/students 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/students to attend school regularly, participate fully and safely in all aspects of school life, including extra-curricular opportunities, school trips/ visits and sporting activities, especially those students with disabilities, in line with the Equality Act 2010.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils/students with medical conditions are included. In doing so, pupils/students, their parents/carers and any relevant healthcare professionals will be consulted.

5 Being notified that a child has a medical condition

A parent or healthcare professional should notify the school if the child is under investigation for, or has been diagnosed with a new medical condition, or if there has been a change regarding the child's medical condition.

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

A formal diagnosis is not necessary to commence support.

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/students who are new to our school. As outlined in our section on Transition, we may consult with the previous setting where required.

6 Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils/students with medical conditions. This has been delegated to the medical lead.

Any child or young person whose medical condition will require the school, college or early years setting to put supportive arrangements in place should have them captured through an Individual Healthcare Plan. 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.

Some medical conditions will have no effect on a child or young person's participation in the life of their school, college or setting and will not require any additional arrangements. Similarly, short-term illnesses (not linked to a medical condition) will have a limited impact and are unlikely to require additional arrangements. Therefore, not all pupils/students with a medical condition will require an IHP.

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

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

- What needs to be done
- When
- By whom

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school medical lead, specialist or paediatrician, who can best advise on the pupil's/student's specific needs. The pupil/student will be involved wherever appropriate, capturing their views, and ensuring that, where appropriate, they are aware of and understand the measures in place to support them, including in the event of an emergency.

Some children and young people will have an Education, Health and Care (EHC) plan which specifies that they require health provision in section G. Where medication, monitoring, environmental adjustments or emergency response arrangements are required, these should be clearly set out in an Individual Healthcare Plan developed with the school medical lead.

If a pupil/student has SEND 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 and the medical lead will consider the following when deciding what information to record on IHPs with guidance and support of the school medical lead.

IHPs will namely include:

- The medical condition, any triggers, signs, symptoms and treatments;
- The pupil's/student'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/student'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/student 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 via the Headteacher or from a health professional to provide support for the pupil's/student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's/student's condition and the support required;
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil/student 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/student can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/carer/pupil/student, the designated individuals to be entrusted with information about the pupil's/student's condition;

- What to do in an emergency, including who to contact, and contingency arrangements.

Where a child or young person has a personalised care and/or action plan issued by a healthcare professionals, it should be attached to their Individual Healthcare Plan. This may include allergy and asthma action plans, diabetes care plans and seizure plans.

7 Managing medicines

Prescription and non-prescription medicines will only be administered at school, and during out of hours events, extra-curricular activities, trips, and visits:

- When it would be detrimental to the pupil's/student's health or school attendance not to do so **and**
- Where we have parents'/carers' written consent

The only exception to this is where the medicine has been prescribed to the pupil/student without the knowledge of the parents/carers.

Where a painkiller(s) is administered, this will only happen if there is parental consent and the parent or carer will always be notified this has happened.

Pupils/students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil/student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be consulted.

The school will only accept prescribed medicines that are:

- In-date
- Labelled (pharmacy label)
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils/students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils/students and not locked away. Emergency salbutamol inhalers and spare AAIs are also located around the school in case of an emergency.

Medicines will be returned to parents to arrange for safe disposal when no longer required, or become out of date.

The Trust/School cannot be held responsible for side-effects which occur when medication is taken correctly.

7.1 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 other controlled drugs are kept in a locked cupboard in medical, and only named staff have access. When staff are administering any controlled medication there will always be two members of staff present. One to dispense the medication and one to witness that the medication has been given correctly. The controlled medication book should be completed and signed by two members of staff. When medication is being administered staff should shut the medical door, where possible, to avoid distractions.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. The keys must only be available to authorised members of staff and at any time the key holder should be readily identifiable.

7.2 Pupils/students managing their own needs

Pupils/students who are confident 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/students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil/student 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.

8 Visits, trips, sporting events, and extra curricular

The Trust, Local Governing Body and Headteacher will ensure that arrangements to support children and young people with medical conditions and allergies apply at all times when a pupil is under the care or responsibility of the school. This includes before-school provision, breakfast clubs, after-school clubs, sporting activities, educational visits, residential visits and any activities delivered directly by the school or by third-party providers operating on behalf of, or in partnership with, the school.

Pupils with medical conditions and allergies will be supported to participate fully and safely in all aspects of school life. They will not be excluded from visits, sporting activities or extra-curricular opportunities solely because of their medical condition or allergy, unless advice from an appropriate healthcare professional indicates that participation would not be safe, even with reasonable adjustments and appropriate control measures in place.

As outlined in the Training section of this policy, staff receive appropriate training relating to medical conditions, allergy safety and their responsibilities in implementing this policy.

Where third-party providers are responsible for supervising pupils, the school will ensure that there are clear agreements setting out respective roles and responsibilities. Relevant information, including Individual Healthcare Plans (IHPs), allergy management arrangements, emergency procedures and details of any required training, will be shared on a need-to-know basis to enable providers to support pupils safely and effectively.

Trips and Visits

The Health and Safety policy outlines the range of measures the school take to ensure safety on trips and visits. In relation to medical conditions and allergies, arrangements are in place to enable children with medical conditions to participate fully and safely on trips and visits (making any adjustments as required) unless evidence from a clinician (for example a GP) states that this is not possible.

A risk assessment should be carried out so that planning arrangements take account of any steps needed to ensure that children and young people with medical conditions are included. This will require consultation with children, young people and parents and advice from the relevant healthcare professional to ensure that children and young people can participate safely.

Visit planning shall ensure that arrangements for supporting pupils with medical conditions and allergies apply to educational visits. Where a pupil has an Individual Healthcare Plan, allergy management plan or other identified medical need, the visit leader shall ensure that these arrangements are implemented as part of the planning process to enable participation wherever reasonably possible.

This shall include consideration of:

- the pupil's Individual Healthcare Plan and any required reasonable adjustments;
- medication requirements, including storage, accessibility, administration and arrangements for carrying emergency medication;
- allergy risk assessment and allergen avoidance measures;
- the availability of appropriately trained staff, including those trained in first aid and, where required, the administration of emergency medication such as adrenaline auto-injectors;
- emergency response arrangements, including recognition of deterioration, contacting emergency services and communication with parents/carers;
- supervision ratios and staffing arrangements necessary to support the pupil safely;
- arrangements with external providers to ensure they understand and can support the pupil's medical and allergy needs; and
- the recording and review of any medical incidents or near misses arising during the activity.

Visit leaders shall ensure that the relevant arrangements set out within the school's First Aid Policy, Supporting Children and Young People with Medical Conditions Policy and Allergy Safety Policy are applied, as appropriate, to off-site activities.

Each school shall develop and maintain an Educational Visits Policy covering visits beyond the school gate. This shall include:

- emergency, accident and critical incident arrangements;
- supervision and staffing arrangements, including competence, safeguarding, training and health and safety requirements. All those involved in supervision shall be subject to these arrangements; and
- the school's system for planning, approving, communicating and supporting visits.

In accordance with the statutory Early Years Foundation Stage framework, at least one person holding a current paediatric first aid certificate must accompany children in the early years, including Reception classes, on outings.

9 Home to school transport

When a local authority makes travel arrangements for a child with medical needs, they should consider whether and how those needs might affect the child during their journey to and from school and, where necessary, put in place proportionate arrangements to manage those needs. More guidance can be found here.

In the first instance, local authorities should consult parents about their child's medical needs. It is likely that the child's school will have arrangements in place to manage their medical needs during the day. They may be able to help the local authority identify whether those needs will affect them on the journey to and from school and decide what arrangements to put in place. If the child has an EHC plan or Individual Healthcare Plan, these may contain information that is relevant to the local authority's assessment. The school should share information from the Individual Healthcare Plan with the local authority where it is relevant to the journey to and from school.

10 Promoting wellbeing

All students receive universal support for their mental health and wellbeing as outlined in the Child Protection and Safeguarding Policy. The school recognises that children and young people with medical conditions and allergies are disproportionately more likely to experience poor mental wellbeing. This may arise from anxiety about their medical condition, concerns about treatment or emergency situations, repeated absence from education, difficulties participating fully in school life, social isolation, lack of understanding from others, or experiences of bullying and stigma.

The school will actively promote the wellbeing, inclusion and participation of pupils with medical conditions and allergies and will take steps to identify and address any barriers to learning, attendance and social inclusion.

Support arrangements will always be discussed with the child or young person and their parents/carers. The school recognises that some pupils may wish their medical condition to be openly acknowledged and normalised, while others may prefer support to be provided more discreetly. The views and preferences of the pupil will be considered when planning and delivering support.

Individual Healthcare Plans (IHPs) will consider the impact of the medical condition or allergy on the pupil's social, emotional and mental wellbeing and will identify any specific support, adaptations or reasonable adjustments required. This may include referrals to appropriate internal or external services, such as counselling services, the School Nurse, mental health support services or other specialist agencies.

Where a pupil has a life-limiting, degenerative or progressive condition, the school will work with the pupil, their family and relevant professionals to explore and facilitate access to appropriate emotional and wellbeing support.

During discussions relating to the Individual Healthcare Plan, consideration will also be given to whether a sibling has caring responsibilities. Where appropriate, information and referrals to relevant young carer services, including Essex Young Carers, may be offered, alongside support within school.

The school recognises that absence related to a medical condition can increase the risk of poor mental wellbeing. Where a pupil is unable to attend school for a prolonged period, and where it is medically appropriate to do so, staff will consider strategies to maintain connection with the school community. This may include regular wellbeing check-ins, opportunities for contact with peers and trusted adults, and arrangements that support the pupil's continued sense of belonging.

Where a pupil's attendance is affected by their medical condition or allergy, the school will consider how peer relationships, participation in wider school life and positive social experiences can be prioritised to support both wellbeing and successful reintegration into education.

All students, as part of a spiralled curriculum, are taught about the Protected Characteristic of Disability through Relationships, Sex and Health Education (RSHE), as outlined in the school's RSHE policies. Pupils are supported to understand prejudice, discrimination and respectful relationships using age-appropriate language and learning opportunities. The risk of bullying, harassment or social exclusion relating to a pupil's medical condition or allergy will be actively managed and avoided. Pupils who experience bullying or prejudice-related incidents will be supported promptly and appropriately. More information is available in the school's Anti-Bullying Policy.

11 Supporting education

The school recognises that medical conditions and allergies can have a significant impact on a pupil's attendance, engagement, learning and attainment. This may be the case even where a pupil does not meet the threshold for support under special educational needs and disabilities (SEND) legislation. The school will work proactively with pupils, parents/carers and relevant professionals to minimise disruption to education and to support pupils to achieve their full potential.

Where a medical condition or allergy affects a pupil's education, appropriate support will be considered and implemented according to individual need. This may include:

- attendance support and close monitoring of the impact of the medical condition on school attendance;
- arrangements to help pupils catch up on missed learning following periods of absence;
- flexible approaches to teaching, learning and the organisation of the school day;
- reasonable adjustments to remove barriers to education and promote inclusion;
- modifications to classroom routines, practical activities or educational visits where required;
- support with examinations and assessments, including access arrangements and other approved adjustments where eligibility criteria are met;
- the use of reduced timetables for a time-limited period where this is considered to be in the pupil's best interests, is supported by appropriate evidence and is regularly reviewed with the aim of returning the pupil to full-time education as soon as possible;
- planning for transitions between classes, key stages and educational settings; and
- reintegration support following periods of absence, including phased returns where appropriate.

Where a pupil is absent from school for an extended period due to their medical condition or allergy, the school will work with the pupil, parents/carers, healthcare professionals and,

where relevant, the local authority to maintain continuity of education and ensure that appropriate educational provision is considered.

Support arrangements will be developed in partnership with the pupil and their parents/carers and, where appropriate, will be recorded within the Individual Healthcare Plan and reviewed regularly to ensure that they remain effective and proportionate to the pupil's needs.

The school will ensure that pupils with medical conditions and allergies are not disadvantaged, excluded from learning opportunities or prevented from participating fully in school life because of their health needs. Decisions about support will be made on an individual basis, balancing the effective management of medical needs with the pupil's right to access education, participate in the wider curriculum and achieve positive outcomes.

12 Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils'/students' Individual Healthcare Plans (IHPs) will clearly describe what constitutes an emergency for that individual pupil/student, the signs and symptoms that require urgent action, and the actions staff should take in response.

Wherever possible, assistance and emergency equipment will be brought to the pupil/student rather than moving them unnecessarily. Staff will act promptly and in accordance with the pupil's IHP, emergency care plan and any relevant training to ensure that appropriate treatment is provided without delay.

The school will ensure that pupils/students understand, in an age- and developmentally-appropriate way, how to seek help in an emergency. This may include knowing which member of staff to approach, how to summon assistance from the nearest adult and, where appropriate, how and when to use emergency medication.

Staff are expected to take reasonable and proportionate action to preserve life, prevent deterioration and reduce the risk of serious harm while awaiting the arrival of emergency services or a parent/carer. This includes administering emergency medication and providing first aid in accordance with their training, the pupil's IHP and the school's policies and procedures.

If a pupil/student requires transfer to hospital, a member of staff will remain with the pupil/student until a parent/carer arrives or, where necessary, will accompany the pupil/student to hospital by ambulance. Appropriate information relating to the pupil's medical needs, including a copy of the IHP where available, will be shared with emergency responders.

If a pupil/student experiences a sudden cardiac arrest, immediate action must be taken. Emergency services should be called without delay and cardiopulmonary resuscitation (CPR) commenced as soon as possible. All Trust schools have an automated external defibrillator (AED), and first aiders receive training in CPR and the use of defibrillators in accordance with the school's training arrangements.

All schools also maintain emergency anaphylaxis kits containing spare adrenaline auto-injectors (AAIs). These are stored in locations that are within reasonable distance of all areas of the school and are readily accessible in an emergency. All staff receive training in recognising the signs and symptoms of anaphylaxis and in the administration of adrenaline auto-injectors in accordance with the school's Allergy Safety Policy and emergency procedures.

Following any medical emergency, the incident will be recorded and reviewed in accordance with the school's procedures for reporting serious incidents and near misses. Any learning identified will inform future practice, staff training and, where appropriate, revisions to Individual Healthcare Plans and risk assessments.

13 Unacceptable Practice

The school will avoid unacceptable practice when supporting pupils with medical conditions and allergies. This includes, but is not limited to:

- preventing pupils from easily accessing their inhalers, adrenaline auto-injectors, medication or other medical equipment, or from administering their medication when required;
- assuming that every pupil with the same condition requires identical support;
- ignoring the views of the pupil, their parents/carers or relevant healthcare professionals;
- sending pupils home frequently or preventing them from remaining in school because of their medical condition, unless this is in accordance with healthcare advice and agreed arrangements;
- unduly penalising pupils for their attendance where absences are related to their medical condition and are unavoidable;
- preventing pupils from participating in educational visits, sporting activities or other aspects of school life because of their medical condition without first considering reasonable adjustments and appropriate risk management measures;
- requiring parents/carers to attend school or accompany their child solely to administer medication or provide medical support as a condition of the pupil participating in school activities; and
- creating unnecessary barriers to a pupil's full participation in education and school life.

14 Serious incidents and near misses

The school recognises the importance of learning from serious incidents and near misses involving pupils with medical conditions and allergies. Prompt reporting, thorough review and appropriate action will help to improve practice, strengthen safeguards and reduce the likelihood of similar events occurring in the future. For the purposes of this policy:

A **serious incident** is an event relating to a pupil's medical condition or allergy that results in, or has the potential to result in, significant harm. This may include, but is not limited to:

- the administration of emergency medication, such as an adrenaline auto-injector, where emergency medical assistance is required;
- anaphylaxis or other severe allergic reactions;
- a severe asthma attack or other acute deterioration requiring emergency intervention;
- an emergency admission to hospital;
- medication errors resulting in actual harm;
- failure to follow an Individual Healthcare Plan (IHP) leading to significant risk or harm; or
- any incident that requires emergency services attendance.

A **near miss** is an unplanned event or circumstance that could have resulted in harm to a pupil with a medical condition or allergy but did not do so, either by chance or because timely action prevented harm. Examples may include:

- a pupil being given, or almost being given, the wrong medication;
- emergency medication not being immediately accessible;
- an allergen being inadvertently introduced into an activity but identified before exposure occurred;
- a failure in communication regarding a pupil's medical needs; or
- a required control measure not being implemented.

Reporting and Recording

All serious incidents and near misses involving medical conditions or allergies must be reported promptly to the Headteacher or designated senior leader in accordance with the school's reporting procedures.

An accurate written record will be completed as soon as reasonably practicable and will include, where appropriate:

- the date, time and location of the incident;
- the name of the pupil involved;
- a factual account of what occurred;
- details of any medication administered or treatment provided;
- the names of those involved and any witnesses;
- actions taken, including contact with parents/carers and emergency services;
- the immediate outcome for the pupil; and
- any recommendations for further action.

Parents/carers will be informed of serious incidents as soon as possible. The school will maintain records in accordance with its record-keeping, safeguarding and data protection procedures.

The Headteacher, or delegated senior leader, will determine whether an incident requires escalation. This may include notifying the Local Governing Body/ Trust; the local authority; relevant healthcare professionals; the school's insurers; safeguarding leads; and/or other agencies where reporting is required by law or under local procedures.

Where an incident meets the threshold for reporting under health and safety or safeguarding arrangements, the school will ensure that all statutory reporting requirements are met.

Lessons Learned Reviews

Serious incidents, and near misses where appropriate, will be subject to a proportionate review to identify contributory factors and opportunities for improvement. The views of the pupil, parents/carers and relevant staff and professionals will normally be sought as part of the review process where appropriate. The purpose of these reviews is to promote learning and improvement rather than to attribute blame.

Reviews will seek to establish:

- what happened and why;
- whether existing procedures were followed;
- whether staff had received appropriate training and support;
- whether communication arrangements were effective;
- whether equipment and medication were available and used appropriately;

- whether reasonable adjustments and support arrangements were sufficient; and
- what actions are required to reduce the likelihood of recurrence.

Improvement Actions

Following a serious incident or near miss, the school will consider whether revisions are required to:

- the pupil's Individual Healthcare Plan (IHP);
- allergy management arrangements;
- risk assessments;
- staff training plans;
- emergency procedures;
- this policy and any related policies; and
- arrangements for educational visits and extra-curricular activities.

Changes arising from reviews will be communicated to relevant staff and, where appropriate, to pupils, parents/carers and external providers.

The school will also review whether risks relating to medical conditions and allergies should be added to, amended within or removed from relevant risk registers. Any actions identified through the review process will be assigned to an appropriate person, monitored for completion and reviewed to ensure that improvements have been implemented effectively.

Governor Oversight

The Trust/Local Governing Body will receive appropriate assurance regarding the effectiveness of the school's arrangements for supporting pupils with medical conditions and allergies. This may include anonymised information relating to serious incidents, themes arising from near misses, actions taken in response and any emerging risks requiring strategic oversight. Governors will use this information to satisfy themselves that lessons are being learned, appropriate controls are in place and the school continues to meet its statutory responsibilities.

15 Training

All staff receive regular (at least annual) allergy awareness training. 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. Training will also consider their role in terms of the culture of Inclusion expected in our schools, particularly for pupils with medical conditions and/or allergies. This training will be provided for new staff during their induction. This training included teaching staff, support staff, catering staff and others who may oversee children and young people at breakfast or after school clubs. Supply, cover and temporary staff will also be made aware of the arrangements as part of our induction materials.

For Early Years settings (including Reception year in schools, at least one person who has a current paediatric first aid (PFA) certificate must be on the premises, and available at all times when children are present, and must accompany children on outings. Whilst children are eating, there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Annex A of the EYFS.

Staff who are responsible for supporting pupils with specific identified medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils/students 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 and/or medical lead. 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/students;
- Fulfil the requirements in the IHPs;
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals may provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. However, where this is not possible, the Headteacher will be responsible for determining them.

The school will maintain records of medical training undertaken by staff, including dates of completion and renewal requirements. Where staff undertake specific medical procedures or administer emergency medication, records will also include, where appropriate, confirmation of competence or proficiency in accordance with the pupil's Individual Healthcare Plan and the school's training arrangements.

16 Record keeping

Schools will maintain an accurate register of pupils with medical conditions and allergies. Information will be reviewed regularly, including at least annually with parents/carers, to ensure that records remain accurate and up to date.

Schools will maintain systems to identify:

- review dates for IHPs;
- expiry dates of medication;
- training renewal dates.

Individual Healthcare Plans (IHPs) will be kept in a readily accessible location known to relevant staff, whilst ensuring that information is shared appropriately and with due regard to confidentiality.

Schools will maintain accurate written records of all medication administered to pupils/students in accordance with the Trust's records retention arrangements. Parents/carers will be informed if their child has been unwell at school or has required medication or medical intervention in line with the child's Individual Healthcare Plan and the school's procedures.

Schools will maintain records of medical and allergy-related near misses and serious incidents. These incidents will be reviewed to identify any learning, consider whether changes to policies, procedures, training or Individual Healthcare Plans are required, and inform ongoing monitoring and governance arrangements.

17 Liability and indemnity

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

We are a member of the Department for Education's risk protection arrangement (RPA)/Zurich

18 Transition

Where a child moves into the school, during our induction process will ask for parents to disclose any medical information to the school, and to complete a new IHP. We may also liaise with a child's previous setting. This will ensure that arrangements are in place in time for the start of a new term, or as quickly as possible in the event of a mid-year admission.

The schools will support pupils during periods of transition e.g. class moves, to ensure that the IHP reflects the current arrangements, or whether any amendments are required.

When a child leaves the setting, where possible and with appropriate consent, the school will support the transition by sharing relevant medical information and the current Individual Healthcare Plan (IHP) with the receiving setting. This information will help inform the development of a new IHP, as Individual Healthcare Plans are specific to each setting and are not directly transferable. Parents/carers are encouraged to make contact with the new setting as early as possible to discuss their child's medical needs and contribute to the development of the new IHP. Where appropriate, the school will work with parents/carers and the receiving setting to facilitate a smooth transition and ensure continuity of support. When a child leaves the setting, all medication held by the school will be returned to the parent/carer wherever possible. Any medication that is not collected will be disposed of safely in accordance with the school's medicines policy.

19 Complaints and Concerns

Parents/carers 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/carers to the school's complaints procedure.

20 Staff and Visitors

Whilst this policy focuses primarily on the arrangements required to support pupils with medical conditions and allergies, the Trust and its schools are committed to being inclusive of staff and visitors who have medical conditions, allergies or disabilities, and to ensuring that appropriate action is taken in an emergency. Staff will respond promptly and take reasonable and proportionate steps, in accordance with their training and the school's procedures, to safeguard the health and wellbeing of anyone on the school site, including pupils, staff and visitors.

The Trust recognises its duties under the Equality Act 2010 to avoid discrimination and to consider, where appropriate, reasonable adjustments that enable staff, visitors and others accessing the school environment to participate safely and fully in school life.

The Individual Healthcare Plan procedures described within this policy apply to pupils and students and are not ordinarily used for members of staff or visitors. The arrangements for supporting staff and visitors with medical conditions and allergies are instead addressed through other relevant Trust and school procedures, including those relating to equality, occupational health, health and safety, accessibility, emergency planning, attendance and wellbeing.

Staff

Support for employees with medical conditions or allergies will ordinarily be managed through the Trust's employment procedures and relevant workplace policies rather than through an Individual Healthcare Plan under this policy. Depending on individual circumstances, this may include:

- discussions with the employee regarding the impact of their medical condition in the workplace;
- workplace risk assessments and the implementation of reasonable adjustments;
- referral to Occupational Health services where appropriate;
- consideration of emergency arrangements and the accessibility of emergency medication;
- arrangements relating to health and safety, including Personal Emergency Evacuation Plans (PEEPs) where required;
- temporary or permanent adjustments to duties, equipment, working practices or the working environment; and
- support through relevant Trust policies relating to attendance, wellbeing and disability in the workplace.

Staff are encouraged to inform the Headteacher or appropriate manager of any medical condition, allergy or disability that may affect their health, safety or ability to undertake their role, or that may require support or emergency arrangements to be put in place. Information will be handled sensitively and shared only on a need-to-know basis, in accordance with data protection requirements.

Visitors

The school aims to ensure that visitors with medical conditions and allergies can access the school environment safely and without unnecessary barriers.

Visitors who require support, reasonable adjustments or specific emergency arrangements are encouraged to notify the school in advance where reasonably practicable, particularly where they are attending for an extended period, participating in activities involving pupils, or have medical conditions that may require urgent intervention.

Where the school becomes aware that a visitor may require support, reasonable steps will be taken to facilitate safe access and participation. This may include considering accessibility arrangements, emergency response procedures and any relevant health and safety measures. Any information is destroyed in accordance with data retention policies.

21 Monitoring arrangements

The Trust, Local Governing Body and Headteacher will monitor the effectiveness of its arrangements for supporting pupils with medical conditions on an ongoing basis. This will include consideration of:

- the completion, implementation and review of Individual Healthcare Plans (IHPs);
- whether staff have received appropriate training and updates to meet pupils' identified needs;
- the recording and review of medical incidents, near misses and emergency responses to identify any learning or improvements required;
- feedback from pupils, parents/carers and staff regarding the effectiveness of support arrangements;
- findings arising from governor monitoring activities and reviews of the school's Risk Register.

This policy will be reviewed at least annually and approved by the Trust Board. The policy may also be updated:

- after a near miss or serious incident;
- following a governor review as part of their annual monitoring schedule;
- following a review of the school's Risk Register;
- where changes to legislation, statutory guidance or local procedures require amendments.

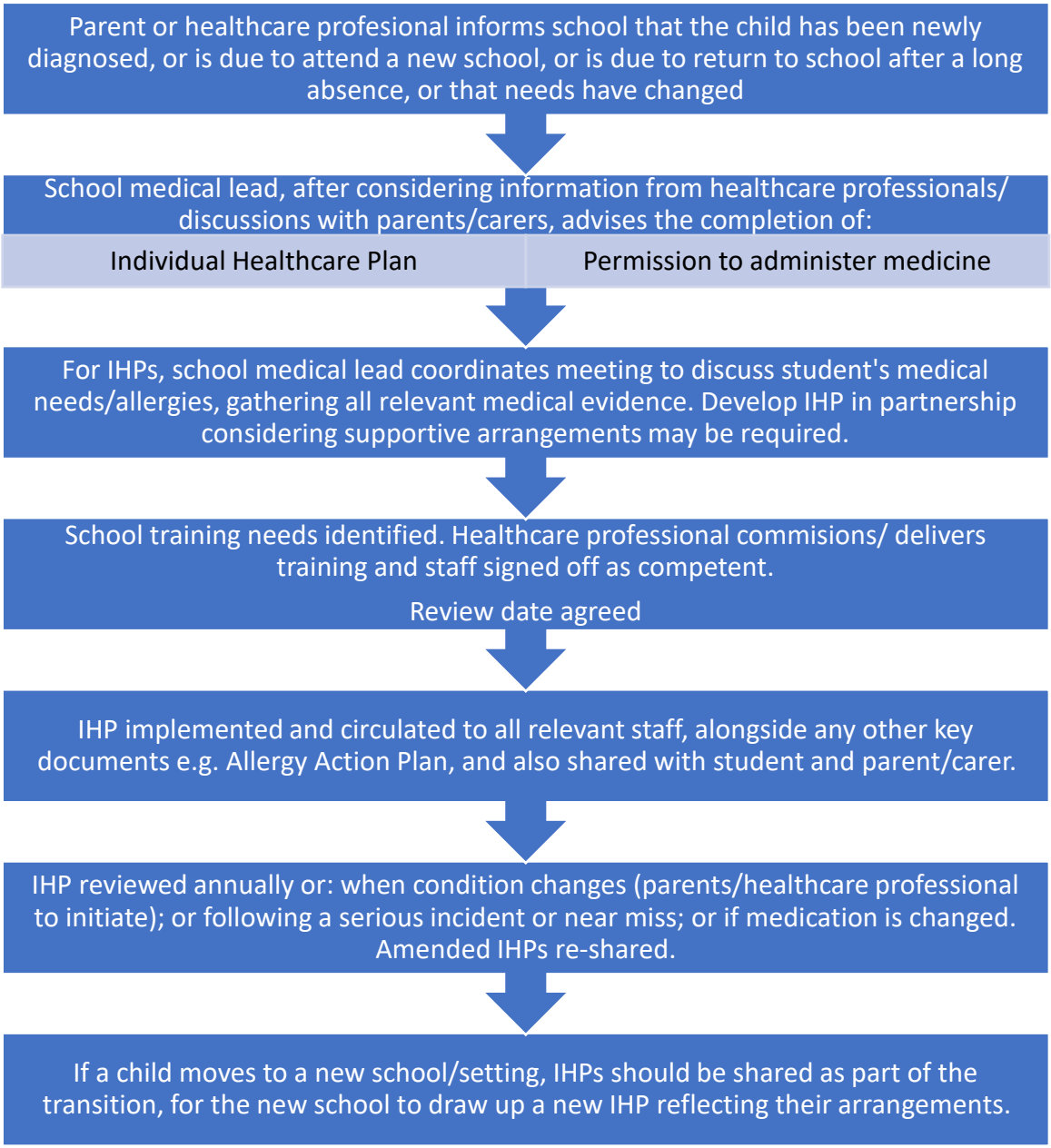
22 Links to other policies

This policy has direct links to the following policies:

- Allergy Safety Policy
- Accessibility plan
- Children with Health Needs that Cannot Attend School
- Complaints
- Equality information and objectives
- First aid
- Health and Safety
- Child Protection and Safeguarding
- Special educational needs information report and policy
- Reduced Provision Policy
- Anti-Bullying Policy

In implementing this policy, the school will consider whether reasonable adjustments are required to ensure that pupils with medical conditions are able to access education and participate fully in school life. Adjustments may be required in relation to the application of other school policies and procedures, including those relating to uniform, behaviour, attendance, educational visits and the use of technology to support medical needs (for example, where a pupil needs access to a mobile phone or other device to monitor or manage their condition). Such decisions will be considered on an individual basis, taking account of the pupil's medical needs, the views of the pupil and their parents/carers, and the school's duties under equality legislation. Other policies are referenced as required in this policy.

Appendix 1- Process for developing Individual Healthcare Plans



Rationale for whether a student needs an IHP

Not all children with a medical condition will require an Individual Healthcare Plan. Some medical conditions will have little or no impact on the child or young person while they are at school, or arrangements can be made under the medical conditions policy. If the medical condition will require the school to put supportive arrangements in place, an Individual Healthcare Plan should be drawn up which specifies these arrangements. This includes children and young people whose medical conditions require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation). Individual Healthcare Plans are particularly important in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. It is not necessary for a child or young person to have a formal diagnosis for them to have an Individual Healthcare Plan.

Individual Healthcare Plans will be particularly important in certain cases:

- **Prescribed medication:** Individual Healthcare Plans should be put in place for any child or young person who requires medication while in school, college or the early years setting.
- **Personalised care plans:** for many medical conditions, healthcare professionals will issue personalised care and/or action plans. These should be sought and included in the IHP. This includes allergy and asthma action plans, diabetes care plans and seizure plans.
- **Allergy:** Individual Healthcare Plans should be put in place for any child or young person who has a known allergy which requires active management, together with their Allergy and/or Asthma Action Plan. The IHP should specify their known allergens, what risk reduction measures are necessary and whether they have been prescribed adrenaline (including medical and parental consent to use "spare" adrenaline devices where appropriate).
- **"Reasonable adjustments":** Individual Healthcare Plans should be put in place where a child or young person's medical condition constitutes a disability and requires the school to make adjustments to its policies or practices. The IHP should set out what these adjustments are and how or when they might be required.
-

For students with an EHCP: where medication, monitoring, environmental adjustments or emergency response arrangements are required, these should be clearly set out in an Individual Healthcare Plan.

Appendix 2a Individual Healthcare Plan

Child's name	
Tutor group	
Date of birth	
Child's main address	
Medical diagnoses/ conditions/allergies	
Date of discussion with parents/ IHP issued	
Review date (at least annually)	

Family Contact Information

Name	
Relationship to child	
Phone number(s)	
Name	
Relationship to child	
Phone number(s)	

Clinic/Hospital Contact

Name of professional	
Role/ Name of clinical setting	
Phone no/ email	

G.P.

Name of GP	
Address of GP	
Phone no.	

Who is responsible for providing support in school	

Plan developed with

Diagnosis/ Medical Condition/ Allergy

What constitutes an emergency, and how may this present (signs/symptoms)

Describe the action to take if an emergency occurs, both to manage the presentation, and who to contact/contingency arrangements.

If they have a care/action plan e.g. Allergy Action Plan, note this and include alongside IHP.

Is medication needed in an emergency? *School to confirm where medication/spares are held. Parent/carer to please complete the additional medication permission form.*

To what extent can the pupil can take responsibility for their own health needs in an emergency? *Is the student likely to be aware they are having an allergic reaction/medical emergency and can they can alert others? Could they administer their own emergency medication?*

What risk reduction measures are necessary/ any known triggers e.g. if the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Relevant history e.g. past allergic reactions

Regarding allergies in particular, the school's risk reduction measures for all students are outlined in our policies, but additional measures can be noted here e.g. How will food allergy be managed at meal or snack times?

Is other medication needed to support managing the condition/allergy? *Parent/carer to please complete the additional medication permission form.*

Describe medical needs/ daily care requirements, and give details of child's symptoms, signs, treatments, facilities, equipment/ devices, environmental issues etc

Note the extent to which the child or young person is able to take responsibility for managing their medical needs/allergy.in terms of everyday needs/ risk reduction. *Note any actions to support students to become more independent in future if applicable.*

Impact on pupil's educational, social and emotional needs, including attendance. *Outline other potential harm if condition/allergy is not managed properly.*

School to outline specific support/adaptations for the pupil's educational, social and emotional needs, including attendance. *Suggestions for access arrangements needed for exams, but the SENCO will need to confirm these as per JCQ guidance.*

Arrangements for school visits/trips/ fixtures etc

Staff training needed/undertaken – who, what, when

Is the student on the SEN register? If yes, how might this affect the student/ implementation of the IHP? *This form will be copied to the SENCo.*

Is there any other supporting documentation to attach to this IHP e.g. allergy/asthma action plan, diabetes care plans, seizure plans, emergency healthcare plans? *Note which healthcare professional issued the plan, their role and the date issued*

Note any other key staff who will be aware of the child or young person's condition/ allergy and the support required. *Information available to all staff is outlined in our policies. Please note any parental concerns re confidentiality.*

Other relevant information as part of discussion with the school medical lead:

Discussions might include:

- *Parents to confirm their arrangements to and from school*
- *Are there any activities where adjustments may be necessary, or where additional risk assessments may be required?*
- *Note any other arrangements not already covered for maintaining educational progress where absence or missed learning occurs due to allergy/ condition and how the child or young person will be supported as they return.*
- *Are there any times you need us to be mindful of key annual events/ religious practices which could affect arrangements e.g. fasting, prayer, dietary rules?*
- *Do siblings need any further support e.g. as Young Carers? Essex info here*

When was the IHP last discussed with the child or young person and their parents?

Appendix 2b Parental Agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and actions are in line with the school policies.

Name of child	
Date of birth	
Tutor group	
Medical diagnoses/ conditions/allergies	
Date for review to be initiated by e.g. date of IHP review	

Medicine

Name/type of medicine *(as described on the container)*	
Prescription/non-prescription	
Procedures to take in an emergency	
Dosage and method	
Timing of administration	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about for your child? How will these need to be managed?	
Self-administration with/without supervision – y/n with/without	
Where will medication otherwise be stored/kept?	
Will student carry their own medication y/n *(AAIs/asthma pumps only)*	

NB: Medicines must be in the original container as dispensed by the pharmacy; if over the counter medication is being sent into school, it must be in the full blister pack in the original box

Parent/Carer Contact Details

Name	
Daytime telephone number	
Relationship to child	
Parental responsibility (please circle as applicable)	Yes: No:

	N.B. If the carer does not have PR, additional checks will be undertaken
I understand that I must deliver the medicine personally to	[agreed member of staff]

Please circle as applicable:

I give consent for the above named medication to be administered by the school if required. YES/NO

I give consent for "spare" adrenaline devices to be used by the school in an emergency if required. YES/NO/ not applicable for my child

I give consent for "spare" salbutamol reliever inhaler to be used in an emergency YES/NO/ not applicable for my child

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I will respond to any requests to obtain new medication if the medication is due to/ has gone out of date. I understand it is my responsibility to ensure my child has the correct/ in date medication.

I understand that, in an emergency, school staff will take reasonable action to safeguard my child's health and wellbeing. This may include seeking advice from emergency services, administering prescribed emergency medication in accordance with my child's Individual Healthcare Plan, and using emergency medication held by the school where this is permitted by law, in accordance with school policy, and judged necessary by appropriately trained staff in order to preserve life or prevent serious deterioration in my child's condition.

I understand that every reasonable effort will be made to contact me and/or my emergency contacts as soon as practicable following any emergency treatment.

Signature(s) _____ Date _____

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Appendix 1: Other key templates – *plans provided only by medical professionals, but can be printed for parents/carers to ask healthcare professionals to complete. Care/action plans do not have to be on the formats below. This list is not definitive.*

Allergies – no AAI

Allergy action plan
This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. The plan will indicate the need to watch our for anaphylaxis, which could occur for the first time.

Allergies – risk of Anaphylaxis – prescribed AAI

EpiPen: BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf
Jext: BSACI-AllergyActionPlan-Jext-Final-OCT-24.pdf

EURneffy: Paediatric-action-plan-EURneffy.pdf

Asthma action plan

Childrens_Asthma_Plan_A4_trifold_DIGITAL.pdf
Your AIR asthma action plan – more suitable for over 12s
Asthma action plan. Using AIR inhalers – Easy Read for students with SEND

If students have known allergies, please ensure they have an allergy action plan as well. This should be clearly highlighted on the child's IHP, where it needs to be clear if adrenaline should be administered before inhalers in an emergency situation, including if there has not been previous anaphylaxis, but it is now suspected.

Diabetes

Type 1
Type 2

FPIES: Food Protein Induced Enterocolitis Syndrome

With other known allergies:
PAG-BSACI-FPIES-action-plan-1-OCT-24.pdf

No other known allergies:
PAG-BSACI-FPIES-action-plan-2-OCT-24.pdf

Appendix 3

Example Record of Medicine Administered to an Individual Child

Child's Name: _____ Date of Birth: _____

Group/class/tutor: _____

Date	Name of person who brought it in	Name of medication	Amount supplied	Form supplied	Expiry date	Dosage regime

Register of Medication Administered

Date	Medication	Amount Given	Amount left	Time	Administered by	Witnessed by	Comments/action/ side effects