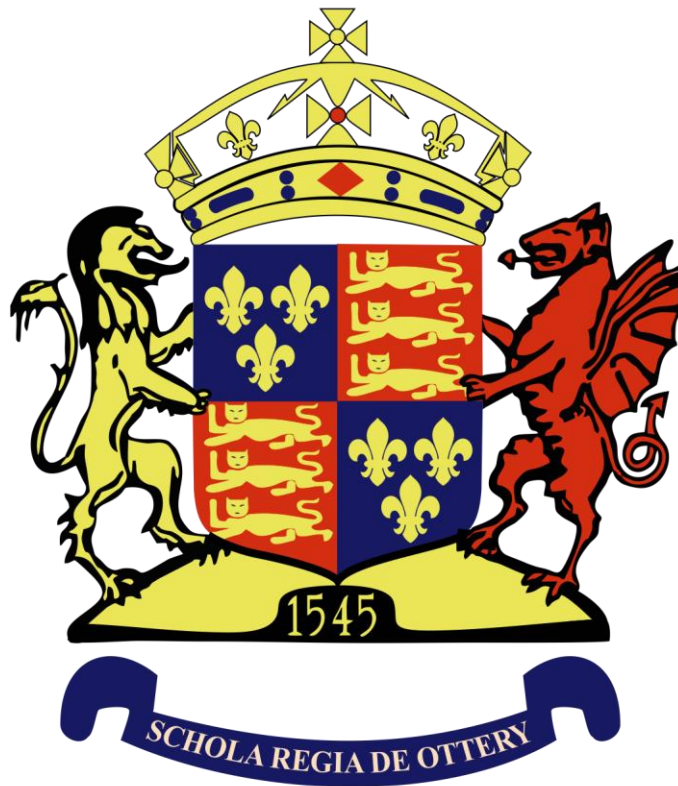




Supporting Students with Medical Conditions Policy

The King's School
Cadhay Lane
Ottery-St-Mary
Devon
EX11 1RA

Policy Change Control

Policy Owner	DHT Student Support
Approved By	Curriculum Committee
Date of Last Approval	March 2026
Next Revision Due	March 2027

Date	Version	Person	Change / Action
16/06/2017	1.0	Trustees	Adoption of Policy
10/05/2017	1.1	SBM	Update to Template and Format
24/05/2017	1.2	MAG	Slight amendments to staffing. Revised ICHP in Appendix 2.
15/06/2017	1.2	Trustees	Approval
01/06/2018	1.3	MAG	A variety of changes and additions throughout the document mainly to reflect the statutory guidance around students absent from school due to medical conditions
13/06/2018	1.4	SBM	Updated Insurance Details
13/06/2018	1.4	Trustees	Approval
31/05/2019	1.5	MAG	Minor changes and updates including references to Edulink.
13/06/2019	1.6	Trustees	Approval with minor changes
31/05/2020	1.7	MAG	A few minor changes after comments from SLT
11/06/2020	1.7	Trustees	Approval
16/05/2021	1.8	MAG	Thorough review with new sections added to augment the policy. In particular sections on AIAs and asthma inhalers. Revised Appendix 3.
17/06/2021	1.8	Trustees	Approval
14/06/2022	1.9	MAG	Very minor changes
21/06/2022	1.9	Trustees	Approval
19/05/2023	2.0	MAG	Minor additions and changes after discussion with TJP and JXB.
04/02/2024	3.0	MAG	No changes. Discussed at SLT.
07/03/2024	3.0	Trustees	Approved
13/02/2025	3.0	TGP	No changes.
11/03/2025	3.0	Trustees	Approved
03/02/2026	3.0	TGP	No changes.
10/03/2026	3.0	Trustees	Approved

Policy statement

The King's School wishes to ensure that students with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in December 2015 – "Supporting students at school with medical conditions" and the further advice published in 2017. Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities. This school is an inclusive community that aims to welcome and support students with medical conditions. This school aims to provide all students with medical conditions the same opportunities as others at school.

- The school ensures all staff are aware of their duty of care to children and young people in the event of an emergency and know what to do in an emergency.
- All staff understand the common medical conditions that affect children at this school.
- Staff receive training on the impact medical conditions can have on students.
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.

Policy framework

These points provide the essential framework of the school's medical conditions policy.

1. This school is an inclusive community that aims to welcome and support students with medical conditions.
2. This school's medical conditions policy is drawn up in consultation with a range of local key stakeholders within both the school and health settings.
3. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.
4. Staff understand what to do in an emergency for the most common serious medical conditions at this school.
5. All staff understand and are trained in the school's general emergency procedures.
6. This school has clear guidance on the administration of medication at school.
7. This school has clear guidance on the storage of medication at school.
8. This school has clear guidance about record keeping.
9. This school aims for the whole school environment to be inclusive and favourable to students with medical conditions – within reasonable adjustment. This includes the physical environment, as well as social, sporting and educational activities.
10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is working towards reducing or eliminating these health and safety risks.
11. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
12. Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.
13. This policy is regularly reviewed, evaluated and updated. Updates are produced every year.

Policy Aim

1. This school is an inclusive community that aims to welcome and support students with medical conditions because:
 - a. This school understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.
 - b. This school aims to provide all children with medical conditions the same opportunities as others at school.
 - c. Students with medical conditions are encouraged to take control of their condition. We aim for students to feel confident in the support they receive from the school to help them do this.
 - d. This school aims to include all students with medical conditions in all school activities.
 - e. Parents of students with medical conditions feel secure in the care their children receive at this school.
 - f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
 - g. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
 - h. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on students.
 - i. The school aims to ensure that long-term absentees, or those with frequent absence due to a medical condition, are supported effectively. This includes liaison with the Local Authority once a student has had 15 or more days of absence and effective reintegration on their return to school.
 - j. The medical conditions policy is understood and supported by the whole school and local health community.

2. This school's medical conditions policy has been drawn up in consultation with a range of local key stakeholders within both the school and health settings.

This school has consulted on the development of this medical condition policy with a range of key stakeholders within both the school and health settings. These key stakeholders include:

School Nurse	Headteacher
Special Educational Needs Coordinator	Student Support Team
Members of staff trained in first aid	School Trustees

Key roles and responsibilities

The Local Authority (LA) is responsible for:

- i. Promoting cooperation between relevant partners and stakeholders regarding supporting students with medical conditions.
- ii. Providing support, advice and guidance to schools and their staff.
- iii. Making alternative arrangements for the education of students who need to be out of school for fifteen days or more due to a medical condition.
- iv. Making available suitable training to school staff in supporting students with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

1.2 The Board of Trustees is responsible for:

- i. The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of The King's School.
- ii. Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- iii. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- iv. Ensuring that all students with medical conditions wherever possible are able to participate fully in all aspects of school life.
- v. Ensuring that relevant training provided by the LA or other providers is delivered to staff members who take on responsibility to support children with medical conditions.
- vi. Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- vii. Ensure written records of any and all medicines administered to individual students and across the school population are kept by the school.
- viii. Ensuring the level of insurance in place reflects the level of risk.

1.3 The Headteacher is responsible for:

- i. The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of The King's School.
- ii. Ensuring the policy is developed effectively with partner agencies.
- iii. Ensuring that staff are made aware of this policy.
- iv. Ensuring that liaison takes place with healthcare professionals regarding the training required for staff.
- v. Ensuring that staff that need to know are aware of a child's medical condition.
- vi. Ensuring that up to date medical information is included in academic registers in SIMS.
- vii. Ensuring that Individual Healthcare Plans (IHCPs) are developed.
- viii. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- ix. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- x. Ensuring that appropriate PPE is available for staff to use.
- xi. Ensuring the correct level of insurance is in place for staff who support students in line with this policy.
- xii. Ensuring that the school nursing service is contacted in the case of any child who has a medical condition.

1.4 Staff members are responsible for:

- I. Taking appropriate steps to support children with medical conditions.
- II. Ensuring students' right to confidentiality is respected.
- III. Where necessary, making reasonable adjustments to include students with medical conditions in lessons and on trips and visits.
- IV. Administering medication, if they have agreed to undertake that responsibility and have received any necessary training.
- V. Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- VI. Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- VII. Supporting students who have long-term or frequent absence by providing suitable work as appropriate.
- VIII. A nominated Pastoral Support Worker (PSW) is responsible for overseeing the administering of immunisations.
- IX. Heads of House and Pastoral Support Workers are responsible for liaising with the families of students who have long-term or frequent absence due to a medical condition.

1.5 School nurses are responsible for:

- I. Notifying the school when a child has been identified as requiring support in school due to a medical condition.
- II. Liaising locally with lead clinicians on appropriate support.

1.6 Parents and carers are responsible for:

- I. Keeping the school informed about any changes to their child/children's health.
- II. Completing a [parental agreement for school to administer medicine](#) form before bringing medication into school - Appendix 3.
- III. Providing the school with the medication their child requires and keeping it up to date.
- IV. Collecting any leftover medicine at the end of the course or year.
- V. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- VI. Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) –Appendix 2 - for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

2 Definitions

- i. "Medication" is defined as any prescribed or over the counter medicine.
- ii. "Prescription medication" is defined as any drug or device prescribed by a doctor.
- iii. A "staff member" is defined as any member of staff employed at The King's School, including teachers.

3 Training of staff

- I. Staff will receive training on medical conditions as part of their new starter induction and this will include being referred to this policy.
- II. Staff will receive regular and on-going training as part of their development. This will usually be at the start of an academic year.
- III. Staff who undertake responsibilities for delivering medical care under this policy will receive the following training externally:
 - Use of epipen for anaphylaxis
 - Managing asthma training
 - Managing diabetes training
 - Managing epilepsy
 - Other specific training as required
- IV. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.
- V. No staff member should administer drugs by injection unless they have received training in this responsibility. The exception to this is that untrained staff can be advised over the phone by a medical professional to administer an injection like an epipen.
- VI. Supply teachers are provided with access to this policy and, through information on Cover Sheets left by teachers, are informed of relevant medical conditions in the class they are providing cover for. They also have access to student information via Edulink

- VII. The Deputy Headteacher- Learning and Professional Development will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

4 The role of the child

- I. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- II. Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in Student Support.
- III. If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- IV. Where appropriate, students will be encouraged to take their own medication under the supervision of a member of staff. On occasions students who use medical devices may need to access their mobile phones.

5 Individual Healthcare Plans (IHCPs)

- I. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents, Pastoral Support Worker and, if appropriate, the Special Educational Needs Coordinator (SENCO) and medical professionals. Jo Bunker currently leads on IHCPs.
- II. IHCPs will be easily accessible via the S: drive, in SIMS linked documents and via Edulink whilst preserving confidentiality.
- III. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- IV. Where a pupil has an Education, Health and Care Plan the IHCP will be linked to it or become part of it. The SENCO will ensure that this information is shared with relevant staff.
- V. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate and an adequate risk assessment is carried out.

6 Medicines

- I. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- II. If this is not possible, prior to staff members administering any medication, the parents of the child must complete and sign a [parental agreement for a school to administer medicine](#) form.
- III. No child will be given any prescription or non-prescription medicines without written parental/carers consent.
- IV. Where a student is prescribed medication without their parents' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- V. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- VI. Medicines MUST be **in date, labelled**, and provided in the **original container** (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- VII. A maximum of four weeks supply of the medication may be provided to the school at one time.
- VIII. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- IX. Medications will be stored safely in Student Support and will be supervised by the Pastoral Support Workers.
- X. Any medications left over at the end of the course will, if possible, be returned to the child's parents.
- XI. In the event of a school shut down for any prolonged period of time, parents will be advised to collect or let their child take their on-site medication home.
- XII. Written records will be kept of any medication administered to children. Paracetamol that is given to students is recorded in SIMS as well as parents being informed via Edulink. For other medication which parents have given written permission for the child to take in school, staff in student support keep written records of any medication administered. Students will never be prevented from accessing their medication.
- XIII. The School cannot be held responsible for side effects that occur when medication is taken correctly.
- XIV. Parents will be informed of any and all medicines administered to their child. Any paracetamol administered will be recorded in SIMS/Edulink.

7. Asthma Inhalers

- The school will hold asthma inhalers for emergency use. Inhalers will be stored in the emergency inhaler kit in student support as well as inhaler spacers. This kit is for emergency use only. Inhalers will be purchased by the school with the permission of the head teacher.
 - The emergency inhaler should only be used by students, for whom written parental/carers consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.
 - Parental/carers consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.
 - Spacers must not be reused and may be given to the pupil for future home-use, spacers can have the students name written on the side of the spacers for use again.
- I. Lead First Aider is responsible for
- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
 - Ensuring replacement inhalers are obtained when expiry dates are approaching.
 - Ensuring replacement spacers are available following use.
 - Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.
- II. Members of staff leading PE lessons have a responsibility to:
- Understand asthma and its impact on students. Students with asthma should not be forced to take part in activities if they feel unwell.
 - Ensure students are not excluded from activities that they wish to take part in, provided their asthma is well controlled.
 - Ensure students have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
 - Allow students to stop during activities if they experience symptoms of asthma.
 - Allow students to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a five minute waiting period before allowing the pupil to return).
 - Remind students with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
 - Ensure students with asthma always perform sufficient warm ups and warm downs.

8. Adrenaline auto-injectors (AAIs)

- I. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the Students with Medical Conditions Policy. Where a student has been prescribed an AAI, this will be written into their IHCP.
- II. Students who have prescribed AAI devices can keep their device in their possession. Students can also keep additional AAI devices in the secure location in Student Support. It is the responsibility of the parents of the student to make sure the AAI devices are in date.
- III. Designated first aid trained staff can administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- IV. In the event of anaphylaxis contact a designated member of staff and dial 999. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the student needs restraining.
- V. The school keeps an emergency AAI kit for use in the event of an emergency, which is checked by the Lead First Aider to ensure AAIs are in date. The emergency AAI kit is located in Student Support and is clearly signed on the wall, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to students at risk of anaphylaxis and where written parental/carers consent has been gained. Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a

student who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

- VI. Where a student is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- VII. In the event that an AAI is used, the student's parents will be notified that an AAI has been administered and informed whether this was the student's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record and on the schools' accident reporting system Evolve.
 - Where and when the reaction took place
 - How much medication was given and by whom
- VIII. For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.
- IX. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
In the event of a school trip, students at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

7 Emergencies

- I. Medical emergencies will be dealt with under the school's emergency procedures.
- II. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
- III. Students will be informed in general terms of what to do in an emergency such as telling a teacher.
- IV. All students will be informed where to go if they witness or are involved in an emergency situation
- V. If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive. Staff should not take children to hospital in their own car unless given permission by the Headteacher.

8 Avoiding unacceptable practice

The King's School understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Preventing a student from accessing their medicine.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school.
- Sending the student home on their own without the permission of a parent/carer if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

9 Students unable to attend school due to a medical condition:

- After 30 sessions of absence due to a medical condition, the school will
 - I. inform the Local Authority
 - II. liaise with parents and seek a confirmed diagnosis of the medical condition. Where specific medical evidence, such as that provided by a medical consultant, is not quickly available, the school will liaise with other medical professionals, such as the child's GP, and consider looking at other evidence to ensure minimal delay in arranging appropriate provision for the child
 - III. discuss and record available options with the parent/carer and/or student. In some cases this may require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

10 Insurance

- I. Staff who undertake responsibilities within this policy are covered by the school's insurance.
- II. The school is insured through the DfE Risk Protection Arrangements (RPA).

The RPA will, subject to the Definitions, Extensions, Exclusions and Conditions of the RPA Rules, indemnify the School:

- I. for all sums that the Member shall become legally liable to pay for damages or compensation in respect of or arising out of Personal Injury occurring during or within the Territorial Limits in connection with the Business
 - II. against legal liability for claimants costs and expenses in connection with clause I above
 - III. in respect of:
 - i) costs of legal representation at:
 - a) any coroner's inquest or inquiry in respect of any death
 - b) proceedings in any court arising out of any alleged breach of statutory duty
 - ii) all other costs and expenses in relation to any matter which may form the subject of a claim for indemnity under clause I above
- incurred with the prior written consent of the RPA Administrator.

Provided that the School complies with the statutory guidance on 'supporting students at school with medical conditions', December 2015 or similar amending statutory guidance.

11 Record Keeping

Written records are kept of all medicines administered to students. This should be done by the member of staff who administers the medicines. Proper record keeping protects both staff and students and provides evidence that agreed procedures have been followed.

12 Day trips, residential visits and sporting activities

- Students with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- Prior to an activity taking place, the school identifies what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice is sought from students, parents and relevant medical professionals.
- The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.
- When students leave site on a school trip and have an IHCP then staff will have access to this information via an encrypted smartphone.
- Staff leading trips should familiarise themselves with IHCPs before the trip to understand the medical needs of the students.

13 Home-to-school transport

- Arranging home-to-school transport for students with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

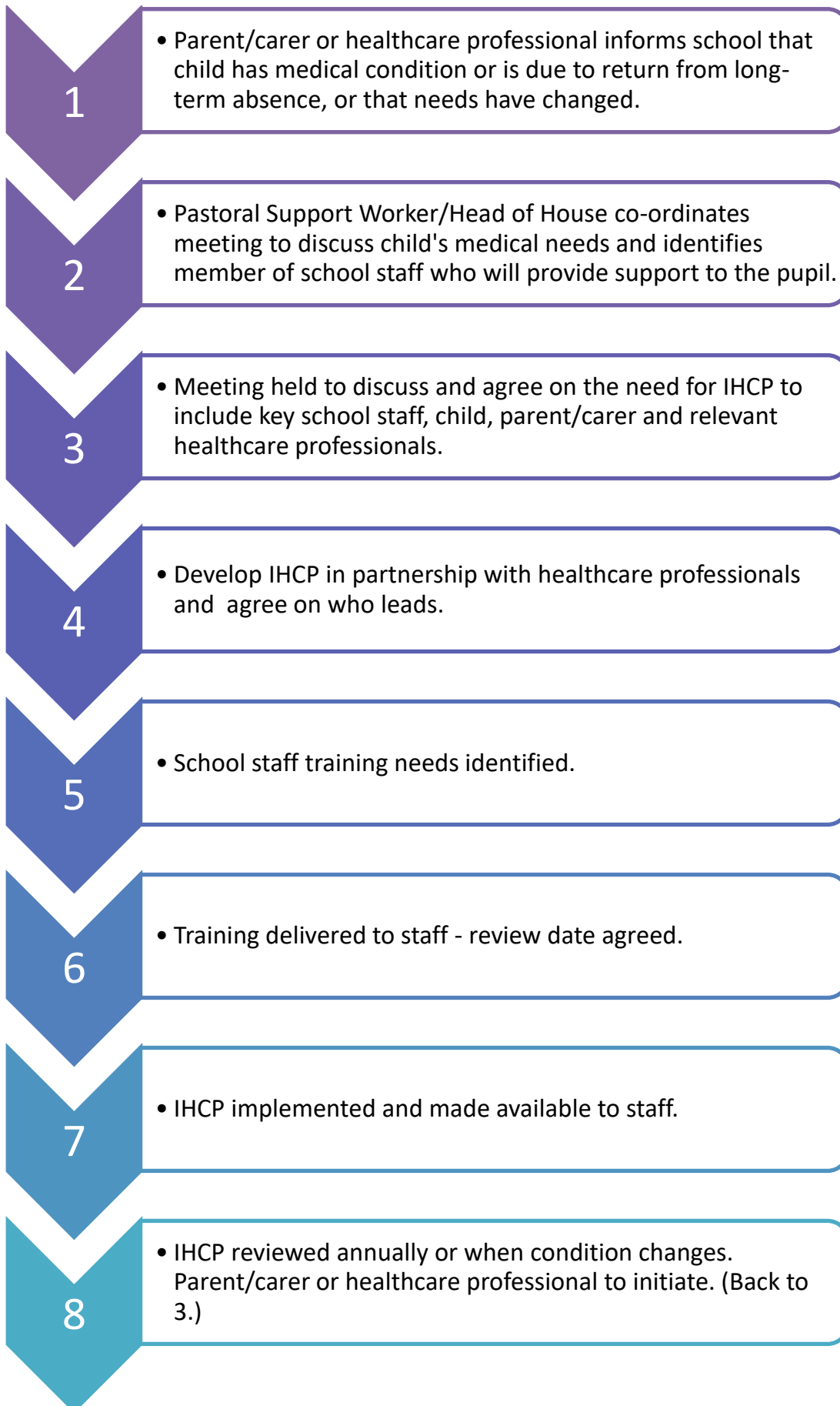
14 Defibrillators

- The school has Three automated external defibrillators (AED). One AED is in an unlocked, alarmed cabinet at the back of the Main Hall. The other is located at the Lower Field in a locked cabinet. The code can be obtained by dialling 999. The third is mobile and can be taken off site.
- All staff members and students will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed [annually](#).
- No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- The emergency services will always be called where an AED is used or requires using.
- Maintenance checks will be undertaken on AEDs on a weekly basis by the Lead First Aider, who will also keep an up-to-date record of all checks and maintenance work.

15 Complaints

The details of how to make a complaint can be found in the Complaints Policy.

Appendix 1 - Individual healthcare plan implementation procedure

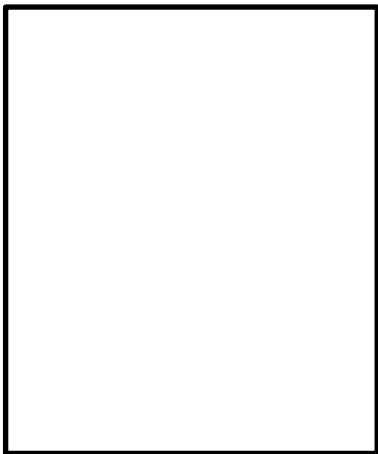


Appendix 2 - Individual Healthcare Plan Template



The Kings School

Individual Healthcare Plan



Child Details

Name of school	The Kings School			
Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Childs Essential Health Needs Information

	Name	Contact Details
Nurse		
Key Worker		
Consultant paediatrician		
GP:		
School Contact		01404 812982
Form Teacher		01404 812982
School Nurse	Michelle Perryman	03332341903 07976857826
SEN co-ordinator		01404 812982
Other relevant teaching and non-teaching staff		
Head teacher	Mr R Gammon	01404 812982

Child Medical Needs

	Details
Students medical details, symptoms, triggers, signs, treatment facilities, equipment and environment issues	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	

Medicine

Name/type of medicine <i>(as described on the container)</i>				
Expiry date				
Storage location				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – y/n				
Procedures to take in an emergency				
NB: It is the parent/carer's responsibility to make sure that medication is in date and stocked up at school. Medicines must be in the original container as dispensed by the pharmacy with the students name on the label.				

Name/type of medicine (as described on the container)				
Expiry date				
Storage location				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – y/n				
Procedures to take in an emergency				
NB: It is the parent/carer's responsibility to make sure that medication is in date and stocked up at school. Medicines must be in the original container as dispensed by the pharmacy with the students name on the label.				

Emergency Situations

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions required?	

Physical Activities

Are there any physical restrictions caused by the medical condition?	
Is extra care needed for physical activity?	
Action before, during and after exercise	

Trips and Activities Away From School

What care needs to take place?	
What medication is needed?	
If needed, is there somewhere for the care to take place?	
Who will look after medical equipment?	
Who outside school needs to be informed?	
Who will be overall responsible for the child on the trip?	

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

Staff signature _____

Signature of parent/carers _____

Date:

Appendix 3 – Parental/Carer agreement for a school to administer medicine template

The King's School

Record of medicine administration to an individual child

Name of child	
Date medicine provided by parent	
Form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity received	
Dose and frequency of medicine	

Staff signature _____

Parent signature _____

Date				
Time given				
Dose given				
Name of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of staff				
Staff initials				

Appendix 4 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

Your telephone number - **01404 812982**

Your name.

Your location as follows: **The King's School, Cadhay Lane, Ottery St Mary, Devon, EX11 1RA.**

The satnav postcode (if different from the postal code.)

The exact location of the patient within the school.

The name of the child and a brief description of their symptoms.

The best entrance to use and state that the crew will be met and taken to the patient.

Appendix 5 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents, students, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Deputy Head teacher – Student Support