



Supporting Pupils at School with Medical Conditions Policy



Supporting pupils at school with medical conditions

This policy has been drawn up in accordance with the DfE statutory guidance.

Supporting Pupils at School with Medical Conditions (September 2014)

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at Meadowfield with medical conditions. Pupils with special medical needs have the same right of admission to the school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parents and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

This policy defines the way in which Meadowfield School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

Aims

1. To ensure that children with medical needs receive care and support in school.
2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
3. To define the areas of responsibility of all parties involved: pupil, parents, staff, Principal, Governing Body etc.

Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to Jill Palmer, Principal. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. Day to day operation of these duties may be delegated to other senior staff.

Definitions of Medical Conditions:

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

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs.)

The Role of Staff at Meadowfield School

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEND Code of Practice.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. Meadowfield School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interest because of their health needs. In some cases, this will 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 and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence. Appendix A Post-Operative Care and long-term illness.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Meadowfield we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurses, who we will have regular access to, will provide training and subsequent confirmation on the proficiency of staff in a medical procedure, or in providing medication. This training may also be delivered by other NHS professionals. Appendix B

Policy Lead – Dan Zaccheo, Deputy Principal/Lead DSL.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when a pupil's needs change and arrangements for any staff training or support or change in circumstances e.g. post-operative care. For children starting at Meadowfield School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Meadowfield School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

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. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The School will ensure that arrangements give Parents/Carers and pupils confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will 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. Meadowfield School will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Meadowfield 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 child with a medical condition is denied admission or prevented from attending Meadowfield because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that

child or others. This extends to occasions where staff are required to administer changes to medication or feeding plans; if there is no written and signed consent a child will not be accepted into school. If written and signed consent is given by parents this is an interim measure only and these changes will need to be reflected in an up to date Health Care Plan. The new Health Care plan must be signed by parents within 5 school days or the child will be refused admission.

If a child has been admitted to hospital or has had an operation, a short meeting between school staff and parents/carers must take place. This meeting is to ensure the child can be received back into school safely and all information with regards to possible change to health needs have been communicated. If there is short term medication following a hospital visit or operation, such as painkillers or antibiotics, parents must provide signed permission for these medications to be administered by school staff by completing a 'short term medication form'. If there is a change to the child's Health Care plan following a stay in hospital or an operation, such as a change to routine medication or a change to a diagnosis, this must be communicated in writing and any change to medication communicated and supported with written consent before any change to medical needs can be administered by staff. The child's Health Care plan must be updated and signed within 5 school days.

Meadowfield School does 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 the 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. This will usually be led by Jill Palmer, Principal. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany the child to hospital by ambulance. (Appendix C, Ambulance calling protocol)

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by a member of the Leadership Group together with the class teacher and, if appropriate, a school nurse. However, it will be the responsibility of all members of staff supporting the individual child to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they, and their medical conditions, are supported at school.

Individual Health Care 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 helpful in the majority of other cases too, especially where medical conditions are long-term and complex. All children will have a Health Care Plan. This is to ensure all parents have been asked the same health questions and the answers formally acknowledged. Many students' Health Care Plans may have 'not applicable' in each box, but by providing each child with a Health Care Plan we can have an accurate monitoring and safeguarding process. We can be sure a plan has not been mislaid or removed from a file as every class will have a folder of Health Care Plans that takes account of every pupil.

All Meadowfield School, Health Care Plans are 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 child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement of EHC plan, their SEN should be mentioned in their individual Health Care Plan. Individual Healthcare Plans (and their Review) may be initiated in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional with support from Parents/Carers. Pupils should also be involved whenever appropriate. The responsibility for ensuring that it is finalised and implemented rests with the School. (Appendix D & E)

The School will ensure that Individual Health Care Plans are reviewed at least once a year. This may be earlier if evidence is presented that the child's needs have changed. The Health Care Plans are monitored for their accuracy

and status to ensure only the most up to date are in circulation three times a year. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a Statement or EHC plan, the individual Health Care Plan should be linked to, or become part of, that statement of EHC plan.

Individual Healthcare Plans will include:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel times 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies. If a child 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 child'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 child's condition and the support required.
- Arrangements for written permission from Parents/Carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours. (Appendix H)
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including who to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review. A member of the school nursing team, is responsible for the Emergency Health Care Plan.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. The School also recognises that children who can take their medicines themselves, or manage procedures, may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered 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 Parent/Carer's written consent.

- We will only administer non-prescription medicines to a child with written parental consent. The consent must be on a short-term medication form. Non-prescription medication only includes off-the-shelf pain relief such as Calpol or carprofen. No Aspirin based products can be administered under any circumstances.
- The school will only accept prescribed medicines 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 still be in date, but will generally be available inside an insulin pen or a pump, rather than its original container.
- Medicines intended for pupils in our PMLD classes are stored in secure medical cabinets within their respective class and all rescue medicines such as, EpiPen's and emergency epilepsy medicines are stored within medicine cabinets in each relevant key stage. Emergency meds will not be locked away in order to ensure instant accessibility where appropriate this is usually asthma inhalers however we acknowledge that many of our pupils who are developmentally young would be at risk if emergency meds and controlled substances were not securely stored. All other medicines will be stored safely in the Medical Room. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the School at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- 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 children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the School should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. (Appendix F)
- When no longer required, medicines will either be returned to parents for disposal or disposed in the School Pharmibin. (Appendix G)

Unacceptable Practice

Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to :

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their Parent/Carer; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children 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 or other breaks whenever they need to in order to manage their medical condition effectively.
- Require Parents/Carers or otherwise make them feel obliged to attend the School to administer medication or provide medical support to their child, including toileting issues. No Parent/Carer should have to give up working because the School is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating, in any aspect of School life including school trips, e.g. by requiring Parents/Carers to accompany the child.

COVID related additions

AGP

- An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract. This procedure represents increased risk of transmitting an infectious agent be that wholly or partly by the airborne or droplet route. See separate guidance on which procedures are aerosol generating. They include however suction or high-pressure oxygen.
- All staff who carry out an Aerosol Generating Procedure (AGP) must insure they are wearing the required PPE which will also be Fit Tested.
- All staff who will be required to carry out AGP will be Fit Tested and advised on safe working practices to protect themselves and limit the spread of potential infection.
- The Lead school nurse will carry out the fit test and deliver the training required.

PPE

- Staff should wear appropriate PPE while administering gastro feeding plans and also while administering medication through gastro PEGS.
- The use of PPE for other duties is outlined in the school COVID risk assessment.

Suspected COVID cases

- Please refer to the whole school COVID risk assessment for all protocols relating to managing suspected cases of COVID19

Staff Medication

- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

Incident Reporting

- Staff must report adverse reactions to medication or any errors in administration. (Appendix I). In the event the appropriate form must be completed and parents and SMT contacted.

Insurance

- In the event of legal action over an allegation of negligence, it is *the employer* rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore, thorough and accurate record-keeping systems have been drawn up to be maintained by staff involved in supporting pupils with medical needs.

Insurance Details

Kent County Council
Insurance Provision for Medical Treatment/Procedures (attached)

Complaints

Should parents/carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with school. If, for whatever reason, this does not resolve the issue they may make a formal complaint via the complaint's procedure.

This policy should be read in conjunction with Guidelines for Administration of medication at Meadowfield School.

Appendix for Medical Policy

Appendix A	Returning to school after long term illness or operation.
Appendix B	Staff Training Record – administration of medicines
Appendix C	Ambulance Calling Protocol
Appendix D	Individual Healthcare Plan
Appendix D	Emergency Healthcare Plan
Appendix E	Model letter inviting parents to contribute to individual healthcare plan development
Appendix F	Record of medicine administered to an individual child
Appendix G	Medication Request Form
Appendix H	Parent/Carer agreement for Meadowfield School to administer medication
Appendix I	Medication Incident Report

Additional Information

Guidelines for the administration of medication at Meadowfield School.

Return to school after ill health or hospital stay or operation.

To be completed with school representative eg class teacher and parent.

Pupil Name..... Class.....

Describe nature of absence, eg illness, hospital visit, operation – provide details.

What adjustments need to be made on the students return to school? Consider moving and handling, medication, diet, staffing ratio, reduced hours etc

Are there any other details school staff need to know to support the student on their return to school?

DECLARATION

I declare that the above information is correct and I have passed all relevant information onto school staff to ensure the well being of the young person in question on their return to school.

Signed..... Parent/ Guardian

Date.....

If there is a short course of medication to follow a period of ill health or absence please complete separate medication permission form.

If following period of ill health or hospital visit/ operation and there is a change to routine medication a new Health Care Plan needs to be drafted and signed within 5 school days. Failure to do so will result in the school being unable to accept the young person in school until the appropriate plans are completed and signed.

Meadowfield School Medical training record

Name:	
Pupil training is required to support if applicable :	
Type of training received:	
Date of training completed:	
Training provided by :	
Profession and title:	

I confirm that (name of staff member) has received the training detailed above and is competent to carry out necessary treatment. I recommend that the training is updated (date for renewal).....

Trainers signature.....

Date.....

I confirm I have received the training detailed above.

Staff signature.....

Date.....

Suggested review date.....



Ambulance Calling Protocol

**Meadowfield School
Swanstree Avenue
Sittingbourne
Kent
ME10 4NL**

Telephone: 01795 477788



Ambulance Calling Protocol

The decision to call an ambulance is the responsibility of staff present at the scene of the emergency; remember to stay calm, but do not delay making the call minutes can make all the difference. A senior member of staff does not have to be present to make the decision for you.

Always call an ambulance in the case of serious and life-threatening conditions such as, but not limited to:

- Severe difficulty in breathing (eg unable to talk in full sentences, gasping for breath)
- Chest pain
- Anaphylactic shock when an EpiPen has been administered
- Convulsions or epileptic seizures in accordance with the pupil care plan
- Severe asthma attacks where inhalers do not appear to be helping
- Severe loss of blood
- Severe bleeding that cannot be controlled
- Broken limbs where patient cannot move unaided
- Broken bones with an obvious deformity
- Suspected spinal injuries
- Serious head injuries involving heavy bleeding and suspected skull damage
- Unconsciousness, where patient does not regain full awareness within 2-3 minutes
- Suspected heart attacks or strokes
- Choking – where emergency (Heimlick manoeuvre under ribs) procedure has been used (not required in cases relieved by pat on back)
- Strong abdominal pain
- Shock
- Fitting or concussion
- Drowning
- Severe allergic reactions.

Consider calling an ambulance and seek opinion of senior person available in cases of:

- Allergic reactions (to stings, bites etc) where Piriton, or similar, has been administered without easing symptoms

- Large cuts where blood loss has been controlled but stitches are probably needed
- Fractures, or suspected fractures, where patient can move but is clearly in great discomfort
- Unconsciousness where patient regains awareness very quickly
- Serious eye injury or chemicals in the eye
- Severe burns
- Nosebleeds lasting 30 minutes.

Procedure

To call an ambulance: **DIAL 999 or 112 and specify “Ambulance Service required”**

1. The ambulance should be called from the location of the casualty (all telephones are enabled for emergency calls).

The Ambulance controller will need information including:

- Age (or approximate age if not known) and gender of patient
 - Exact location of the patient, including postcode:
 - **Meadowfield School, ME10 4NL (01795 477788)**
 - What has happened and how long ago it happened
 - Does the patient have any conditions which may have caused what happened
 - Has it happened before
 - Is the patient allergic to anything (penicillin, tetanus etc)
 - Is the patient breathing
 - Is the patient conscious
 - Has the patient been unconscious.
2. As soon as the ambulance has been called, contact the School Office to inform them and let them know exactly where you are; a member of the Office team will inform Senior Management of the situation, and will wait outside for the ambulance to arrive and escort them directly to the patient. If the nearest telephone is in use please use the next nearest available telephone, walkie-talkie, or ask another member of staff to go to the office directly. A member of the Office team will be able to provide a copy of the pupil (or staff member’s) emergency contact details, including any known allergies; this may be required by the Paramedics. A copy of the Healthcare Plan should be in class.
 3. If the patient is a child, as soon as the ambulance has been called, contact the parent and inform them of the situation. Ask if they can get to school to go to hospital with the child in the ambulance, or whether they will meet them at the hospital. In the latter case, ascertain to which hospital the patient will be taken. If the parent is not able to accompany their child in the ambulance, a member of school staff should go instead. As soon as a family member arrives at the hospital, the member of staff may leave; the School Office will provide details of a taxi company they can call to bring

them back to school - this will be an account payment and staff will not be expected to carry cash for paying the taxi. A school mobile telephone is available if required.

If the patient is a member of staff, and is able to communicate, ask them who they would like you to contact. If they are unable to communicate, contact the first emergency contact held by the School Office. A decision will be made by a member of the Senior Management Team as to whether anyone should accompany the patient in the ambulance.

4. Consent is not generally required for life saving emergency treatment given in Accident and Emergency Departments. Consent may in extreme circumstances be required for medical treatment and/or the administration of anaesthetic; if this is the case and the parent/carer/other family representative is not present or contactable, advice must be sought from a member of the Leadership Group – **do not give permission for any treatment yourself.**



Individual Healthcare Plan

Please complete all boxes; those which do not apply should be completed as "Not Applicable"

Name of School	
Child's Name	
Class	
Date of Birth	
Child's Address	
Medical diagnosis or condition	
Date	
Review Date	

Family Contact Information

<u>Contact 1 Name</u>	
Telephone Number: Home	
Telephone Number: Work	
Telephone Number: Mobile	
Relationship to Child	
<u>Contact 2 Name</u>	
Telephone Number: Home	
Telephone Number: Work	
Telephone Number: Mobile	
Relationship to Child	

Clinic/Hospital Contact

Hospital/Clinic Name	
Consultant's Name	
Telephone Number	

GP

Surgery Name	
GP's Name	
Telephone Number	

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

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

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

4. Daily care requirements – e.g. personal care, feeding – does food need to be puréed/cut into small pieces, food preferences, any food intolerances or allergies.

5. Specific support for the child's educational, social and emotional needs

6. Specific arrangements necessary for school visits/trips – e.g. is a buggy/wheelchair required for trips out – please give reason, is the pupil likely to run off, any fears when in the community – dogs, birds, unexpected noise etc.

7. Other information – please list anything school need to be aware of relating to your child's needs

School Use Only

Who is responsible for providing support in School

Class Team, Nursing Team

Specific arrangements for school trips and visits

See Box 6

Who is responsible in an emergency

Class Team, Nursing Team

Plan developed with

--

Staff training needed/undertaken –
who/what/when

--

Form copied to

Class, Nursing Team, Office x 2

Signatures

Print

Sign

Date

Parent/Carer*

--	--	--

Staff Member
completing form

--	--	--

Nursing Team

--	--	--

Senior Manager

--	--	--

Other (*specify role*)

--	--	--

***Parents/Carers must sign this plan before the school makes any of the arrangements specified in the Healthcare Plan.**

Two bound copies of the signed Healthcare Plan will be made; one will be retained by the parent/carer and one will be kept on the pupil's school file. All further copies must be certified copies, stamped for authenticity by the School Office.

Healthcare Plan for a Pupil with Medical Needs

Name:	Address:
Date of Birth:	
Diagnoses	
Condition:	
Allergies:	

Name of School:
Date:

CONTACT INFORMATION	
Family Contact 1	Family Contact 2
Name:	Name:
Phone:	Phone:
Relationship:	Relationship:
Clinic/Hospital Contact	G.P.
Name:	Name:
Phone No:	Phone No:

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

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

Follow up care:

Contact Plan:

Persons Responsible for Emergency Care:

**School Nurse
Class Teacher
Principal**

This plan has been initiated following agreement between the following persons and will be reviewed based upon continued assessment of care need.

Signatures:

Print Name

Parents/Guardians

Date

Principal

Date

School Nurse

Date

Class Teacher

Date

Meadowfield School
Swanstree Avenue
Sittingbourne
Kent ME10 4NL

T: 01795 477788
: 01795 477771

E: office@meadowfield.kent.sch.uk

Ms J Palmer BSc, MA, MA, NPQH
Principal

Dear Parent / Carer

Developing an Individual Healthcare Plan for your child

In accordance with Department for Education and Kent County Council guidelines we are in the process of preparing an Individual Healthcare Plan for every child which sets out the support they need and how this will be provided.

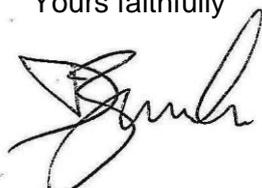
Individual Healthcare Plans (IHCP) are developed in partnership between the school, parents/carers and relevant healthcare professionals; the aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that some of the items on the plan do not apply to your child; however, it is still important that a plan is completed and kept on record even if some of the boxes are not applicable.

In order to begin the process of developing your child's Individual Healthcare Plan I have enclosed a form with this letter; I would be very grateful if you would complete the form to the best of your knowledge and return it to me via the School Office. Upon receipt of the form I will review the information you provide and, should it be necessary, contact you to arrange a meeting for us to agree and complete the Plan together. If your child does not have any complex medical conditions it may be possible for us to complete the Plan without the need for a meeting; if this is the case, you will receive a typed copy of the plan – please sign it and return to school as soon as possible.

Once completed, you will receive a bound and stamped copy to keep and a further bound copy will stay with your child's pupil records in school. Following completion of your child's Individual Healthcare Plan it is important that you keep us up to date regarding any changes to medication or specialised feeding regimes; any such changes should be advised immediately, in writing, with a signature. Verbal communication of changes is not acceptable. Changes to medication, or to the dosage of prescribed medications, must also be accompanied by a written and signed confirmation from your Doctor. Following receipt of the necessary notification of changes, the Individual Healthcare Plan will be updated and must be resigned within 5 working days of the changes taking effect. Failure to sign the Plan within this timescale will mean we will no longer be able to receive your child in school.

If you would like any further information about Individual Healthcare Plans please do not hesitate to contact me.

Yours faithfully



Mr D Zaccheo
Deputy Principal



**Administration of Medicine in School
Record of Medicines administered to an individual child**

Name of child:

Date of Birth: Class:

Name and Strength of Medicine:

Date Medicine provided by parents: Quantity Received:

Dose and Frequency of Medication:

Staff Signature: Parent/ Guardian Signature: *This is with the school nurse*

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Meadowfield Medication request Form

Today's date.....

Dear Parents/ Carer,

(child's name).....

(medication name)..... is about to run out/expire.

Please could you send in a new supply clearly labelled in the original bottle/packet with child's name, dose and time it should be given.

Many thanks

School nursing team

Please indicate the option of disposal you would like.

Please dispose of medication at school in the Pharmibin ()

Please return medication home and I / we will dispose of the medication safely at the pharmacy ()



Parental agreement for the administration of medicines

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

Date

Child's Name.....

School.....

Age..... Class..... DOB.....

Condition/illness.....

Name & strength of
medicine.....

.....

.....

Side
effects.....

.....

.....

Expiry date.....

How much (dose) to give..... Date Supplied.....

When to give it.....

Number of tablets/amount of liquid given to
school.....

Note: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

Daytime contact number of parent or adult contact.....

Name & contact number of GP.....

This information is, to the best of my knowledge, accurate at the time of writing I give consent to the school staff to administer 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.

Parent/Guardian signature.....

Print name.....

Date.....



Statutory Policy Approved by Governing Body

Policy Adopted	Date: September 2021
Policy Approved	Date: Awaiting Approval
Next Review	Date: Academic year 2022/23