

# Supporting pupils with medical conditions and the administration of medicines

## Policy for Chase Side School with effect from 10<sup>th</sup> December 2019

Reviewed and Re-Adopted by Governors on 19<sup>th</sup>  
November 2025

Review: November 2027 unless new guidance  
issued by the LA prior to this date

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## Section A: School Policy

### Chase Side Policy

#### SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND THE ADMINISTRATION OF MEDICINES

##### 1. Introduction

- 1.1 The Governing Body and staff of **Chase Side School** wish to ensure that pupils with medical conditions and/or short or long term medication needs are not excluded but receive appropriate care and support. The Headteacher will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication or need support due to their medical conditions during the day where those members of staff have volunteered to do so.
- 1.2 Chase Side will identify a person responsible for supporting pupils with medical conditions and/or a requirement for the administration of medicines in situations where other members of staff do not volunteer to carry out the task

**Note:** Detailed information and guidance are contained in a separate document (**Supporting Pupils at School with Medical Conditions**) issued by the Government in April 2014.

##### 2. Parent/Carers' Responsibility

- 2.1 **Please note that parents/carers should keep their children at home if acutely unwell or infectious.**
- 2.2 Parents are responsible for providing the Headteacher with comprehensive information regarding their child's condition and/or medication requirements.
- 2.3 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- 2.4 Only reasonable quantities of medication should be supplied to the school for the administration by staff (for example, a maximum of four weeks supply at any one time).
- 2.5 Where the pupil travels on school transport with passenger assistants, parents should ensure they have written instructions relating to any medication sent with the pupil, including medication for administration/self-administration during respite care.
- 2.6 It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 2.7 For staff administration - each item of medication must be delivered to the Headteacher or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

### **3. Responsibility of School**

- 3.1 Staff will not give a non-prescribed medicine to a pupil unless there is specific prior written permission from the parents and the school has agreed to it.
- 3.2 The school will not accept items of medication in unlabelled containers.
- 3.3 Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet. – Medical room
- 3.4 The school will keep records, which they will have available for parents.
- 3.5 If the pupil refuses to take their medication, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day.
- 3.6 In this situation the medication record should note the refusal and the parental contact made.
- 3.7 If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 3.8 It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- 3.9 The school will not make changes to dosages on verbal parental instructions.
- 3.10 Staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- 3.11 For each pupil with a long-term or complex medical condition, the Headteacher, will ensure that an Individual Healthcare Plan (IHCP) is drawn up, in conjunction with the pupil's parents and appropriate health professionals.
- 3.12 Some pupils with a medical condition will also require the administration of medicines. The Headteacher will therefore ensure that all appropriate consent forms are completed and appropriate review periods set.
- 3.13 The school will make every effort to liaise with a school nursing service to ensure that pupils with medical conditions are supported.
- 3.14 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
- 3.15 Staff who assist in the administration of medication will be able to receive appropriate training/guidance through arrangements made with the School Nursing Service.
- 3.16 The school will make every effort to continue the administration of medication whilst on trips away from the premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- 3.17 All staff will be made aware of the procedures to be followed in the event of an emergency.
- 3.18 To use emergency salbutamol or Auto injector in accordance with additional department of health guidance:
  - Guidance on the use of emergency salbutamol inhalers in school March 2015
  - Guidance on the use of adrenaline auto- injectors in school September 2017

# Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

## DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy/is available on the school's website of the school's policy for supporting pupils 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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, 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 on 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 involve [the following people]. 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 another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## Section B - preparing an individual healthcare plan (IHCP)

### Checklist – developing an IHCP

Ensure your IHCP template includes:	Current situation		task delegated to	completed
	yes	in development		
<p><b>NB:</b> You should ensure that plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social well-being and minimises disruption</p>				
<ul style="list-style-type: none"> <li>• the individual pupils medical condition, its;</li> <li>• triggers,</li> <li>• signs,</li> <li>• symptoms and</li> <li>• treatments</li> </ul>				
<ul style="list-style-type: none"> <li>• the pupil's resulting needs, including;</li> <li>• medication (dose, side-effects and storage)</li> <li>• other treatments,</li> <li>• time,</li> <li>• facilities,</li> <li>• equipment,</li> <li>• testing,</li> <li>• access to food and drink where this is used to manage their condition,</li> <li>• dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons</li> </ul>				
<ul style="list-style-type: none"> <li>• specific support for the pupil's educational, social and emotional needs – for example;</li> <li>• how absences will be managed,</li> <li>• requirements for extra time to complete exams,</li> <li>• use of rest periods or additional support in catching up with lessons,</li> <li>• counselling sessions</li> </ul>				
<ul style="list-style-type: none"> <li>• the level of support needed, (some pupils will be able to take responsibility for their</li> </ul>				

own health needs).				
<ul style="list-style-type: none"> <li>where a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring</li> </ul>				
<ul style="list-style-type: none"> <li>the staff who will provide this support – while identifying:</li> <li>their training needs</li> <li>expectations of their role and confirmation of proficiency to provide support for the pupils medical condition from a healthcare professional</li> <li>cover arrangements for when they are unavailable</li> </ul>				
<ul style="list-style-type: none"> <li>who in the school needs to be aware of the pupils condition and the support required</li> </ul>				
<p><b>Consent procedures;</b></p> <ul style="list-style-type: none"> <li>arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff,</li> <li>or self-administered by the pupil during school hours</li> </ul> <p><b>NB:</b> suggested templates are provided later in this document</p>				
<ul style="list-style-type: none"> <li>that separate arrangements or procedures been made for school trips or other school activities outside of the normal school timetable that will ensure that pupils can participate, e.g. risk assessments</li> </ul>				

<p><b>Confidentiality;</b></p> <ul style="list-style-type: none"> <li>• how will the parent/pupil know who they can go to if they need to raise confidentiality issues</li> </ul>				
<ul style="list-style-type: none"> <li>• does the plan confirm what to do in an emergency, including whom to contact, and contingency arrangements</li> </ul>				

## Individual healthcare plan - IHCP

Name of school/setting	
Pupil's name	
Group/class/form	
Date of birth	
Pupils address	
Medical diagnosis or condition	
Date	
Review date	
<b>Family Contact Information</b>	
Name	
Phone no. (work)	
(home)	
(mobile)	
Relationship to pupil	
Name	
Relationship to pupil	
Phone no. (work)	
(home)	
(mobile)	
<b>Clinic/Hospital Contact</b>	
Name	
Phone no.	
<b>G.P.</b>	
Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of the pupil's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Section C - agreement documentation

### Parental agreement for Chase Side School to administer medicine

The school will not give your child medicine unless you complete and sign this form in line with school policy which can be found on our website .....

Date completed:	Completed by: (member of staff)
Date for review:	To be initiated by: (member of staff)
Name of school	
Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	
Does the pupil require or already have an IHCP	Yes                      No
<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Length of course	
Date of dispensing	
Storage instructions	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	<b>NB:</b> If YES to this question then form C2 should be completed instead
Procedures to take in an emergency	
Name and phone number of G.P:	

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

**Contact Details of Parent/Carer:**

Name	
Daytime telephone no.	
Relationship to pupil	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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 \_\_\_\_\_

Print Name: \_\_\_\_\_

## Parental agreement for pupil to self-administer medicine

(Not an option that we use at Chase Side Primary) The school will not allow your child to self-administer medicine unless you complete and sign this form in line with school policy which can be found on our website .....

Date completed:	Completed by: [member of staff]
Date for review:	To be initiated by: [member of staff]
Name of school	
Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	
Does the pupil require or already have an IHCP	Yes                      No
<b>Self-administered Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Length of course	
Date of dispensing	
Storage instructions	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Requires consent to carry around with them	
Does the self-medication need to be administered with a member of staff present	
Procedures to take in an emergency	
Name and phone number of G.P:	

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

Contact Details of Parent/Carer:	
Name	
Daytime telephone no.	
Relationship to pupil	
Address	
I understand that I am requesting that my child self-administers their own medication	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for my child to self-administer their medication.

**Delete as required:**

1. I will inform the school immediately, in writing, if there is (a) any change in dosage or frequency of the medication or (b) if the medicine is stopped and my child no longer needs to self-administer.
2. This is a short course of medication but I will inform the school in writing, (a) if there is any change in dosage or frequency of the medication or (b) if the medicine has to be continued after:

Date: \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

# Confirmation of the Headteachers agreement for either a member of staff to administer medicine or for the pupil to self-administer their medication

Name of School:

It is agreed that \_\_\_\_\_ *[name of pupil]* will receive / may self-administer

\_\_\_\_\_ *[quantity and name of medicine]* every day at

\_\_\_\_\_ *[time medicine to be administered/self-administered e.g. Lunchtime - afternoon break – as required].*

\_\_\_\_\_ *[name of pupil]* will be given/supervised whilst he/she takes

their medication by \_\_\_\_\_ *[name of member of staff].*

This arrangement will continue until \_\_\_\_\_ *[either end date of course of medicine or until instructed by parents].*

Date:

\_\_\_\_\_

Signed:

\_\_\_\_\_

*[The Headteacher/ /Named Member of Staff]*

## Section D - record keeping

### Record of medicine administered to an individual pupil

Name of school	
Name of pupil	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_

**(Template D1 continued over page)**

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class/Form \_\_\_\_\_

Medication \_\_\_\_\_

Date							
Time given							
Dose given							
Name of staff member							
Staff initials							

Medication \_\_\_\_\_

Date							
Time given							
Dose given							
Name of staff member							
Staff initials							

Medication \_\_\_\_\_

Date							
Time given							
Dose given							
Name of staff member							
Staff initials							



## Staff training record – administration of medicines

Name of school	
Staff member's name	
Type of training received	
Date of training completed	
Review/training up-date	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [date required].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Section E - Contacts

### 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.

1. your telephone number
2. your name
3. your location as follows - Chase Side primary School , Trinity Street, Enfield, **EN2 6NS**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the pupil and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Section F

### Local Contacts:

#### Council's Insurance Service:

**Contact:** Vivian Uzoechi

Insurance Manager

**Tel:** 020 8379 4615

**Ext:** 4615

**Fax:** 020 8379 3092

**Email:** [vivian.uzoechi@enfield.gov.uk](mailto:vivian.uzoechi@enfield.gov.uk)

### Health Services

#### Community Paediatric Services:

Some children with medical needs receive dedicated support from specialist nurses or community children's nurses, for instance a children's oncology nurse. These nurses often work as part of a NHS Trust or PCT and work closely with the primary health care team – general description – what happens in Enfield. They can provide advice on the medical needs of an individual child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

**Contact:** Cathy StJohn

Paediatric Nursing Service

Cedar House

St.Michael's

Gater Drive

Enfield EN2 0JB

**Tel:** 020 8702 5620

#### School Nurses:

School nurses are qualified public health nurses, who work in partnership with schools, parents and healthcare professionals to provide health promotion and protection for school aged children. The school nurse can advise, or will know where help can be sought on many health matters. Enfield School Nursing Service is accessible through self-referral from children or families, referral from education staff, social services, LAC Nurse Specialist, Child Protection Named Nurse, medical colleagues and Health Visitors

**Contact:** Kathy Soderquist

Divisional Manager

Universal Children's Service

Cedar House

St Michael's Hospital

Gater Drive

Enfield

EN2 0JB

**Tel:** 02083758783

## Local Community Health Centres:

<b>Bowes Road Clinic</b>	269 Bowes Road, Enfield, N11 1BD
<b>Evergreen Health Centre</b>	1 Smythe Close, Edmonton, N9 0TW
<b>Forest Primary Care Centre,</b>	308A Hertford Road, Edmonton, N9 7HD
<b>Highlands Health Centre,</b>	3 Florey Square, Winchmore Hill, N21 1UJ
<b>Moorfield Road Health Centre</b>	Moorfield Road, Enfield, EN3 5PS
<b>St Michael's Primary Care Centre</b>	Gater Drive, Enfield, EN2 0JB

## School Health and Safety:

**Contact:** Paul Bishop  
Schools Health and Safety Manager  
**Tel:** 020 8379 4731  
**Mobile:** 07939995806  
**Email:** [paul.bishop@enfield.gov.uk](mailto:paul.bishop@enfield.gov.uk)

## Joint Service for Disabled Children:

The Joint Service for Disabled Children is an important partnership developed by Enfield's Children's Trust, to support and promote opportunities for all disabled children and their families in Enfield.

The Joint Service includes:

- Enfield Community Services
- The Early Intervention Support Service (EISS)
- Cheviots Specialist Children's Disability Centre/Service.

**Contact:** Janet Leach  
Head of Service  
**Tel:** 020 8379 1316  
**Mobile:** 07944265377  
**Alternative Telephone:** 020 8362 3666  
**Email:** [janet.leach@enfield.gov.uk](mailto:janet.leach@enfield.gov.uk)

## Environmental Health:

**Address:** PO Box 57  
Civic Centre  
Silver Street  
Enfield  
EN1 3XH  
**Tel:** 020 8379 1000

## National Contacts:

<p><b>Allergy UK</b> Allergy Help Line: (01322) 619898 Website: <a href="http://www.allergyuk.org">www.allergyuk.org</a></p>	<p><b>The Anaphylaxis Campaign</b> Helpline: (01252) 542029 Websites: <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a></p>
<p><b>Asthma UK</b> Adviceline: 0800 121 6244 Website: <a href="http://www.asthma.org.uk">www.asthma.org.uk</a></p>	<p><b>SHINE</b> Tel: Tel: 01733 555988 Website: <a href="http://www.shinecharity.org.uk/">http://www.shinecharity.org.uk/</a></p>
<p><b>Council for Disabled Children</b> Tel: 0207 843 1900 Website: <a href="http://www.councilfordisabledchildren.org.uk/">http://www.councilfordisabledchildren.org.uk/</a></p>	<p><b>Contact a Family</b> Helpline: 0808 808 3555 Website: <a href="http://www.cafamily.org.uk">www.cafamily.org.uk</a></p>
<p><b>Cystic Fibrosis Trust</b> Tel: 0300 373 1000 Website: <a href="http://www.cftrust.org.uk">www.cftrust.org.uk</a></p>	<p><b>Diabetes UK</b> Careline: 0345 123 2399 Website: <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a></p>
<p><b>Public Health England</b> <a href="https://www.gov.uk/government/organisations/public-health-england">https://www.gov.uk/government/organisations/public-health-england</a></p>	<p><b>Department for Education</b> Website: <a href="https://www.gov.uk/government/organisations/department-for-education">https://www.gov.uk/government/organisations/department-for-education</a></p>
<p><b>Epilepsy Action</b> Freephone Helpline: 0808 800 5050 Website: <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a></p>	<p><b>Equalities and Human Rights Commission</b> EHRC helpline: 08457 622633 Textphone: 08457 622 644 Website: <a href="http://www.drc-gb.org">www.drc-gb.org</a></p>
<p><b>Health and Safety Executive (HSE)</b> Website: <a href="http://www.hse.gov.uk">www.hse.gov.uk</a></p>	<p><b>Health Education Trust</b> Tel: (01789) 773915 Website: <a href="http://www.healthedtrust.com">www.healthedtrust.com</a></p>
<p><b>Hyperactive Children's Support Group</b> Tel: (01243) 539966 Website: <a href="http://www.hacsg.org.uk">www.hacsg.org.uk</a></p>	<p><b>Mencap</b> Telephone: 0300 333 1111 Website: <a href="http://www.mencap.org.uk">www.mencap.org.uk</a></p>
<p><b>National Eczema Society</b> Helpline: 0800 089 1122 Website: <a href="http://www.eczema.org">www.eczema.org</a></p>	<p><b>Psoriasis Association</b> Tel: 0845 676 0076 Website: <a href="http://www.psoriasis-association.org.uk/">www.psoriasis-association.org.uk/</a></p>
<p><b>British Thyroid Foundation</b> <a href="http://www.btf-thyroid.org">www.btf-thyroid.org</a></p>	<p><b>Sickle Cell Society</b> <a href="http://sicklecellsociety.org/">http://sicklecellsociety.org/</a></p>
<p><b>NHS Choices</b> <a href="http://www.nhs.uk/Pages/HomePage.aspx">http://www.nhs.uk/Pages/HomePage.aspx</a></p>	