KNOWLEDGE – EQUALITY – DETERMINATION – ACHIEVEMENT

Supporting Children with Medical Conditions

Written by: Aurora Academy Trust June 2025
Reviewed by: Kerry Wood (SENDCO) November 2025
Policy review date: November 2026

Supporting pupils with medical conditions policy

Document summary

This policy has been produced to support pupils/young people with medical conditions, in accordance with the DfE's 'Supporting pupils at school with medical conditions' statutory guidance.

June 2025, next review June 2026

Policy owners: Directors of School Improvement

1. Introduction 1
2. Definitions of medical conditions 2
3. The role of the Trust 2
4. Policy implementation 3
5. Procedure to be followed when notification is received that a pupil has a medicalcondition 4
6. Individual healthcare plans 4
7. Roles and responsibilities 5
8. Staff training and support 6
9. The child's role in managing their own medical needs 7
10. Managing medicines on school premises and record keeping 7
11. Administration of Paracetamol in Nursery Settings 8
12. Medication Errors 8
13. Emergency Procedures 9
14. Offsite Visits and Sporting Activities 9
15. Work experience 9
16. Hygiene/Infection Control 9
17. Equipment 9
18. Unacceptable practice 9
19. Liability and Indemnity 10
20. Complaints 10
Parental agreement for school to administer medicine 11

1. Introduction

1.1 This policy is written in line with the requirements of:

Children and Families Act 2014 - section 100
Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), December 2015
0-25 SEND Code of Practice, DfE January 2015
Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018

Equalities Act 2010
Schools Admissions Code, DfE September 2021

1.2 This policy should be read in conjunction with the following Trust or school policies:

SEND Policy
Safeguarding Policy
Off-site Visits Policy
Complaints Procedure

1.3 Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for pupils with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.

2. Definitions of medical conditions

2.1 Pupils' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

2.2 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, the Trust must comply with its duties under that Act. Some may also have special educational needs and/or disability (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice (DfE January 2015) which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs and disabilities. For pupils who have medical conditions and have EHC plans, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

3. The role of the Trust

3.1 The Trust remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Trust delegates responsibility for compliance with legal duties to the Head at each school.

3.2 The Trust fulfils its duties by:

- Ensuring that arrangements are in place in schools to support pupils with medical conditions. In doing so the Trust will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that some medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that the arrangements put in place are sufficient to meet the Trust's statutory duties

and ensure that policies, plans, procedures and systems are suitably and effectively implemented;

- Developing this policy for supporting pupils with medical conditions ensuring that it is reviewed regularly and accessible to parents and school staff;
- Ensuring that procedures are in place to be followed whenever a school is notified that a pupil has a medical condition;
- Ensuring that this policy covers the role of individual healthcare plans in supporting pupils at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed;
- Ensuring that this policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided;
- Ensuring that this policy covers arrangements for children who are competent to manage their own health needs and medicines;
- Ensuring that this policy is clear about the procedures to be followed for managing medicines including the completion of written records;
- Ensuring that this policy sets out what should happen in an emergency situation;
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so;
- Ensuring that this policy is explicit about what practice is not acceptable;
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk;
- Ensuring that this policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions.

4. Policy implementation

4.1 The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Trust. The Trust has delegated the implementation of this policy to Head of each school, however, the Trust remains legally responsible and accountable for fulfilling its statutory duty.

4.2 The overall responsibility for the implementation of this policy is given to Head. They will be responsible for

a. ensuring that sufficient staff are suitably trained
b. ensuring cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
c. briefing supply teachers,
d. preparing risk assessments for offsite visits and other school activities outside of the normal timetable and
e. monitoring of individual healthcare plans

4.3 Heads may delegate their duties to members of their senior leadership team or other members of staff.

4.4 The SENCO, Mrs Kerry Wood will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

4.5 All members of staff are expected to show a commitment and awareness of pupil's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

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

5.1 This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For pupils being admitted for the first time where advance notice has been given, arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving mid-term, the school will make every effort to ensure that arrangements are put in place within two weeks.

5.2 In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. It is acknowledged that some may be more obvious than others. The school will therefore ensure that the focus is on the needs of each individual pupil and how their medical condition impacts on their school life. The school will aim to ensure that parents/carers and pupils can have confidence in its ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

5.3 The school will ensure that staff are suitably trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no pupil with a medical condition is denied admission or prevented from attending school because arrangements for supporting their medical condition have not been made. However, in line with safeguarding duties, the school will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. The school will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

5.4 Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, these discussions will be led by the Head and or the SENCO and then an individual healthcare plan will be written in conjunction with the parent/carers by the SENCO and put in place.

6. Individual healthcare plans

6.1 Individual healthcare plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be required in the majority of other cases too, especially where medical conditions are long-term and/or complex. However, not all pupils will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when an individual healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Head shall decide, taking into account the views of the parent/carer.

6.2 Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. The level of detail within the plan will depend on the complexity of the pupil’s condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEND but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan and Additional Needs Plan (ANP). Please note an ANP may be called

something different in schools such as an APDR Plan. Where a child/young person has a long term or a complex medical condition, it is recommended that an ANP is considered and included with the individual healthcare plan as long term conditions can affect mental health and cognition.

6.3 Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional wherever possible e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which should be taken to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

6.4 The school will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that the school assesses and manages the risks to the pupil's education, health and social wellbeing, and minimise disruption. Where a pupil is returning to school following a period of hospital education or alternative provision, the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

6.5 Where home to school transport is being provided by the local authority, the school will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency. In the event that home to school transport is not being provided by the local authority, the risk assessment and healthcare plan will be shared as appropriate.

6.6 Individual healthcare plans will suit the specific needs of each pupil, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects, storage and expiry) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their 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 pupil'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 condition and the support required;
- Arrangements for written permission from parents/carers and the Head 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 offsite visits or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g., risk assessment;
- What constitutes an emergency for the individual pupil, procedures to be followed in an emergency, including whom 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 individual healthcare plan.

7. Roles and responsibilities

7.1 Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at the school.

7.2 Schools may refer to **local school health teams** for support with drawing up Individual Healthcare Plans, awareness training around common medical conditions, liaison with lead clinicians including identifying specialist training and advice or support in relation to pupils with medical conditions.

7.3 Other **healthcare professionals, including GPs and paediatricians** should notify the school when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy, anaphylaxis).

7.4 **Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan or Additional Needs Plan. Schools should complete a pupil voice exercise to support the development of these plans.

7.5 **Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases be the first to notify the school that the pupil has a medical condition. Parents are key partners and should be involved in the development and review of the pupil's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

7.6 **Local authorities** will work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

7.7 The **Ofsted** inspection framework promotes greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities.

8. Staff training and support

8.1 Whole school awareness training will be arranged so that staff are aware of this policy and their role in implementing that policy. The Head will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. The school will keep a record of individual staff training that has been completed.

8.2 All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so where required. The training need may be identified by the healthcare professional during the development or review of the individual healthcare plan or we may choose to arrange training ourselves and will ensure that it remains up-to-date.

8.4 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

8.5 For the protection of both staff and pupils a second member of staff will be present while more intimate procedures are being followed.

8.6 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does

not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

8.7 The family of a pupil will often be essential in providing relevant information to the school about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

9. The child's role in managing their own medical needs

9.1 If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

9.2 If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan and inform the SENCO and or Lead First Aider. Parents will also be informed so that alternative options can be considered.

10. Managing medicines on school premises and record keeping

10.1 The following procedures are to be followed*:*

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent - except in exceptional circumstances where the medicine has been prescribed to the child 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 their right to confidentiality;
- Medication should never be administered without first checking maximum dosage and when previous dose was taken. Parents will be informed when medication has been administered;

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

The school will only accept prescribed and non-prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather that its original container. Where non-prescription medicines are required to be taken, these will be short-term (max 2-3 days) for when a child is recovering for example from a minor cold or virus or as pain relief following injury. The number of occasions non-prescribed medicines are requested should be monitored by DSLs and where necessary parents will be advised to seek further medical support if illness appears frequent/ongoing'.

- It is recommended that a primary school pupil should never carry medicine to and from school. Medicine must be handed to the school office as soon as the pupil arrives at school.
- All medicines will be stored safely in school. All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
- Older pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors should always be readily available and not locked away. Pupils requiring such devices are identified and a 'register' of affected pupils is kept up to date. Asthma inhalers should be marked with the child's name.
- A pupil who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. Otherwise, the school will keep all controlled drugs that

have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all members of staff to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school;

- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to pupils. These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed;
- Only one member of staff at any one time should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual pupil's medicine record before any dose is given, etc.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Procedures are in place to ensure that medication expiry dates are checked and that replacement medication is requested.

11. Administration of Paracetamol in Nursery Settings

11.1 In our nursery settings, paracetamol is not normally administered. This decision reflects our commitment to safeguarding children's health and wellbeing, and to ensuring that medical treatment is managed appropriately by parents or healthcare professionals.

11.2 Children who are unwell should be cared for at home to allow for full recovery and to minimise the risk of spreading illness to others. Paracetamol can mask symptoms such as fever or pain, potentially delaying necessary medical intervention. Given that young children may struggle to communicate how they are feeling, the suppression of symptoms can make it difficult for staff to accurately assess their condition.

11.3 Due to the nature of nursery care, including close contact during play and intimate care routines, it is essential that children displaying signs of illness are collected promptly. If a child becomes unwell during the nursery day, parents or carers will be contacted and asked to collect their child without delay.

11.4 In exceptional circumstances, paracetamol may be administered in the nursery such as:

- To manage pain following a minor injury (e.g. sprain or fracture), where the child is otherwise well enough to remain in school.
- Following medical procedures (e.g. dental work or minor surgery), where pain relief is required and the child is fit to attend.
- In emergency situations, such as a high fever where there is a risk of febrile seizure, and where a parent or carer is unable to attend promptly. In such cases, verbal consent must be obtained and documented, followed by written confirmation.

12. Medication Errors

12.1 A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include administration of:

- a medication to the wrong pupil
- the wrong medication to a pupil
- the wrong dosage of medication to a pupil
- the medication via the wrong route
- the medication at the wrong time.

12.2 Each medication error must be reported to the Head and the parents. Procedures are in place to minimise the risk of medication errors.

13. Emergency procedures

13.1 The Head will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk assessment process.

13.2 Where a pupil has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

13.3 If a pupil needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

14. Offsite visits and sporting activities

14.1 The school will actively support pupils with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

14.2 The school will conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by the school's educational visits policy.

13.3. Specific procedures on the transporting, storing, etc of medication whilst on an off-site visit is detailed within the school's Offsite Visits Policy.

15. Work experience

15.1 The school will assess the suitability of work experience placements. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

16. Hygiene/Infection Control

16.1 All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

17. Equipment

17.1 Some pupils will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to the Head.

17.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within the individual healthcare plan.

17.3 Staff will be made aware of the use, storage and maintenance of any equipment.

18. Unacceptable practice

18.1 Although staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is unacceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their

medication when and where necessary;

- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- Send a pupil who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues or
- Prevent pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

19. Liability and indemnity

19.1 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures in this policy are followed. An indemnity will not be given in cases of fraud, dishonesty, or criminal offence.

20. Complaints

20.1 Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the Head. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the school's complaints policy.

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I give permission for the school emergency inhaler to be used if necessary.

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

Signature(s)_____ Date _____

Annex B: Asthma Policy

At Oakwood Primary Academy School we recognise that asthma is a widespread, serious but controllable condition affecting many children. Our school positively welcomes all children with asthma. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by the school staff and pupils. Supply teachers, sports coaches (and other extra-curricular providers, as appropriate), and new staff are also made aware of the policy.

Children can experience varying signs and symptoms of an asthma attack which may include:

- Persistent cough
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (which younger children may describe as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, doctor or asthma nurse, and class teacher agree they are mature enough. Within school, the reliever inhalers are kept in the classrooms or school office with easy access. All inhalers must be labelled with the child's name by the parent/carer and in its original box. It is the parent/carer's responsibility to ensure that their child has a pump in school. Use of asthma inhalers is recorded via Medical Tracker, in class asthma bands (time written on band) and administration sheet.

The Trust Board has taken the decision that asthma inhalers may be held on site for emergency use. These are held in classrooms or school office. Written parental consent must be in place for these to be used by pupils. Emergency school inhalers will be administered by staff trained in medicine administration. Their use will be recorded and parents will be informed (amend as appropriate).

Guidance on the use of emergency salbutamol inhalers in schools (publishing.service.gov.uk)

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff are happy to do this. School staff who agree to administer medicines are insured by the Academy Trust when acting in agreement with this policy. All school staff will support children to take their own medicines independently when they need to, and as agreed with parents in their Individual Healthcare Plan (if required).

In an emergency (unexpected asthma attack), school staff are required to act as any reasonable prudent person would. This may include administering emergency medicine. Staff will:

- Keep calm-do not panic
- Send for a qualified first aider-do not move the child
- Make sure that the specific directions of the reliever inhaler are followed
- Loosen clothing
- Reassure the pupil.

If there is no immediate improvement during an attack, continue to follow instructions of the reliever inhaler until symptoms improve.

CALL 999 if:

- The pupil's lips turn blue
- If you are in any doubt about the child's condition.

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. Our parent communications and information app (Arbor), can be updated with real time updates; if a medical diagnosis has been sought and agreed by a doctor, a parent/carer should ensure they update the school and their child's Arbor account.

At our school every child with asthma has an Individual Healthcare Plan. At our school children with critical asthma have an Individual Healthcare Plan. Parents/carers are asked to complete these with appropriate school staff. From this information, the school keeps its asthma register. This is available for all staff to see. Parents/carers are asked to update this information annually or as required. It is the responsibility of the parent/carer to ensure that any changes to their child's asthma medication or administration of this are updated.

Taking part in sports, games, trips, and other physical activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma. All sports coaches/PE staff are aware of which pupils have asthma from the school's asthma register. Any off-site activity must include the child's asthma kit.

Children with asthma are encouraged to participate fully in all PE lessons. Teachers will remind children whose asthma is triggered by exercise when they need to take their reliever inhaler; this might be before the active session. Their reliever inhaler will be taken with them to the room/area where the physical activity will take place and they will be able to use it if necessary.

The school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a definitive no smoking policy. The school limits the use of any chemicals or aerosols. If at any time a particular fume is causing a child with asthma discomfort, they will be allowed to leave the room until the air clears.

If a child is missing a lot of time at school or is nearly always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parent/carer to work out how to prevent their child from falling behind. The school recognises that it is possible for children with asthma to have special educational needs in addition to their asthma. The school is aware that there may be safeguarding concerns if a child's asthma medication is out of date or unavailable.

The person responsible for updating the asthma register and checking the expiration dates of pupils' asthma medication is the Inclusion Administrator, Mrs Lorna Mack.