St James Church of England Primary School, Handsworth

SUPPORTING CHILDREN WITH MEDICAL NEEDS & ADMINISTRATION OF PRESCRIBED MEDICINES POLICY
September 2026

- **Policy approved by Governing Body:** October 2026
- **Date of next review:** September 2027
- **Responsible person:** Jayne Pritchard (DHT)

Contents

Section 1	Introduction: Our Commitment to Every Child
Section 2	Purpose of this Policy
Section 3	Background
Section 4	On admission to school
Section 5	Administration and Storage of medication in school
Section 6	Self-administration of medicines
Section 7	Individual Healthcare Plans (IHPs)
Section 8	Asthma
Section 9	Adrenaline Auto Injector (AAI)
Section 10	Out of School activities and Educational visits
Section 11	Storage and Disposal of Medication
Section 12	Roles and responsibilities
Section 13	Medicines in the Early Years Foundation Stage (EYFS)
Section 13a	Mental Health Conditions
Section 14	Emergency procedures
Section 15	Record Keeping
Section 16	Unacceptable Practice
Section 17	Claims of Alleged Negligence
Section 18	Complaints
Section 19	Appendices

At St James CofE Primary School, children are at the heart of everything that we do. Our school is built on the values of **LOVE** – values that guide us in creating a nurturing, inclusive community where every child can flourish. We believe that all children, regardless of any medical condition or health need, deserve to receive the very best education and care. Our aim is to treat all children fairly and with respect, enabling them to take part in all activities and make the most of every opportunity we offer.

This policy reflects our commitment to:

- **Removing barriers** – ensuring that no child is prevented from participating fully in school life because of a medical condition
- **Promoting independence** – supporting children to develop confidence in managing their own health needs as they grow
- **Working in partnership** – collaborating closely with parents, carers, healthcare professionals and our pupils to provide the best possible support
- **Creating a safe and caring environment** – where every child feels valued, understood and supported
- **Enabling achievement** – making sure that medical needs never stand in the way of a child reaching their full potential

We recognise that some children may have medical conditions that require additional support during the school day. This policy sets out how we will work together with families and healthcare professionals to ensure that these children receive the care, support and understanding they need to thrive at St James.

Our approach is underpinned by our Christian values:

We see each child as a unique individual, created in God's image, and we are committed to ensuring that every child – whatever their medical needs – experiences the love, compassion and support that enables them to flourish and achieve their God-given potential.

As it says in 1 Corinthians 12:26, *"If one part suffers, every part suffers with it."* We are one school family, and when any child faces challenges with their health, we all work together to support them.

This policy ensures that we fulfil our legal duties while staying true to our values, creating a school where every child can learn, grow and succeed.

Key Principles

At St James CofE Primary School:

- Children and young people with medical conditions will receive appropriate support to ensure they can participate fully in education and be included in all aspects of school life, such as trips, residentials, and after-school clubs.
- We will work in partnership with LA education, health, and social care professionals, children, young people and parents/carers to ensure that the needs of pupils with medical conditions are properly understood and effectively supported.
- We will establish support systems for children and young people with medical conditions, including ensuring that staff receive current and appropriate training.

2. Purpose of this Policy:

This policy aims to:

- Ensure that all pupils with medical conditions receive appropriate care and support at school
- Set out clear procedures for managing medicines and medical needs safely and effectively
- Clarify the roles and responsibilities of staff, parents/carers, pupils and healthcare professionals
- Provide a framework for creating individual healthcare plans where needed
- Ensure that pupils with medical conditions can participate fully in all aspects of school life, including educational visits and physical activities
- Ensure compliance with statutory guidance and legal requirements

3. Background:

This policy has been written using guidance from the Department for Education:

- "Supporting Pupils With Medical Conditions" – DfE (statutory guidance)
- "The Use Of Emergency Inhalers In School" – DFE March 2015
- "Using Emergency Adrenaline Auto Injectors in School" – September 2017
- "The Administration of Medicines in Schools and Settings: A Supplemental Guidance Document" – February 2018

Note: St James C of E Primary School also has a separate Allergy Safety Policy in line with the DfE's statutory guidance "Allergy safety in education and childcare settings" (September 2024). Please refer to that policy for all matters relating to allergies and anaphylaxis.

At St James C of E Primary School, we maintain close links with parents, carers and agencies such as the school nurse and any others providing for pupil health.
Community nursing teams are a valuable resource for school to seek advice and support in relation to children with a medical condition.
School nurses can be contacted at: South Central Birmingham School Nurse Team on 0121 245 5750

Support Services Available

Birmingham School Health Support Service (BSHSS)

Our school is supported by Birmingham School Health Support Service (BSHSS). The school nurse is a key link between educational settings and medical services and works in partnership to support families of pupils with medical needs.
The school nurse works in partnership with our school and families to:

- Write healthcare plans for pupils and provide support for their implementation
- Liaise with clinicians around individual pupils' health needs
- Provide medical needs training for school staff: asthma, anaphylaxis, diabetes awareness, epilepsy, and administration of buccal midazolam
- Provide support for families where difficulties with school attendance are related to health
- Contribute to Safeguarding and Early Help processes
- Provide input to holistic assessments for pupils with Special Educational Needs and Disabilities

The school nurse is responsible for notifying the school when a pupil has been identified as having a medical condition which will require support in school. In turn, we will notify the school nurse when a pupil has been identified as having a medical condition requiring support if we learn of this from another source, such as the parent/carer.

Other healthcare professionals
Other healthcare professionals can offer guidance when specialised expertise is needed, and they are also available to help with healthcare plan training and development. The school nurse will be able to signpost the school to the correct support required which may be from primary care or specialist nurses from secondary care.

As a school we:

- Ask parents to take responsibility for ensuring that their child is well enough to attend school. Please note that parents should keep their children at home if acutely unwell or infectious.
- Seek to support any child with long or short term medical needs. The administration and management of medicines is part of this process.
- Request that, wherever possible, parents ask doctors to prescribe medicines, which can be administered outside the school day.
- Recognise that, at times, it may be necessary for medication to be administered in school. In such cases, agreed procedures must be followed and medication should only be administered when all other options have been explored.

4. On Admission to School:

On admission, all parents and carers will be asked to complete an admissions form, giving full details of any known medical conditions including allergies and dietary requirements. They will also be required to disclose any regular and/or emergency medication along with emergency contact details, the name of the family doctor, any hospital consultants.

5. Administration and Storage of Medication in School:

Should a pupil require medication during the school day, parents / carers must come into school to speak to the member of staff responsible for administering medication who are:

Miss. D. Browne Mrs. N. Sagoo Mrs L. Le Morvan Mrs S. Badesha

When medication is administered in school, this is recorded and countersigned, and a log will be kept in the school office.

All requests must be agreed with a member of the Senior Leadership Team

If agreed:

- The medication must be prescribed by a doctor and be in its original container, with the child's name and dosage clearly visible on the label.
- A request form must be completed by the parent / carer and signed by the Head Teacher or Deputy Head Teacher
- The medication must be handed in to the school office.
- An "Administration of Medication" form (Appendix A) will be completed and signed after each dose by the member of staff responsible (other than inhalers).
- School must be notified in writing if the medication is to change or cease.
- The parent must take responsibility for replenishing the supply.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision.
- Sometimes a pupil's medical condition may mean that they need to take OTC medication. OTC medicines can be administered to pupils on the same basis as

prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the head teacher in accordance with the school's policy and as set out in the pupil's Care Plan, if one is in place.

Parents should be informed if OTC medication has been administered that day, and it is good practice to ask the parent to sign the School Record of Medication Administered to acknowledge that the school has told them that you have given the agreed medication

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time that the child took the most recent dose.

6. Self-Administration of Medicines

We encourage pupils who are competent to take responsibility for managing their own medicines and procedures. This helps to promote independence and prepares them for managing their condition in secondary school and beyond.

Our approach:

- Wherever possible, we allow pupils to carry their own medicines and relevant devices
- Pupils can access their medicines for self-administration quickly and easily
- We assess each pupil's competence to self-administer on an individual basis, in consultation with parents/carers and healthcare professionals
- We aim for pupils to become self-managing by the end of Year 6, particularly for conditions such as asthma and diabetes
- Younger pupils may self-administer under staff supervision

If a pupil refuses to take medicine or carry out a necessary procedure:

- We will not force them to do it
- We will follow the procedure agreed in their individual healthcare plan
- We will inform the parents/carers immediately so we can consider alternative options together

Record keeping:

Even when pupils self-administer, staff will maintain appropriate records of medication use where this is specified in the pupil's IHP.

7. Individual Healthcare Plans (IHPs)

What is an IHP?

Individual healthcare plans are intended to support pupils with physical and mental health conditions to manage their conditions. They lay out what needs to be done, when and by whom. They should be confidential, but easily accessible to everyone who needs to refer to them.

When we create an IHP:

We decide on a case-by-case basis whether a pupil needs an individual healthcare plan. We will consult with the pupil, their family, and the pupil's GP or paediatrician about the child's needs and decide together whether a plan is needed to manage the condition. If we can't reach consensus, the headteacher will make the final decision.

An IHP will be developed for any pupil whose medical condition:

- Is long-term or complex
- Requires regular medication during school hours
- May result in an emergency situation
- Impacts on their ability to participate fully in school activities
- Requires specific support arrangements

Who is involved in creating the plan:

A member of school staff or a healthcare professional will write the plan, in consultation with the parents and the pupil.

The headteacher is responsible for:

- Overseeing the development of the plan
- Making sure all staff who need to know about the plan are aware of it
- Making sure that staff are insured to support pupils with their medical needs
- Making sure there are enough trained staff available to implement the plan, including in contingency and emergency situations

Parents/carers are responsible for:

- Telling the school exactly what their child's medical needs are
- Updating the school if things change
- Carrying out actions they have agreed to do (e.g. providing medicines and equipment or ensuring they or another nominated adult are contactable at all times)

Pupils should:

- Be involved in the discussion and contribute to the plan (where age and developmentally appropriate)
- Explain how their condition affects them
- Follow the process set out in the plan

Healthcare professionals (such as the school nurse or the pupil's paediatrician) will provide advice on how a pupil's medical needs can be met.

What the IHP will include:

The level of detail in the plan will depend on the complexity of the pupil's condition and support needed. Plans will include:

- The medical condition (and its triggers, signs, symptoms and treatments)
- The pupil's needs resulting from the condition, such as:
    - Medication and other treatments
    - Time, facilities, equipment, testing
    - Access to food and drink if used to manage the condition
    - Dietary requirements
    - Environmental issues (such as crowded corridors, travel time between lessons)
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed (e.g. if the child is self-managing their medication)
- Who will provide the support
- Who in the school needs to be aware of the child's condition
- What to do in an emergency
- Staff training needs

Review of IHPs:

IHPs will be monitored and reviewed at least annually, or sooner if:

- The pupil's medical needs change
- Initiated by a healthcare professional
- Requested by parents/carers
- Following an incident or emergency

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix B.

8. Asthma

- The inhalers must be clearly marked with the pharmacy’s dispensing label, showing the child’s name and the dose required.
- Inhalers must be kept in the class asthma box at all times.

- An older child may carry their own inhaler with them, in addition to the one in their classroom. Pupils are encouraged to become self-managing by the end of Year 6 by carrying their own inhaler and using it when needed.
- Teachers will ensure that the class asthma bag is taken on emergency evacuation of the classroom (e.g. fire drill).
- Parents are encouraged to supply a spacer device for their child, to use with their inhaler.
- Most children will not need to use their blue inhaler on a daily basis, therefore, if the child has experienced symptoms and has needed to use their inhaler, parents/carers will be informed.
- Parents/carers will always be informed if their child has an asthma attack.
- If pupils leave the premises for any activity they must have their reliever inhalers with them.
- An emergency salbutamol inhaler is kept in school and should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication**.**
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Exercise and Activity:

- Pupils with asthma are encouraged to participate in PE lessons.
- Some pupils with asthma may need to use their reliever inhaler before exercising.
- Reliever inhalers must be readily available at all times.

9. Adrenaline Auto Injector (AAI)

- An emergency AAI is kept in school and should only be used by children, for whom written parental consent for use of the emergency AAI has been given, who have either been diagnosed with an allergy and prescribed an AAI
- The AAI can be used if the pupil's prescribed AAI is not available (for example, because it is broken, or empty).

10. Out of School Activities and Educational Visits

Risk assessment:

It is essential that a full risk assessment is undertaken before every off-site visit. This must include an assessment of the possibility of administering medication or medical treatment. The headteacher must ensure that appropriate arrangements have been taken into account for administering medication during educational visits and meeting the needs of pupils with medical conditions.

Planning and preparation:

- All staff involved in such visits must be made aware of any pupils with medical needs
- It is the class teacher's responsibility to ensure that all medication is taken on off-site visits
- If pupils leave the premises for any activity, they must have their reliever inhalers and any other emergency medication with them
- Parents/carers will need to fill in a consent form giving permission to administer medicines in off-site activities (Appendix C)
- A meeting should be held well in advance of the trip with parents/carers to explain the reasons and arrangements for medication

Non-prescription medicines on trips:
We may provide non-prescription medicines on school trips in line with our policy. However, we prefer parents/carers to supply their own non-prescription medicine for their child.
If we provide non-prescription medicine, we will only give it to a pupil if:

- We have received prior written consent from the pupil's parents/carers
- It is in line with our school policy
- Staff have checked, and received parental confirmation, that the pupil has previously used the medicine without any negative effect

When parents/carers supply medicine:
Parents/carers should be asked to supply their own non-prescription medicine for their child. Any medicine provided by parents/carers must be:

- In its original container
- Labelled with clear instructions on when and how it should be taken
- Returned to school before the day of the trip, to avoid any confusion and to give time for any necessary staff training

Record keeping:
If staff provide a non-prescribed medicine to pupils, they should:

- Make a record for each pupil, explaining what medicine has been administered and when
- Inform the pupil's parents/carers

Alternative approach:
Alternatively, we may include non-prescription medicines in our first aid kit for trips, if we feel it's appropriate and required. If we do this, we will:

- Purchase medicines from a reliable source
- Check medicines for allergens
- Get prior written consent from parents/carers to administer medicines
- Use appropriate funding
-

11. Storage and Disposal of Medication
General storage:

- All medication, with the exception of emergency medicines (such as asthma inhalers and adrenaline auto-injectors), must be kept in a locked cupboard
- A record must be maintained of the medicines held in school
- Pupils must know where their medicines are at all times and be able to access them immediately
- Where relevant, pupils must know who holds the key to the storage facility
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (AAIs) are always readily available to pupils and not locked away

Refrigerated medicines:

- Medicines requiring refrigeration must be kept in their own dedicated refrigerator
- The refrigerator should:
    - Have an uninterrupted power supply
    - Be in a safe and secure location
    - If possible, be in the same location as non-refrigerated medicines
- Medicines must never be stored alongside food
- Antibiotics should rarely be given in school. However, if on rare occasions they are stored in school, they should be kept within a clearly labelled container in the medical fridge

Monitoring and disposal:

- Each term, medicines kept in school will be checked for expiry dates

- Parents will be asked to dispose of any medication that is out of date
- Any out-of-date unclaimed medicines will be taken to the local pharmacy for disposal
- The record for medicines in school will be amended accordingly
- Parents/carers are responsible for ensuring medicines are in date and replenishing supplies as needed

12. Roles and Responsibilities:

The Governing Body will ensure that:

- Pupils with medical needs receive appropriate care and support at school
- A policy for supporting pupils with medical conditions in school is developed, implemented and reviewed regularly
- Sufficient staff are suitably trained
- All staff are aware of the policy and understand their role in its implementation

The Headteacher will:

- Accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so
- Ensure that all staff who agree to administer specialised medication receive appropriate training
- Ensure that training includes the risks and legal liabilities involved and how to deal with emergency situations (see Appendices F and G)
- Ensure that all relevant staff are suitably trained and made aware of any child's condition
- Ensure that any member of school staff knows what to do and responds accordingly when they become aware that a pupil with a medical condition needs help
- Ensure regular training related to emergency medication and management of medical needs is undertaken by all staff as recommended by Birmingham Health Authority (e.g. asthma, epilepsy, diabetes and allergies)
- Ensure that during staff absence, supply staff are fully briefed on any child with a medical condition
- Oversee the development of individual healthcare plans
- Make sure all staff who need to know about a pupil's IHP are aware of it
- Make sure that staff are insured to support pupils with their medical needs
- Make sure there are enough trained staff available to implement IHPs, including in contingency and emergency situations
- Blended approaches are used to support absence due to medical needs in line with Birmingham City Council school attendance guidance

Staff members:

- Can be asked to administer medicines to pupils, but cannot be required to do so
- Teachers' professional duties do not include administering medicines or providing medical care
- However, teachers should take into consideration the needs of pupils with medical conditions who they teach
- All staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Staff who volunteer to administer medicines must receive appropriate training before doing so
- Staff must not administer prescription medicines or carry out healthcare procedures without appropriate training

At St James CE Primary school, Mrs N Sagoo is Lead person for Medical Needs.

Intimate Care

All pupils are entitled to safety, personal privacy, and being treated with respect and dignity. Staff involved in intimate care are particularly sensitive to pupils' individual needs.

- Pupils will be involved in decision making around their intimate care and supported to achieve the highest level of independence possible given their age and abilities
- Arrangements for pupils' intimate care will be agreed in consultation with parents in line with school intimate care policy and Local Authority advice and guidance

First Aid Provision

Designated members of staff at St James regularly undertake training in the administration of first aid in line with DfE guidance: https://www.gov.uk/government/publications/first-aid-in-schools

- A proportion of staff trained have received paediatric first aid training
- A supply of first aid materials is stored securely and used to replenish first aid boxes placed in each classroom and strategic positions around school
- First aid materials are available for staff to use when taking pupils on visits outside of school
- The school has a process to notify parents or carers if their child experiences an accident, either promptly by phone or verbally/in writing at the end of the day, depending on the nature of the incident
- Injuries will be entered into the school accident book in line with health and safety guidelines (see school health and safety policy)
- Resources are available to protect staff from infection or contamination when dealing with accidents or personal care needs
- A regular programme is followed to maintain sufficient qualified first aiders to ensure the safety of pupils and staff across the school
- A trained first aider accompanies all residential visits

Named First Aiders: Miss D. Browne, Mrs N. Sagoo, Ms C Newbury, Mr E Channer, Ms F Rahman, Mrs S Sailopal have had paediatric first aid training as well as all teaching assistants/lunchtime supervisors having first aid training.

Ensuring sufficient trained staff:

We will make sure we have enough staff who are trained and competent to support all pupils with medical conditions. If not enough people volunteer, we may need to recruit staff members for this purpose.

We have risk assessments and contingency plans covering pupils' medical needs. These cover what to do if trained members of staff aren't available to administer medicine, such as having emergency contact numbers for a parent, carer or doctor who would be able to come to school to administer it.

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

Parents/carers should:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- In some cases, be the first to notify the school that their child has a medical condition
- Carry out any action they have agreed to as part of the IHP's implementation (e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times)
- Inform the school immediately of any changes to their child's medication, care plan or condition

The School Nursing Team will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
Pupils should (where age and developmentally appropriate):

- Be involved in discussions about their medical needs
- Contribute to their individual healthcare plan
- Take increasing responsibility for managing their own medicines and procedures
- Follow the process set out in their plan

13. Medicines in the Early Years Foundation Stage (EYFS)
In our EYFS provision, we must:

- Have a policy and procedures for administering medicines (this policy applies to EYFS)
- Make sure staff are trained if administering a medicine requires medical or technical knowledge
- Only administer prescription or non-prescription medicines where written permission has been received from parents/carers
- Keep a written record each time a medicine is administered to a child
- Inform the child's parents or carers on the same day of administering the medicine, or as soon as possible

These requirements are set out in the EYFS statutory framework for group and school-based providers.

Section 13A: Mental Health Conditions
Staff work closely with all mental health professionals to ensure pupils' needs are met in school. As a school we will ensure that:

- There are systems and processes in place for identifying possible mental health needs, including routes to escalate and clear referral and accountability systems
- All staff understand the risk factors associated with mental health and wellbeing in order to provide timely and appropriate support
- Staff will understand the most common mental health needs
- The Named Lead for Medical Needs and pastoral team work closely to plan support for the mental health needs of pupils

Section 14: Emergency Procedures
The school will ensure that all staff know what action to take in the event of a medical emergency, including who to contact within the school, how to contact emergency services and what information to give.

- Procedures are in place and understood by all staff about how to get help in an emergency first aid situation
- A list of trained first aiders is maintained and made known to all school staff
- Healthcare plans contain information on how emergency medication should be stored and administered
- Notices about emergency aid are clearly shown to assist staff when they call for an ambulance
- Emergency asthma inhalers and auto adrenaline injectors are available in the school office for children who need prescribed medication but cannot access it during emergencies
- If a pupil needs to be taken to hospital, and their parent or carer is not immediately available, a member of staff will accompany them and will stay with them until a parent/carer arrives. The school has procedures in place so that a copy of the pupil's healthcare plan is sent to the emergency care setting with the pupil

For Critical Incidents contact: The Education Safeguarding Team: EducationSafeguarding@birmingham.gov.uk

Section 15: Record Keeping

The following records will be securely stored by the school:

- A school accident book
- Healthcare plans
- Asthma register
- Allergy register (cross-reference to separate Allergy Safety Policy)
- A list of staff training, including regular training (e.g. asthma/anaphylaxis), school qualified First Aiders, those who hold a paediatric certificate and specialist training for particular conditions e.g. diabetes
- Risk assessments
- Parental/carer permission for administration of medicines
- Records of medication given

Records will be stored securely in accordance with GDPR and the school's data protection policy.

16. Unacceptable practice

Although school should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing/administering their inhalers/medication
- Assume children with the same condition require the same treatment
- Ignore the views of the child/parents, or ignore medical evidence/opinion (although this may be challenged)
- Send children with conditions home frequently or prevent them from doing normal school activities unless specified in their plan
- If the child becomes ill, send them to the school office or medical room unaccompanied
- Penalise children for their attendance record if absences are related to their condition
- Prevent pupils from drinking, eating or toilet breaks whenever they need to in order to manage their condition
- Require parents/carers to feel obliged to attend school to administer medication or support the medical needs of their child
- Prevent children from participating in any aspect of school life

17. Claims of Alleged Negligence:

The Governing Body ensures that the appropriate level of insurance is in place in accordance with DfE statutory guidance "Supporting pupils with medical conditions at school."

Birmingham Education Service, as part of Birmingham City Council, indemnifies its staff against claims of alleged negligence when administering prescribed medication, providing that:

- They are acting in a reasonable manner and in the best interests of the pupil/s
- They have received appropriate training

Any claims for alleged negligence would be directed against the insurance holder i.e. Birmingham City Council and not against the individual concerned.
Staff who undertake responsibilities and/or delegated health tasks within this policy are covered by the school's insurance.

18. Complaints:
Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.

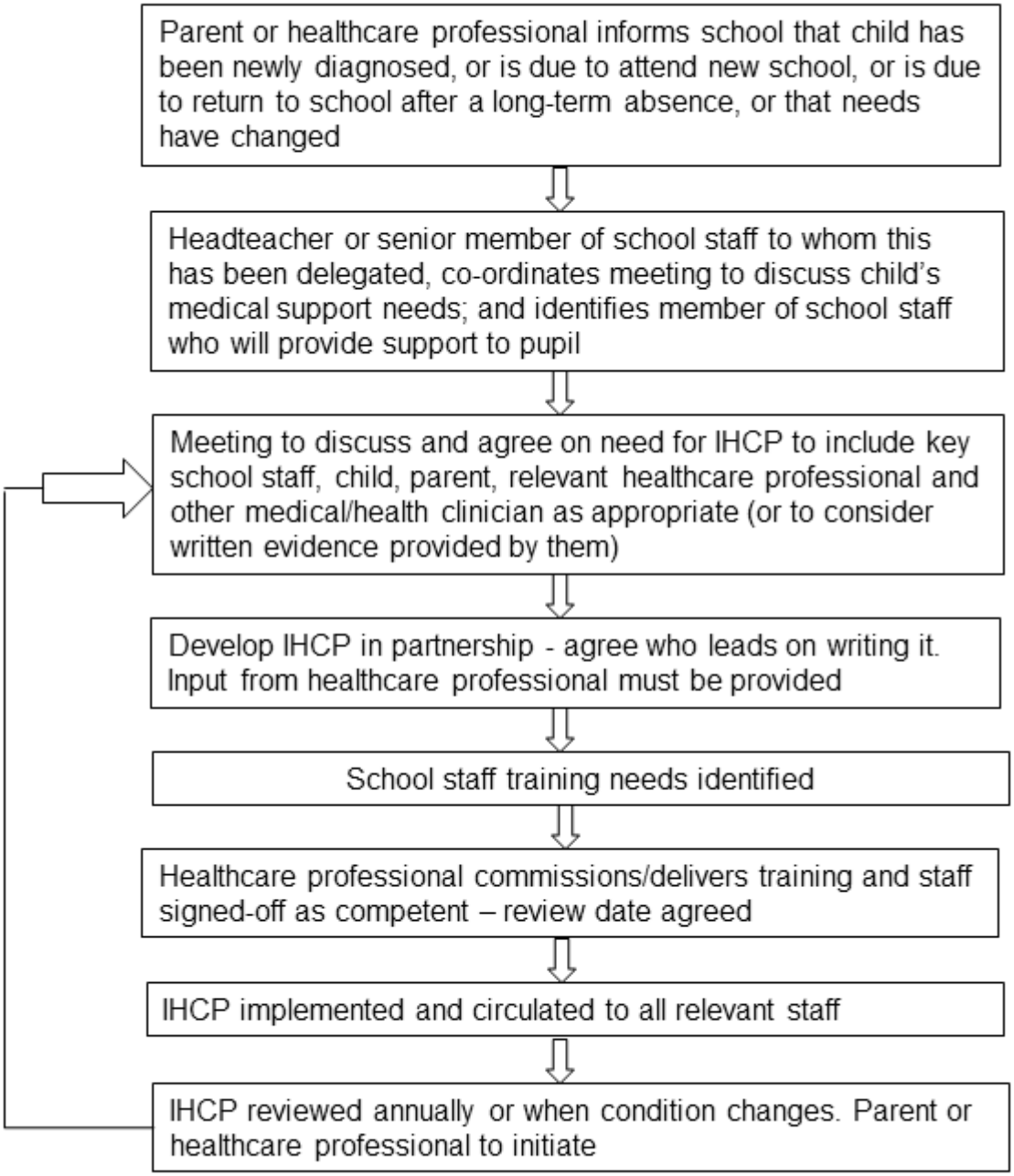
Formal complaints should be made via the school's complaints procedure
APPENDICES

This policy is supported by the following appendices:

- **Appendix A:** Flow chart for developing 'Individual Healthcare Plans'
- **Appendix B:** Parental consent form for administering medicines on site and off-site educational visits
- **Appendix C:** Parental consent form for the emergency Salbutamol inhaler
- **Appendix D:** Parental consent form for the emergency adrenaline auto-injector
- **Appendix E & F:** Emergency Response Procedures
- **Appendix G:** Contacting the Emergency Services Prompt Poster
- **Appendix H:** Individual Healthcare Plan

Appendix A

Model process for developing individual healthcare plans



Appendix B

Consent Form to Administer Medicines on School site and off-site activities

School staff will not give your child medication unless this form is completed and signed.

Dear Head teacher

I request and authorise that my child* be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		**Date of birth**	
Address **Daytime Tel no(s)**			
Group/Class/Form			
Medical Condition or Illness, and reason for medication			
Name of medicine:	**N.B Medicines must be in their original container, and clearly labelled**		
Special precautions e.g. take after eating			
Are there any side effects that the school needs to know about		**Dose**	
Time of Dose		**Maximum Dose** (if applicable)	
Start Date		**Finish Date**	

I confirm that:

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- This medicine has been given without adverse effect in the past/ I have made the school aware any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
- The medication is in the original container labelled with the contents, dosage, child's full name and is within its expiry date; and
- 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 and my child's Care Plan. 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.

Signed (parent/Carer)	
Date	
Based on the above information the Head Teacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours **Signed (Head teacher)**	

APPENDIX C

Consent for Use of Emergency Salbutamol Inhaler

Student Name: _____ Date of Birth: _____

Class: _____

I confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring to school every day.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an **emergency inhaler** held by the school for such emergencies.

I understand that:

- The emergency inhaler will only be used if my child's own inhaler is unavailable or unusable.
- The inhaler will be administered by trained school staff.
- A record will be kept of any use of the emergency inhaler, and I will be informed as soon as possible.

Parent/Carer Name: _____ Signature: _____

Relationship to child: _____ Date: _____

Emergency Contact Number(s): _____

APPENDIX D

Consent for Use of Emergency Adrenaline Auto-Injector

I, _____ (Parent/Guardian's full name), am the parent/guardian of:

Child's Name: _____
Date of Birth: _____

In the event that my child displays symptoms of **anaphylaxis** and their prescribed adrenaline auto-injector is **unavailable** or **unusable**, I give my consent for trained staff to administer adrenaline from the **emergency adrenaline auto-injector** held by the school.

I understand that:

- The emergency auto-injector will only be used if my child's own device is not available or cannot be used.
- Staff administering the injection will be trained in recognising anaphylaxis and using the device.
- Emergency services will be contacted immediately after administration.

Medical Condition(s): _____
Known Allergies/Triggers: _____

Parent/Guardian Name: _____ Signature: _____
Relationship to child: _____ Date: _____
Emergency Contact Number(s): _____

APPENDIX E

Asthma Attack - What to do in an emergency

What to look for:

- difficulty breathing
- wheezing and coughing
- distress and anxiety
- difficulty speaking, shown through short sentences and whispering
- signs of hypoxia such as grey-blue tinge to the lips, earlobes and nailbeds
- exhaustion, in the case of a severe attack

It is important to note that not all children will display all of the symptoms. Any combination of the above symptoms may indicate asthma and treatment should be offered.

What to do:

- Sit the child down in a comfortable position. Reassure the child and ask them to take their usual dose of their reliever inhaler. **It is important that the medication is taken to the child.** Ask them to breathe slowly and deeply. If the child has a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer when being used for young children. There are emergency inhalers stored in the medical cupboard by the front office and the medical room which can be used when the child does not have theirs available.
- Ensure a First aider :Neelam Sagoo/Diane Browne/Farrah Rehman/Chantel Newbury/Sneh Sailopal/Ethan Channer is made aware of the situation.
- If a child has no inhaler call 999 or 112 for emergency help
- Loosen any tight clothing around the neck or chest.

A mild attack will normally ease after a few minutes. If it doesn't an ambulance should be called. If there is no improvement within a few minutes, it may be a severe attack.

- Help the child to use their inhaler if needed
- Child to take one to two puffs of their inhaler every two minutes, to a maximum of 10 puffs.
- If the attack is severe, and they are getting worse, or becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
- Monitor the child's breathing and level of response. If the ambulance hasn't arrived within 15 minutes, repeat the step below
- Child to take one to two puffs of their inhaler every two minutes, to a maximum of 10 puffs

APPENDIX F

Anaphylaxis – What to do in an emergency

What to look for:

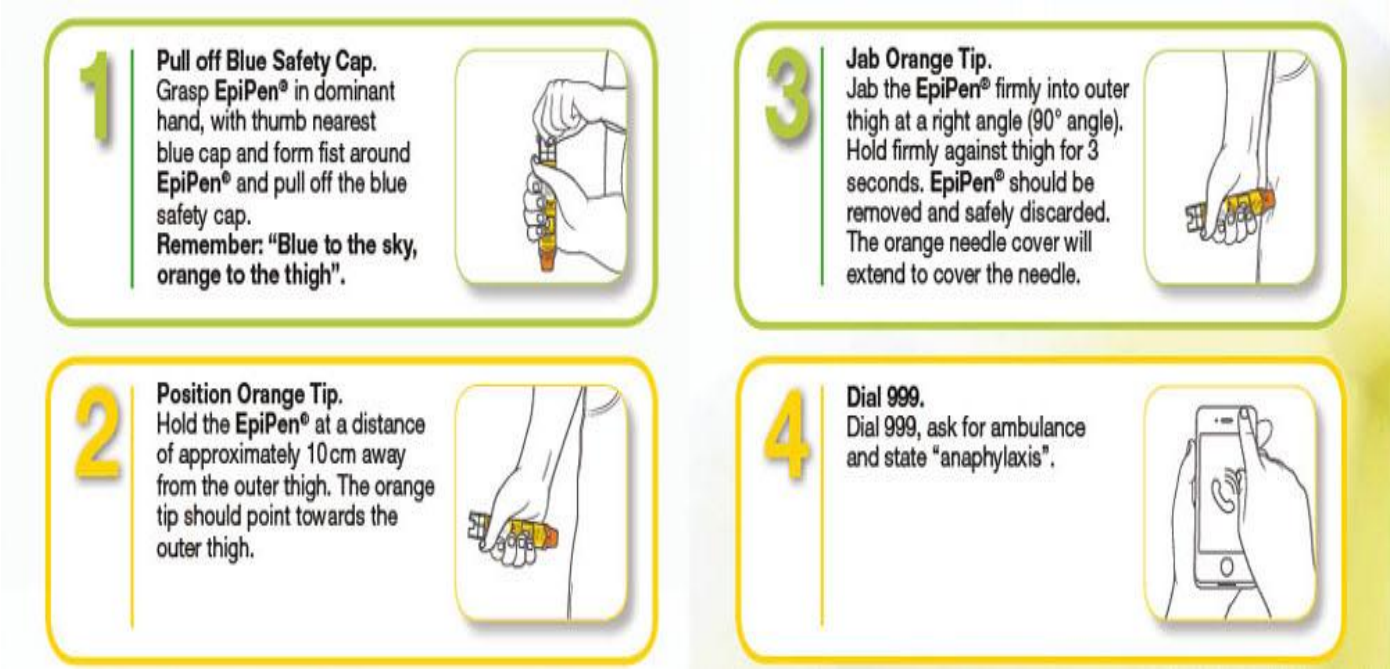
- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure)

It is important to note that not all children will display all of the symptoms. Any combination of the above symptoms may indicate anaphylaxis and treatment should be offered.

What to do:

- Call for assistance immediately from the first aider - Neelam Sagoo/Diane Browne/Farrah Rehman/Chantel Newbury/Sneh Sailopal/Ethan Channer
- Ensure an ambulance is called. The office staff will know that they need to direct the paramedics to the child
- The first line treatment for severe symptoms is adrenaline (epinephrine) given by an injection into the upper outer muscle of the thigh. Adrenaline given in this way is a safe treatment and you should not hesitate to use it if required. It starts to work within minutes, reducing swelling, relieving wheeze and improving blood pressure. Adrenaline is life saving and must be used promptly in anaphylaxis. Delaying the giving of adrenaline can result in deterioration and death. This is why using an adrenaline device is the first line treatment for anaphylaxis. IF IN DOUBT, GIVE ADRENALINE FIRST and then call for help. **It is important that the help should be bought to the child not the child to the help.**
- As well as First Aiders, all staff have had Epipen training and can administer treatment.
- Do not wait to see if the symptoms clear up –All children receiving emergency adrenaline should be transported to hospital for further care. Dial 999 and inform the controller that the patient is suffering from anaphylaxis.
- Crowd control. Children will naturally gather around to see what has happened. Move the crowds back, ensuring ease of access to the child for the paramedics

The diagram below shows how to administer the Epipen.



Note: Jext is given in the same way as Epipen but is held in place for 10 seconds

Appendix G: Contacting the emergency services Prompt Poster

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 St James CE Primary School, Handsworth, B21 8NH
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 setting setting
6. provide the name of the child 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

Appendix H: Individual Health Care plan template

Please note that sometimes the Health Care plan is known as or referred to as an 'Alert Card' or 'Medical Needs Care plan'. We have used the term 'Health Care plan' as this is consistent with current government guidance.

Individual Health Care plan

Name**:**

Date of birth**:**

Class**:**

Setting**:**

Attach child's photograph here

Emergency contact telephone numbers		
Name:	**Home**:	**Mobile**:
Name:	**Home**:	**Mobile**:
GP:		
Hospital contacts:		
Medical condition:		
Describe the condition and give details of individual symptoms:		
Treatment of symptoms:		
Care in an emergency:		
Special requests from parents:		

Parent/Carer Signature **Print Name**	
Setting Nurse Signature **Print Name**:	
Setting Staff Signature **Print Name**	

If this card is to be displayed anywhere other than in the class register, parental consent must be obtained.