



Moira Primary School

Supporting Pupils with Medical Conditions Policy 2025-2026

This policy is reviewed every year and was agreed by the Governing Board of Moira Primary School in September 2024 **and will be reviewed again in September 2026.**

Signed: _____ Chair of Governors

Date: _____

Statutory Policy

Vision Statement

The adventure begins as all are welcomed through the doors of Moira Primary School. Here we celebrate and nurture creativity, kindness, curiosity and a healthy attitude to learning, across our whole school community.

'Medication and Management Procedures Document V05/22 Issue 6' is the most recent and up to date Local Authority guidance papers that have been used to support our policy development and local procedures.

Introduction

- This document is revised in line with the current Department for Education 'Supporting pupils at school with medication conditions' (September 2015) which replaces the previous 'Managing medicines in schools and early years settings' (2005).
- The Children and Families Act 2014 (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils with medical conditions.
- This policy covers the general administration of medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with on-going support needs. Pupils who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually.
- Guidelines and information on administration of specific medicines for specific conditions are included in the appendices of the Leicestershire Traded Services website www.leicestershiretradedservices.org.uk

Moira Primary will

- be responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers
- Administer prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs
- be responsible for updating individual health care plans for pupils who have longer term support needs. This health care plan will be developed, recorded, and reviewed at least annually
- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what practice is not acceptable
- ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition
- ensure that written records are kept of all medicines administered to pupils

Responsibilities

Governing Board

- The Board of Governors and staff of Moira Primary School wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.

- They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.
- Ensure arrangements are in place to support pupils with medical conditions in school, including making sure that this policy is implemented.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life

Head Teacher

- The Headteacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day
- They should ensure that all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupil's conditions
- They should ensure that sufficient professionally trained ([Template E](#)) numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- Ensure staff administering medicine should be provided with a clear health plan and support as required ([Templates](#))
- They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse ([School Nurse](#))
- They should ensure there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication
- Controlled drugs – the controlled drug administration register is to be kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Head Teacher and reported to the Police/Local Intelligence Network ([LIN](#)). Guidance on this should be sought from healthcare professionals.

School Staff

- When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer. **Appendix 1**
- Members of staff administering medicine will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct.
- Staff will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary
- If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.

- Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

School Nursing System and Healthcare Professionals ((including GPs, paediatricians, nurse specialists/ community paediatric nurses)

- should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- Specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g., asthmas, diabetes, epilepsy)
- should ensure any prescribed medications, including dosages, are appropriately monitored, and reviewed
- should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school
- can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

Pupils and Parents

- The policy operates on the principle of an individual assessment being undertaken to establish the extent of the pupil's ability to safely and effectively **self-administer their medication**. This takes into consideration their age, condition and their overall health care plan, where one exists, and procedures should be in place to outline how this must take place.
- Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school/setting parent/carer meetings and/or prospectus/school website information
- On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information. This information should be renewed annually
- An Individual Healthcare Plan will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designed named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. **See Appendix 7**
- A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves

Refusal

- If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet and on AssessNET where applicable

- Moira Primary School will take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

Medication

- Forms for medication can be found **Appendix 1**
- No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality
- Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date
- Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line
- The school should not hold stock of over-the-counter medications
- Aspirin **MUST NOT** be given to children under 16 years of age unless prescribed
- Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term

Controlled Drugs

- Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school – Moira Primary School will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs Regulations 2001, to ensure that all legal requirements and best practice are adhered to.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
- Monitoring arrangements may be necessary. The school should have addressed misuse of drugs' and have procedures in place. This may be covered in the school's health and safety policy. For example, where pupils pass their medication to other pupils.
- Storage: the medication should be double locked, i.e., in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP. Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
- Administration: two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration
- A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours
- Additional training should be provided to the identified staff
- Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers
- Record keeping: A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication

- Moira Primary School will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals

Storage of medication

- **Medication should be kept in a known, safe, and secure location.**
- **Medicines needing refrigeration will be stored in the clear box (clearly labelled) inside the locked fridge in the staffroom. Temperature checks carried out daily and recorded (Appendix 6, in this document)**
- **Controlled drugs or prescribed medicines will be kept in the locked cabinet in the school office.**
- **Access to these medicines is restricted to the key personnel.**
- Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil, or immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs
- Parents/carer are responsible for ensuring that the education setting has an adequate amount of medication for their child
- Moira Primary School will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.
- **Inhalers** will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP

Information

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the school office, Headteacher's office and classrooms as well as on their healthcare plan. Children with medical conditions, which may require emergency attention, e.g. epilepsy, diabetes, tracheostomy will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to all staff annually.

Record Keeping

- Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. **See Appendix 1**
- The pupil's name, age, and class, Contact details of the parent/carer
- Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate. (See Appendix A, in this document)
- Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school. ([Template C](#)) **See Appendix 5**

Data will be processed to be in line with our requirements and protections set out in the UK General Data Protection Regulation, Data Protection Act as amended by the Data (Use and Access) Act 2025.

Emergency Medication

- In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate
- Moira Primary School has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with **asthma** and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.
- Moira Primary School has chosen NOT to hold an emergency auto-injector for use by pupils who have been diagnosed with allergies and/or prescribed an adrenaline auto injector. This will be reviewed if there is a child in school who is prescribed an auto-injector.
- Written parental consent for emergency medication use will be obtained using the [Consent form](#) and a copy of this is kept with the emergency medication to establish which pupils have this in place and will form part of the child's IHCP. **See Appendix 2**
- If there is an emergency situation whereby consent has not been received, either for a pupil with **diagnosed asthma**, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded.
- Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional. **See Appendix 7**
- If a pupil is going into **anaphylactic shock**, the emergency services will be called immediately
- If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest **anaphylactic shock** is occurring, the emergency services will be called.
- If advised to do so by the emergency services, another pupil's auto injector will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded. Moira Primary School should inform the emergency services that an emergency adrenaline auto-injector is in the school.

ASTHMA GUIDELINES

Inhalers are kept in individual bags and stay with the child each day. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

Education

The school has a responsibility to advise staff on practical asthma management. 999 is dialled and first aider fetched for an acute asthma attack. Pupils who appear over reliant on inhalers may have poorly controlled asthma and need to consult their doctor.

Parental Communication

A school asthma register will be maintained and updated regularly. Parents must provide school with details of dosage, equipment such as relievers, preventers and spacers. It is the parents responsibility to inform the school of details of treatment and changes as they occur. These will

be recorded on the asthma care plans.

Inhalers

There are a range including: Salbutamol, Ventolin, Salamol, Terbutaline, Intal / Cromogen, Becotide , Pulmicort , Flixotide

Access

The school will consult with parents over whether or not inhalers are held by pupil or school. Inhalers will only be allowed in school once parents have completed the administration of medicines form. Parents will be asked to provide a labelled spare inhaler in case the regular one is lost / broken etc. Parents must advise the school of inhaler expiry dates. Inhalers are only to be used by / for the pupil for who they are prescribed.

Nebulisers

Some children need to use an electric device called a nebuliser. In such cases, they will only be allowed following liaison with parents and the school's health adviser.

Physical Education

Full participation remains the goal for pupils with asthmatic conditions. The inhaler should be readily accessible during the P.E. lesson. When swimming, pupils should take their inhaler with them.

Art

Some art materials may cause difficulty for asthmatic pupils. Teachers should be aware of this.

Emergency Inhaler

Following a change in regulations, schools are now able to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler. Please refer to the Emergency inhaler protocols.

Trained Staff – see notices in all rooms for up to date first aid trained personnel

It is acknowledged that employees are not health professionals. Therefore, they must receive appropriate information, instruction and, where need identified, training and support to enable them to become competent in the administration of medication. Any employee who has to assist or administer any medication in the course of their duties will receive appropriate information, instruction, and where the need is identified attend training in the completion of such tasks.

Healthcare plans

Pupils with medical conditional all have an individual healthcare plan, which is developed with parents and identifies and documents the range of support required by the pupil. This plan is reviewed at regular intervals (at least annually) and following any changes in circumstances. The details within the plan are communicated to employees and other relevant persons.

Control of Substance Hazardous to Health (COSHH) Assessments

Local medication policy guidelines have been established, implemented and monitored with county policy which means there is no requirement to complete COSHH Assessments for medication products, as these arrangements will ensure its safe storage, handling, administration and disposal.

Incident Reporting

Procedures are in place for the reporting of adverse reactions or errors in administration of medication.

Staff report:-

1. The facts of the incident,
2. Persons involved,
3. Reason for the incident,
4. Details of any ill health or injuries sustained and if this is the case an accident/incident report form is completed and forwarded to the Health, Safety and Wellbeing Service,
5. Witness Statement.
6. Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Governing bodies CQC/OFSTED),
7. Corrective and Remedial action taken.
8. Outcome of investigation by senior manager.

Staff Medication

Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored appropriately and special lockable tins are available upon request to facilitate safe storage so that it is kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

Return of Medication and or disposal, including Sharps Bins and Medication Errors

- Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g., Insulin. These should be returned to the pupil / parent as per 'sharps guidelines' (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).
- Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist. (See example letter Appendix 4, in this document)

Transport, School Trips, Visits and Sporting Events

- Medication required during a trip should be carried by the child if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Please refer back to your internal EVC policy
- Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.
- For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader
- Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e., in an emergency) they must receive training and support and fully understand what procedures and protocols to follow
- Appropriate trained escorts if they consider them necessary to be available for the journey. This may include drivers having basic first aid training as part of their role.
- This should be agreed and documented with the school, the parent, and the transport/driver

Complaints Procedure

- Moira Primary School will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.
- 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, they may make a formal complaint via the school's complaints procedure
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Monitoring and review

Policy and local procedures are reviewed by governors annually to ensure they are up to date, reflect current best practice and are working effectively.

Documents and support links can be found here:

Department of Education Guidance	Supporting Pupils with Medical Conditions
D of E Templates include: - Template A: Template A: individual healthcare plan (where did our template A and B come from)	Templates: Supporting pupil with medical conditions

<p>Template B: parental agreement for setting to administer medicine</p> <p>Template C: record of medicine administered to an individual child</p> <p>Template D: record of medicine administered to all children</p> <p>Template E: staff training record – administration of medicines</p> <p>Template F: contacting emergency services</p> <p>Template G: model letter inviting parents to contribute to individual healthcare plan development</p>	
Government Commonly encountered controlled drugs	Commonly encountered controlled drugs
Government Controlled drugs	Policy drug misuse
Asthma General Information	www.asthma.org.uk
Epilepsy	www.epilepsy.org.uk
Haemophilia	www.haemophilia.org.uk
Anaphylaxis	www.anaphylaxis.org.uk See separate LCC Allergy and Anaphylaxis Guidance Document: 'Emergency Action Plan' forms for EpiPen/Jext Pens. <i>If administered please report this to:</i> Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassaemia	https://ukts.org/
Sickle Cell Disease	www.sicklecellsociety.org
Cystic Fibrosis	www.cftrust.org.uk
Diabetes	www.diabetes.org.uk Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Insurance Section LCC	James Colford, Tel: 0116 305 6516 (for insurance concerns)
Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
Public Health	PublicHealth@leics.gov.uk
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, Leicester LE4 8PQ Telephone: 0116 2955080
Public Health (school) Nurses	https://www.healthforkids.co.uk/leicestershire/school-nurses/

Appendix 1

SHORT TERM
LONG TERM
CLASSROOM COPY

MOIRA PRIMARY SCHOOL

REQUEST FOR ADMINISTRATION OF MEDICINES

To: Headteacher of Moira Primary School

FROM: Parent/Guardian of _____ Year: _____

DOB: ___ / ___ / ___

My child has been diagnosed as suffering from _____
(name of illness)

My child is considered fit for school but required the following prescribed medicine(s) to be administered during school hour at the time indicated and the dosage specified below:

Name of medicine	Time(s) of dosage	Amount of dosage	Administered by: (eg mouth/in the ear/nasally)

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in date supply of the medication.

SIGNED: _____ (Name of parent/guardian)

NAME: _____ (Please print) Date: ___ / ___ / ___

CONTACT TEL: _____

FOR OFFICE USE ONLY:

Signed in by (Name): _____ Date __ / __ / __ Classroom informed:

Location of medicine(s): _____

Signed out by (Name): _____ Date __ / __ / __

For short-term medicine that is not kept in school, this needs to be signed in and out each day by a member of staff:

Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

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Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

Sign in (initials): _____ Date: __ / __ / __ Sign out (initials): _____ Date: __ / __ / __

Appendix 2

To the parents/Carers of:

Name: _____ **Year Group:** _____

RE: ASTHMA & INHALERS IN SCHOOL

According to our records, your child is (or previously has been) identified as suffering from asthma.

In order that the information we hold in school remains accurate, I would be grateful if you could complete the questions below and return to school as soon as possible. Once we have received your form we will double check that this is in line with our records and inhalers kept in school.

Please note: We have been informed by the school nurse team that if your child suffers from asthma an inhaler needs to be held in school.

- My child no longer has asthma and therefore does not require an inhaler in school.
- My child does have asthma and therefore I have supplied the school with an inhaler.
- I have also supplied the school with a spare inhaler (in date and full) in case of emergencies.
- I understand it is my responsibility to check the expiry date of all medicines left in school on a regular basis.
- If necessary and in the case of emergencies, I give consent for school to use the spare emergency school inhaler (providing this is available and in date).

Signed: _____ Print: _____
(*person with legal responsibility*)

Date: ____ / ____ / ____

Appendix 3 Helping us to manage your child's medications

Letter to parents (Example)

Dated:

Dear Parent / Carer / Guardian,

We are still in possession of your child's medication; which has now either; exceeded its expiry date or are no longer required. Could we therefore request that you collect the medication, within the next week.

If the medication is classed as a 'Controlled Drug'; you will be required to return any unwanted quantities to the pharmacist that originally dispensed it.

Please note that you will be requested to 'sign' for the medications, upon collection from the school.

We thank you for your co-operation, in this matter,

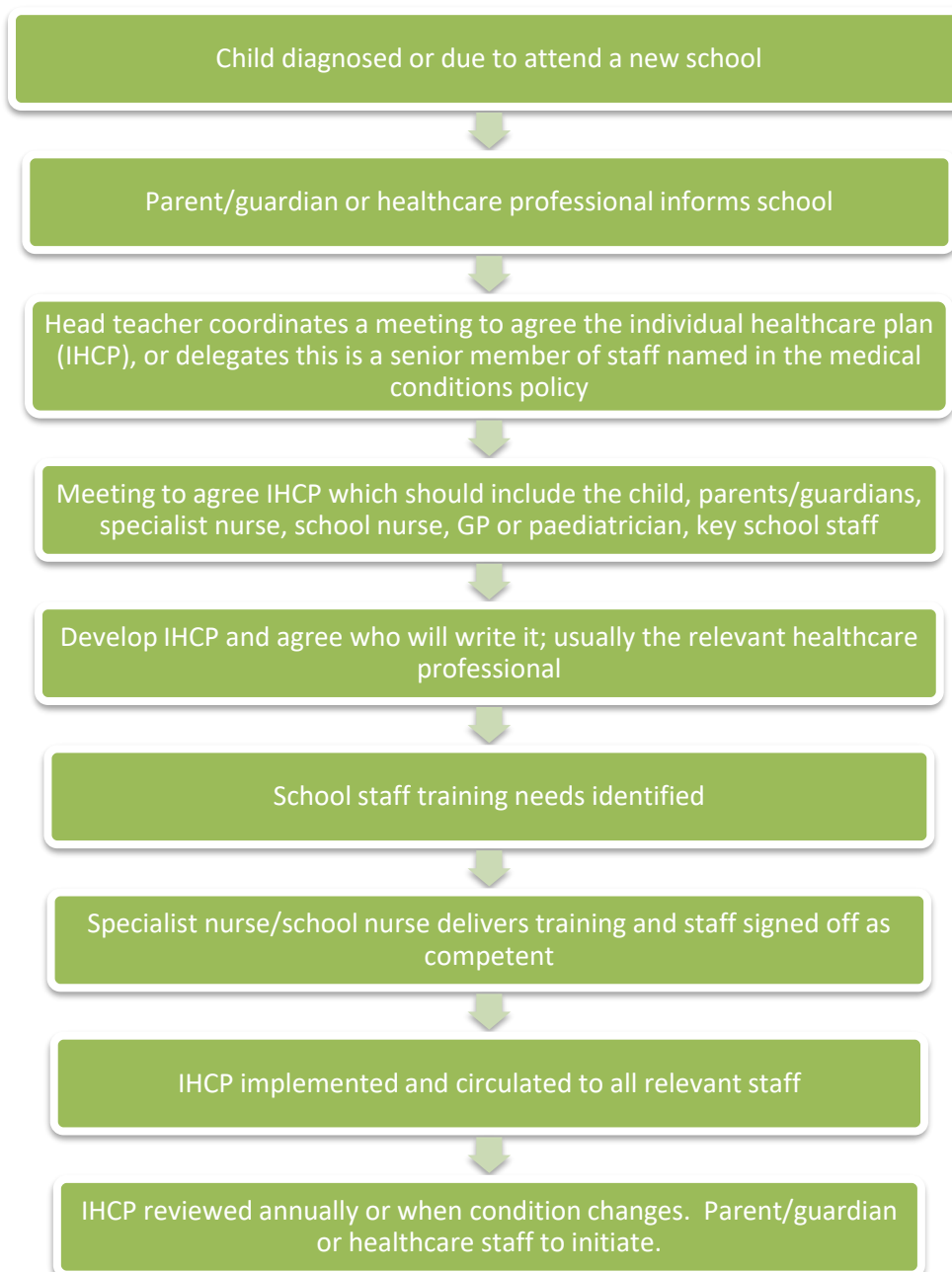
With kind regards,

Head Teacher / Health Care Professional

Appendix 4: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded, and reviewed at regular intervals.

The procedure for development of an IHCP is given below:



If YES, what was the action?

.....

If no, what are the reasons?

.....

Reviewed by:

Date:

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturers advice, where appropriate. If stock is likely to have been compromised the child's parents should be informed.

Appendix 7



INDIVIDUAL HEALTH CARE PLAN (IHCP)

Photo of child added here

VERSION CONTROL AND HISTORY:
 NEW HEALTH CARE PLAN Created:
 Updated and approved:

X has:	
Information	
Medication (see also additional administration of medicine form completed in office)	
X's Initial Symptoms / signs /	
PROCEDURE / ACTIONS	
DAY TO DAY MEASURES Consider: <ul style="list-style-type: none"> • <i>Activities planned</i> • <i>PE</i> • <i>Visits</i> • <i>Whole school / Assembly</i> • <i>Physical access</i> • <i>Play times</i> • <i>Communication</i> 	

<ul style="list-style-type: none"> • <i>Toileting</i> • <i>other</i> 	
Additional information:	
Staff training requirements and record.	

ANNUAL TO DO (where relevant):

- Person with parental responsibility to update school with any new information as soon as possible
- School to organise staff training where relevant
- School to provide reminders to families where relevant i.e. nuts in school

Medication

- Person with parental responsibility to complete the medicines in school forms annually or with new medication,
- Person with parental responsibility to ensure medication is replaced with in date medicine in school
- School to organise staff training where relevant regarding administration of medicines

This Individual Health Care Plan forms an agreement that the best possible support is in place for both the child, family and our school staff with the support of partnership with parents, school, and where relevant external agencies. The person/s with parental responsibility have been assured that prompt and efficient action will be taken in accordance with medical advice and guidance. Children and families have a right to confidentiality however, information is shared with staff as the benefits of an open management policy support safe practices. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

Signed person with parental responsibility:

Date:

Signed Headteacher:



Date: