Cheadle Primary School

Supporting Pupils with Medical Conditions Policy
Sept 2026

1. Introduction

The following policy is to be read in conjunction with the DFE document 'Supporting pupils at school with medical conditions', December 2017 and updated draft statutory guidance 2026 and Staffordshire County Council Medication & Supporting Medical Needs Guidance for Children & Young People. This policy should also be read in line with our Allergies Safety Policy.

The Governing Board of Cheadle Primary has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including educational visits and physical education) and achieve their academic potential.

This policy also covers our extended school provision, Fun Club.

Cheadle Primary School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.
There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

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.
Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.
In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.
To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.
As a Rights Respecting School, we embed the Convention of the Rights of the Child through all our systems and procedures. In relation to this policy, we understand the right of every child to good health (article 24).

2. Legal Framework

This policy has due regard to legislation including, but not limited to, the following:

- Benedict's Law 2026
- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971

- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

This policy has due regard to the following guidance:

- DfE (2026) draft statutory guidance 'Supporting children and young people with medical conditions'
- Benedict's Law 2026
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code 'The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy has due regard to the following school policies:

- SEND Policy
- First Aid
- Asthma and emergency inhaler guidance
- Allergy Safety Policy
- Complaints Procedure Policy
- Admissions Policy
- Attendance Policy

3. Roles and Responsibility

The **Governing Board** is responsible for:

- Ensuring that this policy is readily accessible to parents and school staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Named Persons responsible for children with medical conditions are **Miss C Chell (Office and Attendance Manger) and Mrs L Pickles (Headteacher) and Mrs E Toft (Fun Club only)**

C Chell is responsible for:

- Informing relevant staff of medical conditions and providing copies of individual healthcare plans to staff and E Toft (Fun Club).
- Arranging training for identified staff.
- Ensuring that staff awareness of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information.
- Assisting with risk assessment for school visits and other activities outside of the normal timetable.
- Developing (along with medical professionals and parents), monitoring and reviewing Individual Healthcare Plans, including asthma and allergy care plans.
- Working together with parents, pupils, healthcare professionals and other agencies.

L Pickles is responsible for:

- Overseeing the management and provision of support for children with medical conditions.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including covering absence and staff turnover.
- Ensuring that school staff are appropriately insured and are aware that they are insured.

E Toft is responsible for:

- All staff in Fun Club are aware of any medical conditions and have access to their care plans
- Ensuring, in conjunction with Miss C Chell, that all Fun Club staff have received the relevant and appropriate training, including for any medical conditions known as well as training in line with the Allergy Safety policy.

School Staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Considering the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- Be aware of the Allergy Safety Policy and process and work within this to support all pupils.
- The day-to-day management of medical conditions of children they work with, in line with training received and as set out in Individual Healthcare Plans.
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable.
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance.

Parents or carers are responsible for:

- Notifying the school when a child has been identified as having a medical condition, including any allergies, which will require support in school. Wherever possible this should be done before the child starts at our school. This information might be provided by Early Years practitioners in different settings or health visitors.
- Providing the school with up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's Individual Healthcare Plan.
- Carrying out any agreed actions contained in the Individual Healthcare Plan.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Ensuring that they are involved in discussions about their medical support needs.
- Contributing to the development of their Individual Healthcare Plan.
- Being sensitive to the needs of pupils with medical conditions.

School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.

- Take into account the needs of pupils with medical conditions, including Diabetes Type 1, in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions, including diabetes Type 1.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4 **Clinical Commissioning Groups (CCGs)** must:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other **healthcare professionals and services, including GPs and paediatricians** must:

- Notify the school nursing team when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing Individual Healthcare Plans.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.
- Co-operate with the school, including ensuring communication, liaising with school nursing teams and other healthcare professionals, and participating in local outreach training.

The LA must:

- Commission school nursing teams for local schools, e.g. flu vaccine teams.
- Promote co-operation between relevant partners.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provide support, advice and guidance, and suitable training for school staff, ensuring that Individual Healthcare Plans can be effectively delivered.
- Work with the school to ensure that pupils with medical conditions can attend school full-time.

4. Admissions

Admissions will be managed in line with the school's Admissions Policy.
No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting. The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

5. Staff Training and Support

Any staff member providing support to a pupil with medical conditions receives suitable training. Staff do not undertake healthcare procedures or administer medication without appropriate training.
Training needs are assessed by the school through the development and review of individual healthcare plans, on an annual basis for all school staff, and when a new staff member arrives. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHCP. Staff understand the medical

condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
Whole-school awareness training is carried out on an annual basis for all staff, and included in the induction of new staff members. This includes epilepsy, asthma and anaphylaxis training provided by our CCG and other agencies.

The school identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations. This includes how and when to use AAIs to support children in line with our Allergy Safety Policy.

Training is commissioned by the **Headteacher** and provided by the following bodies:

- Commercial training provider
- The applicable nursing teams
- Parents/carers of pupils with medical conditions

Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

6. Notification Procedure

When the school is notified that a pupil has a medical condition that requires support in school, it is the parents' duty to inform the Office Manager / Headteacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of a Individual Healthcare Plan.
The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as possible.

7. Individual Healthcare Plans

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an Individual Healthcare Plan is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher makes the final decision.
The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHCP. Where appropriate, the pupil is also involved in the process.
Individual Healthcare Plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.

- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Who needs to be made aware of the pupil's condition and the support required.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the Individual Healthcare Plan. The Individual Healthcare Plan will be developed with the child's best interests in mind. In preparing the Individual Healthcare Plan the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.
Individual Healthcare Plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
Individual Healthcare Plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. If there are no changes to the care plan, this will be signed for by the Office Manager. Where there are changes, the person with parental responsibility will need to sign a new copy of the plan.
Where a pupil has an EHC plan, the Individual Healthcare Plan is linked to it or becomes part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their Individual Healthcare Plan.
Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their Individual Healthcare Plan identifies the support the child needs to reintegrate. See appendix below.

8. Administering Medication

Written consent from a person with parental responsibility must be received before administering any medicine to a child at school. Medicines should only be administered at school when it would be detrimental to the child's health or school attendance not to do so. Medicines will only be accepted for administration if they are:

- Prescribed (please see rules relating to OTC medication below)
- In-date
- Labelled
- Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage

The exception to this is insulin which must be in-date but will generally be available inside an insulin pen or pump, rather than in its original container.
Prescribed medication will only be administered at school if the dosage required is 4 times a day. If it is 3 times or less, the expectation is the children can receive their medication at home. There are exceptions to this rule, such as children with long term medication conditions (e.g. Type 1 diabetes).

The school may administer over-the-counter (OTC) medication to pupils during the school day where written parental consent has been provided. This reflects national guidance confirming that non-prescription medication does not require a GP signature or authorisation for use in schools.
Only medication supplied by parents/carers will be administered. All OTC medication must be:

- Provided in its original packaging, clearly labelled with the child's name (added by the parent) and dosage instructions.

- Age-appropriate and suitable for the child as per manufacturer guidance.
- Accompanied by written parental consent specifying the medication, dosage, and timing.

Staff will administer medication in accordance with the instructions provided by the parent/carer, and will record each administration using the school's standard medicines log, in line with DfE statutory guidance on supporting pupils with medical conditions. [gov.uk]
OTC medication will not be administered if:

- The child appears unwell in a way that suggests an underlying condition requiring medical assessment.
- The medication is needed for longer than 48–72 hours without explanation.
- There is any concern that the medication is unsuitable or not in the child's best interests.

Parents are responsible for ensuring that all medication provided is in date, safe to use, and appropriate for school administration.
Where necessary, staff may contact parents for clarification before administering OTC medication.

Procedure for Administering Prescribed Medicines in School
Please note that the administration of medicine at school is completed at the discretion of the school. It is not mandatory for the school to administer medicine. Where possible, however, a member of staff will be allocated to administer the medicine. School policy is that:

- All medicines and written consent must be stored safely in a double locked cupboard in the main office or a locked fridge in the SBM office.
- All medicines administered must be prescribed by a doctor or via prior arrangement for OTC medicines
- The children and applicable staff should know where their medicines are at all times
- Medicines will be administered by C Chell or S Cartlidge each day to ensure that no child is missed
- Administering of all medicines will be witnessed by two members of staff and then recorded on the Administering of Medicines record sheet kept within the Medication Register (with numbered pages). This will be initialled by both witnesses.
- All consent forms will be kept in the records file; active forms at the front and non-active forms archived behind.
- A record will also be kept of all medicines administered in school time by parents or carers.

NB The medical needs of children with Type 1 Diabetes will be managed by the staff designated to the role (at least two and wherever possible, including the child's teacher). A designated area will be made free for this to take place.

Police will be informed if any controlled drugs are unaccounted for.

Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For pupils under seven, AAIs will be kept by the designated member of staff, who will be close at hand at all times. They will have a bespoke allergy plan attached to their ICHP.

9. Self Management

Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines, such as a child with Type 1 Diabetes administering their own insulin, are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their Individual Healthcare Plan.

Where appropriate, pupils are allowed to carry their own medicines and relevant devices.
Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's Individual Healthcare Plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

10. Activities off the School Site

Pupils with medical conditions are supported to participate in Educational Visits, sporting activities, local visits and residential visits.
Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible. During the visits / activity, two members of staff will need to be responsible for checking the correct medication is present) – these will be identified on the risk assessment under supporting medical conditions.

11. AAIs

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's **Allergy Safety Policy**. The school's Allergy Safety Policy is implemented consistently to ensure the safety of those with allergies.

- To aid prevention of anaphylaxis, Cheadle Primary School is allergy aware and nut free. We work in conjunction with the catering firm to do all that is realistically possible to ensure this.
- A medical list will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A hard copy of this will be held in the school office and the staff lounge, but an online copy will be kept on SharePoint for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- Where a pupil has been prescribed an AAI, a Individual Healthcare Plan will be produced by the school.
- Pupils who have prescribed AAI devices, and are over the age of seven, when leaving the school for educational visits etc, are able to keep their device in their possession. For pupils under seven, AAIs will be kept by the designated member of staff, who will be close at hand at all times.
- For all pupils who have prescribed AAI devices, these are stored in a suitably safe and central location: **the child's classroom**.
- Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- In the event of anaphylaxis, a designated staff member will be contacted.
- 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, such as where the pupil needs restraining.
- Where a pupil 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.
- In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered.
- When AAIs are used, the following information will be recorded:
  - Where and when the reaction took place
  - How much medication was given and by whom
- Where an AAI has been administered an ambulance will be called for. Records and used AAIs will be passed on to paramedics.
- AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- In the event of a school visit, pupils at risk of anaphylaxis will have their own AAI with them and the school will consider taking their spare AAI in case of an emergency.
- Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

With regard to Natasha's Law:

- The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.
- The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

12. Defibrillators

The school has two automated external defibrillators (AED), Mediana and Heartsine.

- One AED is stored in the **front main entrance of the school and the other is stored on the front of the Kindergarten Building**
- All staff members and pupils are 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 schools has been carried out.
- No training is 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 are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use. More information may be found in the First Aid Policy.
- The emergency services will always be called where an AED is used, or requires using.
- AED will be used in paediatric mode for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a **weekly** basis by R Chandler and when directed by the maintenance company, with a record of all checks and maintenance work being kept up-to-date by the designated person.

13. Action in an Emergencies

A copy of this information will be displayed in the school office.
Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

- The school's telephone number: **01538 714890**
- Your name
- Your location: **Cheadle Primary School, The Avenue, Cheadle, Stoke-on-Trent, ST10 1EN**
- Provide the exact location of the patient within the school
- Provide the name of the child and a brief description of their symptoms
- Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask office staff to contact premises to open relevant gates for entry.
- Contact the parents to inform them of the situation.

A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

14. Activities Beyond the Curriculum

Reasonable adjustments will be made to enable pupils with medical needs such as Type 1 Diabetes / Epilepsy to participate fully and safely in educational visits, residential visits, sporting activities and other activities beyond the curriculum.
When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.

15. Unacceptable Practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their Individual Healthcare Plan.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school visits.

Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

16. Complaints

An individual wishing to make a complaint about the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance.

If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

17. Unacceptable Practice

Cheadle Primary School governors ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
The school holds an insurance policy with **Risk Protection Arrangement** (RPA specifically for schools**)** covering liability relating to the administration of medication. The policy has the following requirements:

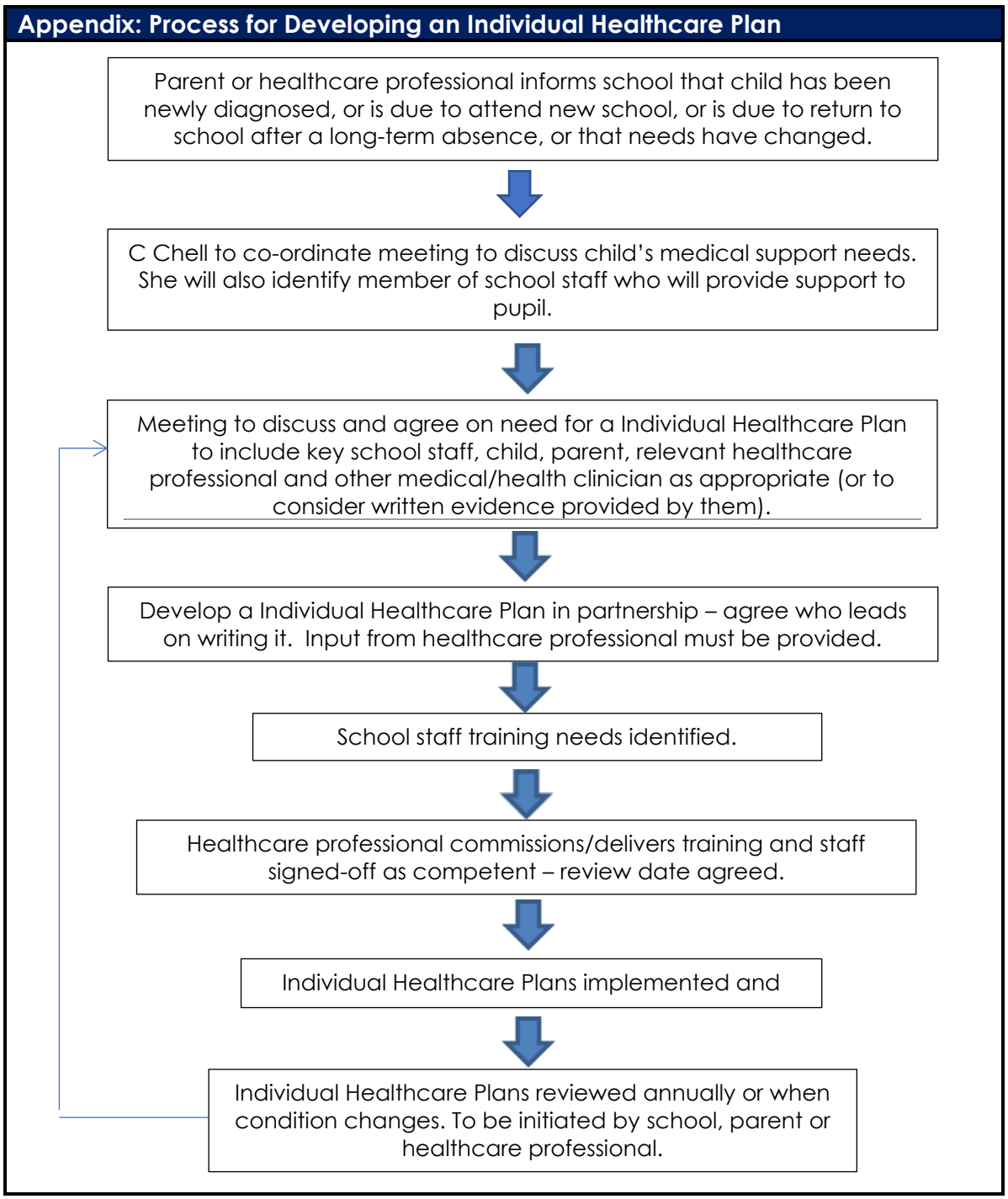
- **All staff must have undertaken appropriate training**.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

18. Equality Impact Statement

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

19. Appendix: Process for Developing an Individual Healthcare Plan



20. Appendix: Individual Healthcare Plan

Individual Healthcare Plan

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

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child'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

Signatures

Signed	Print name	Relationship to pupil	Review date

For school use only:

Certification that we have received, via a known email address, confirmation that no changes are needed for the individual healthcare plan.

Signed	Print name	Role in school	Review date

21. Appendix: parental agreement for setting to administer medicine

Parental agreement for CPS to administer medication

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

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

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I 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/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.

Signature(s)_____ Date _____