Oldswinford Church of England Primary School

Supporting Pupils at School with Medical Conditions Policy

Approved by the Resources Committee of the Governing Body:

14th October 2020.

Reviewed: December 2023

To be reviewed: December 2026

Signed: _____

Chair of Resources Committee

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SECTION ONE

Context

Oldswinford Church of England Primary School (OCEPS) is a voluntary controlled primary school within the diocese of Worcester. We are a much larger than average primary school averaging 420 pupils on roll. Children from Reception to Year 6 are taught in two classes in each year group. OCEPS is a popular school which is consistently over-subscribed.

"The pupils are polite, courteous, confident, articulate and keen to do their best. Children feel safe in school, and have great confidence in their teachers and other adults in school to help with any problems they have." Ofsted January 2018.

Vision, Values & Ethos

We fully embrace our distinctive church school ethos and wholeheartedly promote the whole child and the fullness of life, as set out in our ethos, vision and values:

'Believe, achieve and shine brighter together'

At Oldswinford Church of England Primary School we believe that there is a light which shines within each of us – a light that has been given to us by God, which we should use to help us achieve great things. We believe it is our job to help that light to shine in all that we do and all that we try to do.

Believe

'Everything is possible for one who believes'

Mark 9:23

As a Church of England school we offer all children an invitation into the Christian faith, a chance for them to develop spiritually as well as intellectually, socially and morally. We want children to believe in their own abilities, to persevere when things are tough and we encourage them to aim high and follow their dreams. We want them to have the confidence to stand up to injustices and to make wise choices.

Achieve

'Whatever you do, work at it with all your heart' Colossians 3:23

We have high aspirations for all our learners and believe that every child should have the chance to reach their potential. We recognise that achievements come in many guises and we look to celebrate each child's individual talents. We want to ensure our children are prepared for the next steps in their learning journey and they have all the skills they need to flourish and be happy.

Shine brighter together

'Let your light shine for others, so they may see your good works'

Matthew 5:16

We believe that we all belong to one big family and each of us has a special part to play. We understand the need for our children to be responsible citizens especially when caring about our world and the people around us. As individuals we are unique and special but together, with God, we can be exceptional.

Our vision and 7 key Christian values of love, respect, trust, courage, forgiveness, generosity and joy enable us to *'believe, achieve and shine brighter together'.*

Rationale:

This policy is in line with national guidance: Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE December 2015 and Guidance of the use of adrenaline auto-injectors in schools, Department of Health, September 2017.

This policy also incorporates expectations on schools as stated within the document: Pupils with medical needs: briefing for section 5 inspection, Ofsted 2014.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in the document supporting pupils in school with medical conditions, DfE Sept 2014 (updated December 2015) is intended to help school governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice.

The contents of this policy also apply in full to Oldswinford CE Primary School Before & After School Club.

Purpose & Principles:

- Ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Ensure that staff and governors are aware of their responsibilities with regards to supporting pupils with medical conditions.
- Provide a framework for responding, recording and reporting on pupils with medical conditions.

Equality, Diversity & Inclusion:

We believe that the broad principles in this policy should be applied equally to all pupils, regardless of ability, gender, race or culture, including those with special educational needs.

Some children with medical needs are protected from discrimination under the Equality Act 2010. The public sector Equality Duty, as set out in section 149 of the Equality Act, came into force on 5 April 2011, and replaced the Disability Equality Duty. Disability is a protected characteristic under section 6 of the Equality Act.

The public sector Equality Duty requires public bodies to have due regard in the exercise of their functions for the needs to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

We believe that:

- That there are certain non-negotiable standard of behaviour towards others for example: politeness, respect, kindness and thoughtfulness, that we expect all our pupils to show.
- That vulnerable children with or without medical needs are entitled to particular consideration to ensure that they do not become targets for bullying or unkind comments, and that staff should take additional care to reinforce the development of their self esteem.
- All children should be treated with respect and staff need to be sensitive to cultural differences when dealing with medical conditions.
- All children are individuals and as such medical support may need to be varied.

Policy Review

This policy will be reviewed every 3 years (unless guidance changes before this) by the Business and Resources Manager and taken to the Governing Body Resources Committee for approval.

Appendices will be added and updates, as appropriate, to reflect statutory changes and best current practice.

Common Law Duty of Care

Anyone caring for children, including teachers and other school staff, has a common law duty of care to act like any reasonably prudent parent. This relates to the 'common law': the body of law derived from court decisions made over the years, as opposed to law, which is set down in statute. The duty means that staff need to make sure that children are healthy and safe, and in exceptional circumstances, the duty of care could extend to administering medicine and /or taking action in emergency. The duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

Access to Education

Oldswinford CE Primary School will not discriminate against pupils in relation to their access to education and associated services. This covers all aspects of school life including: school trips, schools clubs, and activities. Oldswinford CE Primary will make reasonable adjustments for disabled children including those with medical needs at different levels of school; and for the individual disabled child in the practices, procedures and school policies.

Safeguarding

Children and young people with medical conditions are entitled to a full-time education and they have the same rights of admission to school as other children. In effect, this means that no child with a medical condition should be denied admission, or be prevented from taking up a place in school due to circumstances in relation to arrangements for their condition that have not been made.

Oldswinford CE Primary School will ensure that the arrangements put in place are sufficient to meet their statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented to align with the wider safeguarding duties.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, parents or pupils should make a complaint, following the school's Complaints Procedure, which is available of the school's website.

Liability and Indemnity

Dudley Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with appropriate training and are following care plans and risk assessments. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice indemnity means the council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer. Staff should at all times follow the guidance provided by school nurses, GP, consultants or other healthcare provider, Dudley Council Physical Impairment and Medical Inclusion Service.

Roles and Responsibilities

SENCO (with support from the HLTA with responsibility for medical conditions); is responsible for:

- ensuring that all relevant staff will be made aware of the child's condition. This will be achieved through working closely with the HLTA with responsibility for medical conditions and the school nurse to generate the health care plans.
- Writing or supporting teachers in the writing of risk assessments for school visits, holidays and other school activities outside of the normal timetable.
- Monitoring health care plans with medical professionals as appropriate.
- Ensuring all medical condition and health care plans are passed to the office staff for processing onto Medical Tracker.

HLTA with responsibility for medical conditions is responsible for:

- Monitoring all medicines stored at school, ensuring that we have sufficient levels and that they are within their expiry date.
- Communicating with parents/carers when medicines needs replacing, using letters saved on Medical Tracker.

School Business Manager, (SBM) is responsible for:

- Ensuring sufficient staff are suitably trained and that this training is kept up to date.
- Ensuring enough staff are trained to give appropriate care, in case of staff absences (except in exceptional circumstances).
- Ensuring that school staff are appropriately insured to support pupils with medical needs.
- Ensuring that all relevant staff are trained in the use and administration of Medical Tracker.

Office Manager is responsible for:

- Maintaining the accuracy of the register of medical needs of all pupils on Medical Tracker.
- Ensuring that HCPs are uploaded to Medical Tracker.
- Monitoring that all first aid incidents have been notified to parents / carers.
- Monitoring that all administration of medication is recorded and notification sent to parents / carers.

First Aiders are responsible for:

- Treating any first aid incidents.
- Recording the incident and treatment administered.
- Notifying parent/carers of the incident
- In the event of a head bump or more serious injury, ensuring that the adult in that child's class that day is aware of the injury.
- Ensuring that, if required, a phone call home to parent/carers is made.

Assistant Headteachers are responsible for:

- Ensuring phase staff have opportunities to discuss all the pupils with medical needs and the support they need in their phase meetings.
- Ensuring supply staff are aware of the pupils' condition and systems in place to support them. This is done using the prepared Supply Sheet for each class which is held in the main school office.

All staff are responsible for:

- Ensuring they are aware of the pupils in their class, phase and across the school, by reading the health needs register in Medical Tracker, including any relevant Health Care Plans.

The Headteacher and Governing body are responsible for:

- Asking pertinent questions of the named staff above, and monitoring the policy and its implementation to ensure they are confident that all Statutory Guidance, and an appropriate and effective proportion of Non-Statutory Advice, in line with best practise is being implemented rigorously and with the pupil's best interests throughout the school.
- The headteacher and governing body has overall responsibility for the pupils with medical conditions, the policy, its implementation and its effectiveness.

The school nurse is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. The nurse will support staff where appropriate with developing and /or implementing an individual health care plan; give advice to staff regarding a medical condition and where to find further support, for example, specialist health teams.

Pupils

- Where appropriate pupils may: Provide information about how their condition effects them; be involved in discussions about their medical support needs.

Parents

- Should provide the school with sufficient and up to date information about their child's health needs and their contact details.
- Are key partners in developing responses needed by the school to support their child's needs e.g. attending the meeting to develop an individual health care plan.
- Should carry out any action they have agreed to as part of its implementation, e.g. provide in date, medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Authorities:

- Have a duty to promote cooperation between relevant partners such as governing bodies.
- Should provide support, advice and guidance including suitable training for school staff
- Should work with schools to support pupils with medical conditions to attend full time, or other arrangements if the pupil is unable, and away from school for 15 days or more, (whether consecutive or cumulative across the school year).

Unacceptable Practice

In line with current statutory guidance, we are obliged to inform all staff what exactly constitutes unacceptable practice.

However, be mindful that school staff should use their discretion and judge each case on its merits with reference to the pupil's individual health care plan, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering medication when necessary;
- Assume that every pupil with the same condition needs the same treatment

- Ignore the views of the child, 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 activities, including lunch, unless this is specified in their health care plan.
- If the child becomes ill, send them to the school office unaccompanied;
- Penalise pupils for their attendance record if their absence is related to their medical condition e.g. hospitalisation or hospital appointments.
- Prevent pupils eating, drinking, 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 with toileting issues.
- Prevent pupils from participating or creating unnecessary barriers to pupils participating in any aspect of school life, including trips, for example by requiring the parent accompany the pupil.

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- The school will not administer any medication unless the consent form to administer medicine has been completed and signed by both the parent/carer and the Headteacher or another member of Senior Leadership Team. See Appendix 1.
- No child under 16 should be given prescription or non-prescription medicine without their parent's written consent.
- We can only accept medicines in school that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- A child under 16 should not be given aspirin or medicines containing aspirin unless prescribed by a doctor.
- All medicines will be stored safely and appropriately as per storage instructions and administration for example, the fridge, the medicine cabinet in the school office or in the asthmas bags in individual classrooms.
- All medicines must be taken on school trips and is the responsibility of the class teacher of the pupil to ensure this happens.
- In our school, controlled drugs will be kept in a locked medicine cabinet, and only designated staff will have access to this. A record must be kept of any dosage used and the amount of controlled drug in school.
- Ensure sharps are disposed of in the yellow sharps boxes and medicines returned to the parents when no longer needed or out of date.

Medication not on Health Care Plans

All medicines that are not on healthcare plans will only be kept in school and administered to the child in exceptional circumstances, e.g.: antibiotics prescribed 4 times per day, whereby the same rules apply above. The use of non-prescribed medicines should normally be limited to a 48 hour period and in the majority of cases not exceed 48 hours for acute, short term minor ailments, and again the same rules above will apply.

Non licenced medicine, including herbal preparations and/or vitamins will not be accepted for administration in school.

Record Keeping

It is the responsibility of the member of staff giving the medicine or procedure to ensure that this is recorded appropriately for example, the dosage and time given recorded on Medical Tracker.
Parents must be informed if a pupil has been unwell at school. If the pupil has stayed in school, the class teacher or teaching assistant is responsible for ensuring this happens at the end of the day in person or by telephone.
If the pupil needs to go home or needs emergency intervention, please follow the procedures set out in the individual health care plan or synopsis of care.

Emergency procedures

If a pupil needs to go home, a member of staff should accompany the parent with the child to the car, and if necessary for safety, home.
If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child to be taken to hospital by ambulance.
In both cases another member of staff will follow in a car.
Our pupil's individual care plans will clearly state what constitutes a medical emergency, and this process should be followed to the letter.

Storage of medication

Non-emergency medication should be stored in a locked cupboard, secured to the wall or floor, preferably in a cool place. Items requiring refrigeration will be kept in a clearly labelled, closed container in a locked fridge used only for medication and the temperature is monitored each working day. All storage facilities are in an area which is not freely accessible by children.

Children will not take charge of their own medication, except for medication such as asthma inhalers or dextrose tablets. This will depend on the child's age, maturity, and written parent/carer consent and school consent. Parents are informed if these are used or taken during the day.

All emergency medication e.g.: reliever inhalers i.e.: salbutamol, adrenaline auto-injector (AAI), and Buccal Midazolam for prolonged epileptic seizures are readily accessible but stored in a safe, unlocked and suitably central location (main school office), known to the child and staff. This prescribed medication should always be kept in the original dispensed containers. Staff should never transfer medicines from their original containers.

Disposal of Sharps

Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring and needles from insulin pen devices. The safe disposal of sharps is essential if accidents and the consequent risk of infection with blood borne viruses are to be avoided. Sharp injuries are preventable with careful handling and disposal. Ensure any sharp bins are located in an appropriate place situated near where the injections/blood glucose monitoring takes place. Sharp bins can be obtained on prescription from the child's GP or purchased over the counter from a community pharmacy. Parents/Carers are responsible for provision of sharps bins to school. Sharp bins should be stored in a locked cupboard.

School will make arrangements for the safe disposal of sharp boxes. Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.

Children should not carry used sharp bins to and from school themselves. Arrangements for disposal should be outlined in the child's health care plan. Sharp bins should be securely locked when they are full and a replacement provided to the school by the parents/carers.

Return of medication

Medication should be returned to the child's parent / carer whenever:

- The course of treatment is complete
- Labels become detached or unreadable (NB: special care should be taken to ensure that the medication is returned to the appropriate parent/carer)
- Instructions are changed
- The expiry date has been reached

This should be recorded on the administration record on the child's file on Medical Tracker and the health care plan amended accordingly. The parent/carer should be advised to return unwanted medicines to their pharmacist.

In exceptional circumstances, e.g.: when a child has left the school, it can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

It is the parents/carers responsibility to replace medication which has been used or expired, at the request of the school staff.

Staff Training and Support

Oldswinford CE Primary School will ensure that training is sufficient to make sure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual health care plans. We will support, or arrange support for them to understand the specific medical condition they are being asked to treat, their implications and preventative measures.

Where appropriate, Oldswinford will arrange whole school awareness training, for example Epipen training, Asthma awareness, and attachment disorders. A first-aid certificate does not constitute the only appropriate training in supporting children with medical conditions.

Parents will be asked for their views and knowledge.

Offside Trips, Visits and Sporting Events

Oldswinford CE Primary uses the Dudley formats for risk assessments.

Where necessary and appropriate according to medical need, risk assessments should be written in for pupils with a health care plan, to ensure the pupil can participate as fully as possible in the activity or trip.

Risk assessments should be written in partnership with key adults in school, e.g.: sports co-ordinator, SENCO, a member of SLT and parents should be asked for advice and opinions. Advice may also be sought for medical professionals.

When writing a risk assessment, each potential risk should be considered and clear succinct steps clearly state what each adult's role is in the event of a risk happening.

All risk assessments for pupils on a trip must be shared and a copy given to all adults in the group, so that every adult is aware of the pupils medical need, potential risks, steps taken to minimise the

risk and steps needed in an emergency. The sharing of the risk assessment is the overall responsibility of the class teacher and/or organiser of the trip.

All staff supervising visits should be aware of pupils medical needs and any medical emergency procedures. Office staff will generate a report from Medical Tracker that will detail the medical conditions, allergies and any associated health care plans of all children participating in the trip. It is the trip organisers responsibility to ensure that they have this before leaving the school premises. Due to GDPR, it is essential that this report is kept securely during the trip, and upon returning to school, that it's confidentially destroyed using one of the confidential waste bags around school.

Medication required during any activity offsite

Medication required during a trip can be carried by the child, if this is normal practice and the child is deemed competent. If not, then a member of staff or the parent/carer should carry and administer the medication as necessary. For Dudley schools offsite trips, the parent/carer must complete a High A2 consent form if their child requires any medication whilst on a trip or visit.

Arrangements should be made for taking sufficient supplies of any necessary medicines on visits, and for ensuring that they are safely labelled in original packaging, transported, stored (locked refrigerator if necessary), controlled and administered, and that records are kept of their use.

A school ipad should be taken on the trip in order to record any incidences of first aid or administration of medicines. In addition to this, paper copies of any Health Care Plans, First Aid forms and Medicine Administration Record (see Appendix 2) should be taken on the trip, in case of no wifi signal.

Defibrillator

At Oldswinford CE Primary School, we have purchased two defibrillators for use in emergencies with adults and primary age children. Our office staff have received training on how to use it; although it is a defibrillator which does not require any training to use, having oral instructions when you power on. One is located in the SENCO's office and the second one is located in the Outdoor Classroom. All staff are aware of its location.

Asthma Inhalers

All inhalers are kept in the pupil' classrooms, except when the class leaves the classroom for IT, PE lessons etc; or in an emergency evacuation situation, when they are always taken out in a yellow canvas bag.

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

'Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupils' medical conditions is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of pupils with medical conditions that they teach. Any member of school staff

should know what to do and respond accordingly when they become aware that a pupil with medical needs, is in need of help.'

Supporting Pupils in School with Medical Conditions; DfE; April 2014. (Updated Dec 2015)

Pupils new to the school:
Arrangements must be in place before the start of the relevant school term, or for when the pupil starts.
New diagnosis or pupils starting mid-term:
Every effort should be made to ensure arrangements are in place within two weeks.
Transitional arrangements to senior school:
Class teachers should make liaison officers in the schools aware during their transition meetings, advising that any other information required should be sought from the DHT.

Healthcare Plans

'The school, healthcare professional and parent should agree based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. The school is responsible for ensuring it is finalised and implemented.' *Supporting Pupils in School with Medical Conditions; DE; April 2014. (Updated Dec 2015).*

The aim of a health care plan and/or synopsis' of a pupils' medical support, should be to capture the steps which as a school we should take to help manage their condition and overcome any potential barriers to getting the most from their education. Where a pupil has a special educational need identified in a statement or EHC plan, we will link the two, or ensure the HCP becomes part of the EHC plan.

Our health care plans will contain where appropriate and in consideration of the pupils' individual needs:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupils 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.
- Specific support for the pupils educational, social and emotional needs — for example how absence should be managed, requirements for extra time, rest periods during tests or additional support in catching up with lessons, counselling and coaching sessions;
- The level of support needed (some pupils will be able to take responsibility for their own health needs), including emergencies. If a child is managing their own medication, this should 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; and cover arrangements for when they are unavailable.
- Who in school needs to be aware of the pupils' condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with the information about the pupil's condition; and

- What to do in an emergency, including who to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their HCP.
- *See Appendix 3.*

Appendix 1

Consent form to administer medicines

The school staff will not give any medication unless this form is completed and signed.

Children are not permitted to carry their own medication except inhalers.

Dear Headteacher,

I request and authorise that my child *be given / gives themselves the following medication:

*(*delete as appropriate)*

Name of child		**Date of birth**	
Address **Daytime tel no.**			
School	Oldswinford CE Primary School		
Class			
Name of medicine			
Route of administration *(delete as appropriate)*	Oral / Inhaler / Local / Topical		
Special precautions e.g.: take after eating			
Are there any side effects that the school need to know about?			
Allergies			
Time of dose		**Dose**	
Start date		**Finish date**	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification (where applicable).

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medication during the school day.
- I agree to collect it at the end of the day / week / half term (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.
- The medication does not contain aspirin.
- I accept that this is a service which the school is not obliged to undertake.
- I understand that liability should anything go wrong, will only arise where there has been negligence i.e.: a failure to exercise reasonable care.

Signed (parent / carer)		**Date**	
Signed (Headteacher)		**Date**	

Appendix 2

Medicine Administration record

Name of child		**Date of birth**	
Address			
Allergies			

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	Given by	Comments / Action Side effects	Parent / carer name

A health care plan is a written agreement that clarifies for staff, parents and the child the help that the school/setting can provide and receive. A health care plan is for a child with individual medical needs, but not all pupils with medical needs will require a full health care plan. For some pupils with medical needs, the school/setting may simply require a written agreement in which parents authorise the school/setting to administer medicine (see Appendix A)

Health Care Plan for child with medical needs - Part 1 of 2

Name of child	Photo
Address	(Do not use photo as ID of child in an emergency)
Date of birth	
Condition	

Name of school/setting		Year /Group		Date	
Review dates					

Describe condition and give details of child's individual symptoms:

Daily care requirements where relevant (e.g. before sport/at lunchtime):
Describe what constitutes an emergency for the child and the action and follow up required if this occurs:
Training required:

CONTACT INFORMATION		
Family Contact 1	Name	Tel Work
		Tel Home
		Tel Mobile
Relationship		
Family Contact 2	Name	Tel Work
		Tel Home
		Tel Mobile
Relationship		

CLINIC/HOSPITAL CONTACT	
Name	
Clinic/Hospital	
Tel No	
Name of GP	
Tel No	

Completed by		Date	

Health Care Plan for child with medical needs - Part 2 of 2

This form completes the health care plan and it is a record that parent/carer, staff and school nurse/doctor all agree with the health care plan. The original will be kept at school/setting, and copies made for parent/carer, school nurse/health visitor/specialist nurse and GP.

Due to the complexity and unstable nature of some children's medical conditions, the health care plan can be altered in an emergency to ensure the child's safety. This should be done through consultation between staff and health professionals who are present during the incident. Parents/carers should be contacted and the incident documented on the child's records.

It is always the responsibility of parents/carers to keep staff and health professionals fully informed of changes in their child's condition. They must agree the health care plan and supply necessary medication, ensuring it is in date on a termly basis.

Name of child	

Name of parent/carer			
Signature of parent/carer		Date	

On behalf of school/setting			
Name of Head teacher/setting lead			
Signature of Head teacher/setting lead		Date	

On behalf of			
Name of Doctor/Nurse			
Signature of Doctor/ Nurse		Date	

Example STAFF INDEMNITY statement (to be amended according to who the employer is).

(insert employer's name where ..... is not the employer) fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice, indemnity means ..... (insert employer's name where ..... is not the employer) and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school/setting staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer. Staff should at all times follow the guidance provided by .....