

CHANCERY EDUCATION TRUST

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

MAY 2025

Next Review Date: May 2026

Staff should make themselves aware of all policies and amendments or updates to policies and adhere to the same, which will be made available on relevant websites and internal data and computer systems.

Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Chancery Education Trust – Supporting Pupils with Medical Conditions Policy
May 2025

Executive Summary for the CET – Supporting Pupils with Medical Conditions Policy May 2025:

Purpose & Commitment

- Ensures pupils with **physical or mental health conditions** are fully supported to participate in school life and achieve academically.
- No pupil will be denied admission due to their medical needs.
- Safeguards are in place to prevent health risks to pupils and staff (e.g., infectious diseases).

Key Aims

- Provide **proper care and support** for pupils with medical conditions.
- Clarify the **roles and responsibilities** of staff, parents, and external professionals.
- Minimize the impact of medical conditions on education, social life, and wellbeing.

Legal Framework

- Based on Section 100 of the **Children and Families Act 2014** and the **Equality Act 2010**.
- Complies with updated DfE guidance on supporting pupils with medical conditions.

Roles & Responsibilities

- **Headteacher/Principal:** Oversees implementation, staff training, Individual Healthcare Plans (IHCPs), and coordination with local authorities.
- **Staff:** Provide trained support, respond to emergencies, and maintain communication about pupils' needs.
- **Admin Team:** Maintain up-to-date medical records, inform staff of changes, and support IHCP development.
- **Parents:** Provide accurate, up-to-date medical information and medicines, and help develop IHCPs.
- **Pupils:** Communicate their needs and comply with their IHCPs.
- **Local Authorities:** Notify schools of medical needs, support training, and arrange education for pupils absent for medical reasons.

Individual Healthcare Plans (IHCPs)

- Developed collaboratively between school, parents, and healthcare professionals.
- Outline:
 - Medical condition, treatment, and triggers.
 - Emergency procedures.
 - Impact on learning and daily activities.
 - Training needs of staff.

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- Reviewed annually or when the condition changes.

Emergency Procedures

- Staff follow detailed plans in IHCPs.
- Parents are contacted promptly.
- Staff accompany pupils to hospital if needed and stay until a parent arrives.

Administering Medicines

- Only given with **written parental permission**.
- Must be:
 - In-date and in original containers (except insulin).
 - Properly labeled with dosage instructions.
- Non-prescribed medicines given only in extenuating circumstances.
- Self-administration is encouraged when appropriate.

Storage & Disposal

- Medicines must be accessible but secure.
- Parents are responsible for ensuring medicines are in-date and collecting expired/unneeded medications.

Off-Site Trips

- Risk assessments ensure safe participation.
- Adjustments made to accommodate individual medical needs.

Unacceptable Practices

Includes:

- Preventing access to medication.
- Sending pupils home unnecessarily.
- Penalizing for medical-related absences.
- Requiring parents to administer routine medication.

Insurance & Complaints

- Staff are covered by **DfE's Risk Protection Arrangement (RPA)**.
- Complaints should be raised with the Headteacher first, escalating to formal procedures if unresolved.

Supporting Documents & Forms

Includes:

- Emergency contact forms.
- IHCP templates.
- Medicine administration records.
- Seizure and allergy management protocols.

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CHANCERY EDUCATION TRUST

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

This policy has been drawn up in accordance with the DfE guidance *Supporting pupils at school with medical conditions*.

Purpose of policy:

We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at our Academy Schools so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our Academy School because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy outlines the correct procedures and protocols the Academy Schools within the Trust will follow to support pupils with long-term and/or complex medical conditions, whilst safeguarding staff by providing clear and accurate guidance to which all staff can adhere to.

This policy will be readily accessible to parents and all staff and will be reviewed annually by the Headteacher/Principal to keep up-to-date with statutory and non-statutory guidance and legislation.

Aims of the Policy

- To ensure arrangements are made for children with medical conditions
- To ensure arrangements are made for children with medical conditions to receive proper care and support whilst meeting our legal responsibilities
- To provide guidance to all teaching and non-teaching staff members, ensuring staff are fully supported in carrying out their role to support pupils with medical conditions, including the procedure in an emergency situation
- To identify the areas of responsibility and roles for all parties involved in the arrangements made to support pupils at school with medical conditions, including pupils, parents, staff, Headteacher/Principal, the Trust's Governing Board

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- To ensure procedures are followed to limit the impact of pupils educational attainment, social and emotional wellbeing that can be associated with medical conditions, both on site and during off site trips

Legislation Framework:

This document replaces previous guidance on Managing Medicines in schools and early years published in March 2005.

Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies to make arrangements for supporting pupils with medical conditions at school. This is because pupils with long-term and complex medical conditions may require:

- On-going support, medicines or care whilst at school to help them manage their condition
- Monitoring and intervention in emergency circumstances

The Governing Board must further comply with their duties under the Equality Act 2010 towards disabled children and adults.

Roles and Responsibilities:

Supporting a child with a medical condition during Academy School hours is not the sole responsibility of one person. Collaborative working between staff, healthcare professionals, Local Authorities, parents and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively.

Some of the most important roles and responsibilities at our Academy Schools are listed below, however this is not an exhaustive list:

The **Headteacher/Principal** is responsible for:

- Ensuring all staff are aware of this policy
- Implementing this policy effectively and ensuring that **all** relevant staff members are aware of how to support pupils with medical conditions including their role in its implementation
- The development of individual healthcare plans (IHCP's)
- Ensuring there are sufficient trained members of staff available to implement the policy and deliver against all IHCP, including in contingency and emergency situations
- Ensuring all staff who need to know are aware of the child's condition
- Safeguarding staff within their Academy School by appropriately insuring them and making them aware that they are insured to support pupils with medical conditions
- Liaising with the Local Authorities to inform them of a medical condition that has not yet been brought to their attention, which may require medical support at the Academy School

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Staff (teaching and non-teaching) should:

- Provide support to pupils with medical conditions. Medicines are administered by those who have been trained/made responsible in the Academy School with written permission from the parent/carer.
- Take into account the needs of pupils with medical conditions that they teach
- Receive sufficient and suitable training to achieve the necessary level of competency before they take on the responsibility to support children with medical conditions
- Know what to do and respond accordingly and/ or swiftly when they become aware that a pupil with a medical condition needs help, particularly those with asthma or life threatening medical conditions that require prompt action
- The class teacher and office administrator must ensure that all supply teachers/cover staff are made aware of those children with medical conditions and whether they require medication.

Administration Team

- The admin officer/office member will ensure every class teacher has an up-to-date class list detailing pupil's medical condition and the medication that they require during school hours or in an emergency.
- A central record will be kept hard copy in the school office and electronically for reference.
- The office team/administrator must inform the class teacher immediately if any changes are made to a child's medical needs or medication and the class list amended accordingly.
- The administrator with responsibility for pupil welfare will oversee the compilation of the IHCP, together with the Inclusion team, as appropriate.

Pupils should:

- Provide adequate information about how their condition affects them
- Be fully involved in discussions about their medical support needs
- Comply with their IHCP

Parents should:

- Sign the Parental Agreement Form (Refer to Appendix 1 Forms)
- Provide in date medicine and equipment and ensure they or another nominated adult are contactable at all times
- Provide sufficient and up-to-date information to the Academy School about their child's medical needs
- Be involved and assist in drafting and developing their child's IHCP

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Local Authorities (LA) are responsible for:

- Working with relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving well-being of children so far as relating to their physical and mental health and their education, training and recreation
- Notifying the Academy School when a child has been identified as having a medical condition, which will require support. This should, where possible, be done before the child starts at the Academy School.
- Provide support, advice and guidance, including suitable training for Academy School staff to ensure that the support specified within the IHCPs can be delivered effectively
- Working with the Academy School to ensure that they support pupils with medical conditions to attend full time education
- Making alternative arrangements where pupils would not receive a suitable education in a mainstream Academy School because of their health needs when it is clear that a child will be away from school for 15 days or more because of their health needs

Notification of a Medical Condition

When the Academy School is notified that a child has been identified as having a medical condition that requires support, the following procedure is put in place:

- If necessary, the office will notify the Headteacher/Principal who should take the necessary steps to co-ordinate a meeting to discuss the child's medical support needs. The meeting will involve key staff, the pupil, parents and relevant healthcare professionals as appropriate
- A decision will be made as to whether an IHCP will be created for the child
- For children new to the Academy School, support arrangements must be in place before the child starts in school
- In cases where the child moves to the Academy School mid-term or receives a new diagnosis, the Academy School will make every effort to ensure the arrangements are in place. Depending on the severity of the condition, medical opinion will be sought

The Academy School will 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 made about what support to provide based on available medical evidence and through consultation with parents.

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Individual Healthcare Plans (IHCP):

A pupil's IHCP provides clarity about what needs to be done, when and by whom. When deciding whether an IHCP is appropriate and proportionate, the Academy School should follow the steps below:

Stage 1 – Gathering the information

- The Headteacher/Principal co-ordinates a meeting between the Academy School, healthcare professional and parent to discuss the medical support needs of the pupil
- Pupils should be involved when possible
- The meeting should ascertain whether an IHCP is appropriate, as not all children will require one
- All parties should agree, based on the evidence, as to whether an IHCP would be suitable. However, the Headteacher/Principal is best placed to take the final view if consensus cannot be reached
- The decision should be based on:
 - Whether there is a high risk that emergency intervention will be needed
 - Whether the medical condition is long-term and/or complex
 - Whether the child is returning to the Academy School following a period of hospital education or alternative provision (including home tuition)
 - Whether medical conditions are likely to fluctuate

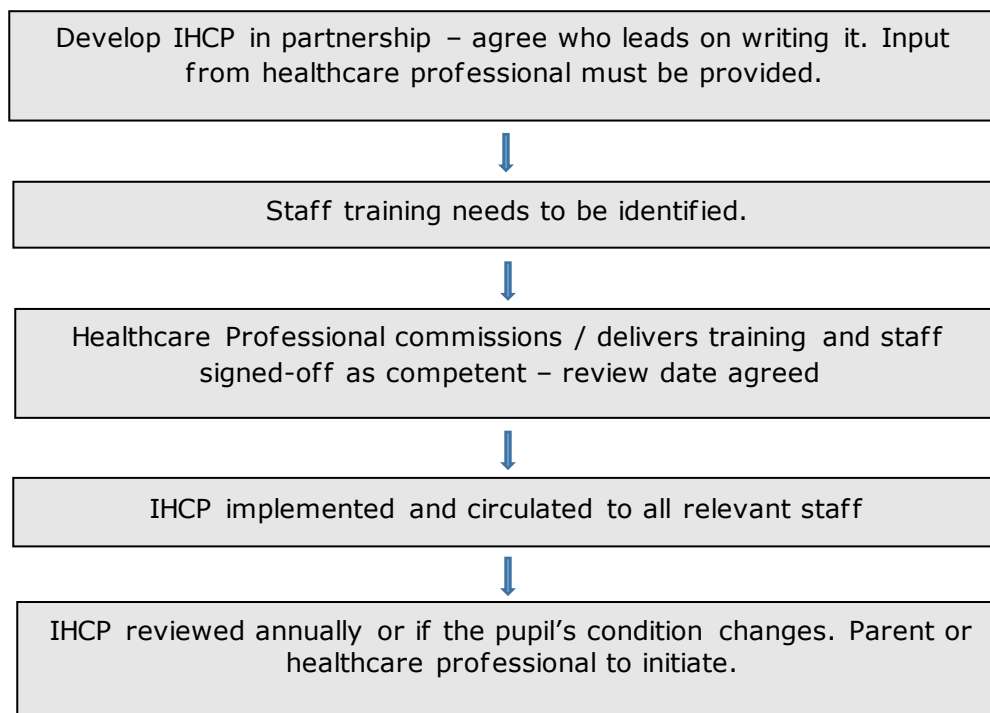
A member of staff should be identified as being the person who will provide support to the pupil.

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Stage 2: Developing an IHCP

The purpose of an IHCP is to capture steps, which the Academy School will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Once the decision has been made to create an IHCP the outlined process should be followed: (Refer to Appendix 1 Forms).



Emergency Process:

As part of general risk management processes, the Academy School have the following arrangements in place for dealing with emergencies situations. Refer to Appendix 1 Forms – Contacting Emergency Services Form, this form should be completed by the Academy School and displayed in the office.

- All pupils in the Academy School should inform a teacher immediately if they think they require help
- The pupils IHCP will clearly define what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of the emergency symptoms and procedures for the individual pupil
- When contacting the emergency service, ensure clear and precise details are given regarding the location and condition of pupil
- When a pupil needs to be taken to hospital, staff will stay with the child until the parent arrives. If a child is taken to hospital by ambulance, staff will accompany the pupil. If possible, relevant medication and child's paperwork should be provided

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- Parents will then be informed and arrangements made regarding where they should meet their child in the event that they are unable to accompany their child in the ambulance. It is vital therefore, that parents provide the Academy School with up-to-date contact names and telephone numbers

All staff need to understand the local emergency services cover arrangements and ensure that the correct information is provided for navigation systems.

Staff Training and Support:

Full staff medical training plans will be retained in the Chancery Education Trust Administrator's office to evidence medical training completed by staff throughout the year.

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training and any member of school staff providing support to a pupil with medical needs will have received suitable training.

Staff must not give medicines without written parental permission or undertake health care procedures without appropriate training. This includes amendments to the IHCP. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Record Keeping

Written records of all medicines administered to individual children will be kept in the office detailing what, how and how much was administered, when and by whom. (Refer to Appendix 1 Forms - Record of Regular Medicine Administered to an Individual Child Form)

Staff should also record details of medication taken within the classroom. (Refer to Appendix 1 Forms - Record of Pupil Medication Administered to an Individual Child Form)

These accurate records offer protection to staff and children, whilst providing evidence that agreed procedures have been followed.

Parents will be informed when their child has been unwell at school by a member of the office staff.

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Administering Medicines

In order to manage pupil's medical conditions effectively, the Academy School will not prevent pupils from eating, drinking or taking breaks when required.

Prescribed medicines may be administered in the Academy School where it is deemed essential and only if written parental permission has been received. Most medicines can be taken outside normal school hours and this will be expected where possible. If however, medicine does need to be taken during Academy School hours, procedures must be adhered to and the correct paperwork completed. Non prescribed medication will be administered in extenuating circumstances and at the discretion of the Headteacher/Principal. Pupils may be competent to manage their own health needs and medicines. We will discuss individual competencies with parents and ensure the IHCP reflects the pupil's competencies for managing their own medicines and procedures.

We will only accept medicines if they:

- Are in-date
- Bare the original prescription label with the child's name
- Are provided in the original container as dispensed by a pharmacist
- Include instructions for administration, dosage and storage

Note: The exception to this is insulin, which must still be in date, but will generally be available to Academy Schools inside an insulin pen or a pump, rather than in its original container

Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available from the office.

Staff will ensure that records are kept of any medication given.

Storage/Disposal of Medicines

Children will not be allowed to carry their own medicines/ relevant devices, unless in exceptional circumstances that the office must be informed of, but will be able to access their medicines in the office and/or classroom for self- medication, quickly and easily. Pupils' medicine will not be locked away out of pupil's access; this is especially important on trips.

It is the parents/carers responsibility to ensure all medication for their child is 'in date' and is replaced by the parent/carer when nearing to its expiry date. It is not the Academy School's responsibility to remind parents when this is.

It is not the responsibility of the Academy School to remind parents to collect medicines that are no longer required or are out of date.

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It is the responsibility of the parent/carer to collect all medicine if a child leaves the Academy School or the medicine goes out of date. If a child leaves the Academy School or the medicine goes out of date and it has not been collected, the school will dispose of the medicine appropriately, without contacting the parent/carer.

Auto Adrenaline Injectors and asthma inhalers will be held by the Academy School for emergency use as per the Department of Health's protocol. These may only be used on a pupil if the parent has signed consent to do so and the Academy School is aware and has a record that the child has already been prescribed any of medication mentioned above.

Defibrillators

Defibrillators are available within some of our Academy Schools as part of the first aid equipment and are clearly displayed. Some first aiders are trained in the use of defibrillators. A list of first aiders and those staff trained in the use of defibrillators is displayed around the Academy School premises. The local NHS ambulance service has been notified of its location.

Off-site procedure

The Academy School will assess what reasonable adjustments can be made to enable pupils with medical needs to participate fully and safely during off-site trips.

All staff members should be aware of how the pupils individual medical condition will impact their participation, but should allow enough flexibility for pupils to participate according to their own abilities, unless evidence from a GP states otherwise.

A risk assessment will be carried out by the class teacher or Head of Year to ensure pupils with medical conditions can participate safely. This will require consultation with parents and pupils and advice from the relevant healthcare professionals.

Unacceptable Practice

Staff should use their discretion and judge each case on its merits with reference to the child's IHCP. However, it is not general acceptable practice to:

- Assume that every child with the same condition requires the same treatment
- Prevent children from accessing their inhalers or medication easily, and administering their medication when and where necessary
- If the pupil becomes ill, send them to the office, unaccompanied or with someone unsuitable
- Send pupils with medical conditions home frequently or prevent them from participating in normal school activities, unless specified in their IHCP

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- Penalise pupils for their attendance record if absences relate to their medical condition i.e. hospital appointments – absence due to medical appointments will be marked with a code 'M' to indicate authorised absence
- Ignore the views of the pupil or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- Prevent children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- Create barriers to pupils participating in any aspect of school life, including off-site school trips
- Require parents to attend school to administer medication or provide medical support to their child unless they have not completed the relevant paperwork giving permission for a member of staff to do so

No parent should have to give up working because we are failing to support their child's medical needs.

Insurance

The Academy School provides the appropriate level of insurance to cover staff providing support to pupils with medical conditions.

The Academy School's insurance arrangements are

Academy School Insurance Arrangements

Insurer:	DfE (RPA)
DWINS Policy Number:	137032
PCK Policy Number:	137070
JWSN Policy Number:	142610
OAK Membership Number:	142234

Complaints

Should parents/carers have a complaint about how their child's medical condition is being supported in school they should contact the Headteacher/Principal in the first instance.

If the concern cannot be resolved with the Academy School directly, a Formal Complaint can be raised. The Complaints Policy is accessible from the Academy School website.

Making a Formal Complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after the above attempts at resolution have been exhausted.

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Appendix 1 - Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan Template
Form 3:	Parental agreement for the Academy School to administer medicine
Form 3A:	Record of regular medicine administered to an individual child
Form 4:	Indication for administration of medication during epileptic seizures
Form 4A:	Epileptic seizure chart
Form 5:	Emergency instruction for an allergic reaction - EpiPen®
Form 5A:	Emergency Instructions for an allergic reaction - Emerade® (NOTE: Emerade® has been temporarily withdrawn)
Form 5B:	Emergency Instructions for an allergic reaction - Jext®
Form 5C:	Generic plan for individuals assessed as not needing an AAI
Form 6:	Symptom and Action flowchart for dealing with an asthma attack
Form 6A:	School asthma card

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Form 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:
[ACADEMY SCHOOL TO ENTER DETAILS]
2. Give your location as follows (insert Academy School address)
[ACADEMY SCHOOL TO ENTER DETAILS]
3. State that the postcode is:
[ACADEMY SCHOOL TO ENTER DETAILS]
4. Give exact location in the Academy (insert brief description)
[ACADEMY SCHOOL TO ENTER DETAILS]
5. Give your name:
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

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

Put a completed copy of this form by the telephone

Form 2 - Individual Health Care Plan (IHCP)

1 CHILD/ YOUNG PERSON'S INFORMATION

1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Home Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name (1):		Name (2):	
Relationship:		Relationship:	
Home phone number:		Home phone number:	
Mobile phone number:		Mobile phone number:	
Work phone number:		Work phone number:	
Email:		Email:	

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD/YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse: (if applicable)		
Key worker:		
Consultant paediatrician: (if applicable):		
GP:		
Health visitor/ school nurse:		
Link person in education:		
Class teacher:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Headteacher / Principal:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/young person has the following medical condition(s) requiring the following treatment:

Medical condition	Medicine	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	
Any medication will be stored	

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition affect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. IMPACT ON CHILD'S LEARNING

	Time	Note
Arrive at school		
Morning break		
Lunch		
Afternoon break		
School finish		
After school club (if applicable)		
Other		

6. CARE AT MEALTIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? If so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

Other healthcare professionals are:

	Name	Signatures	Date
Young person			
Parents/carers			
Healthcare professional			
School representative			
Discussed with School Nurse at Termly Review Meeting			

Form 3

Parental agreement for [ENTER ACADEMY SCHOOL NAME] to administer medicine

The Academy School will not give your child medicine unless you complete and sign this form.

All medicines must be in the original container, in date and with the label as dispensed by the pharmacy. One form to be completed for each medicine.

Name of Pupil _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Name/type and strength of medicine _____
(as described on the container)

Expiry date _____/_____/_____

Period of use _____

Time to be given _____

Dosage and method _____

Special precautions _____

Are there any side effects that we should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to Pupil _____

Address _____

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I understand that:

- I must deliver the medicine safely to the office
- I give consent to staff to administer emergency medication (Auto Adrenaline Injectors and asthma inhalers) held by the Academy School if my child has already been prescribed any of these medicines/devices by their GP
- Children will be able to access their medicines in the office and/or classroom for self-medication, quickly and easily. Pupils' medicine will not be locked away out of pupil's access.
- It is the parents/carers responsibility to ensure all medication for their child is 'in date' and is replaced by the parent/carer when nearing to end of life and not the School's/Academy's responsibility to remind parents when this is.
- It is not the responsibility of the Academy School to remind parents to collect medicines that are no longer required or are out of date.
- It is the responsibility of the parent/carer to collect all medicine if a child leaves the Academy School or the medicine goes out of date. If a child leaves the Academy School or the medicine goes out of date and it has not been collected after a period of one week, the Academy School will dispose of the medicine appropriately, without contacting the parent/carer.

The information I have provided is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained staff administering medicine in accordance with the Policy. I will inform the Academy School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I give consent that any unused or out of date medication may be disposed of accordingly by the Academy School office unless otherwise specified.

Parent's Signature _____

Print Name _____

Date _____

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FORM 4

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Pupil Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This procedure is agreed with parents consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in the Academy School will be recorded. This procedure will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

FORM 4A

SEIZURE MEDICATION CHART

Pupil Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

FORM 5 EpiPen®

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION-EpiPen

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Anaphylaxis Campaign
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

 (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ('ANA-FIL-AX-IS')

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

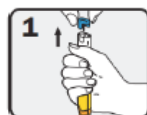
Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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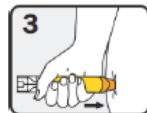
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: 'blue to sky, orange to the thigh'



Hold leg still and PLACE ORANGE END against mid-outer thigh 'with or without clothing'



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

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May 2025

FORM 5A

Emerade® (NOTE: Emerade® has been temporarily withdrawn)

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION-Emerade

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in children's health

**Anaphylaxis
Campaign**
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

 (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1** Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2** Use Adrenaline autoinjector **without delay** (eg. Emerade®) (Dose: . mg)

- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give Emerade®



REMOVE NEEDLE SHIELD



PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Chancery Education Trust – Supporting Pupils with Medical Conditions Policy
May 2025

FORM 5B Jext®

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION-Jext

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of
Paediatrics and Child Health
Creating a better future for children

**Anaphylaxis
Campaign**
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. Jext®) (Dose: . mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ('ANA-FIL-AX-IS')

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give Jext®



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

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May 2025



FORM 5C

GENERIC PLAN FOR INDIVIDUALS ASSESSED AS NOT NEEDING AN AAI



This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)

- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

- 3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available

- 4 Commence CPR if there are no signs of life
- 5 Stay with child until ambulance arrives, do NOT stand child up
- 6 Phone parent/emergency contact

*** IF IN DOUBT, GIVE ADRENALINE ***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

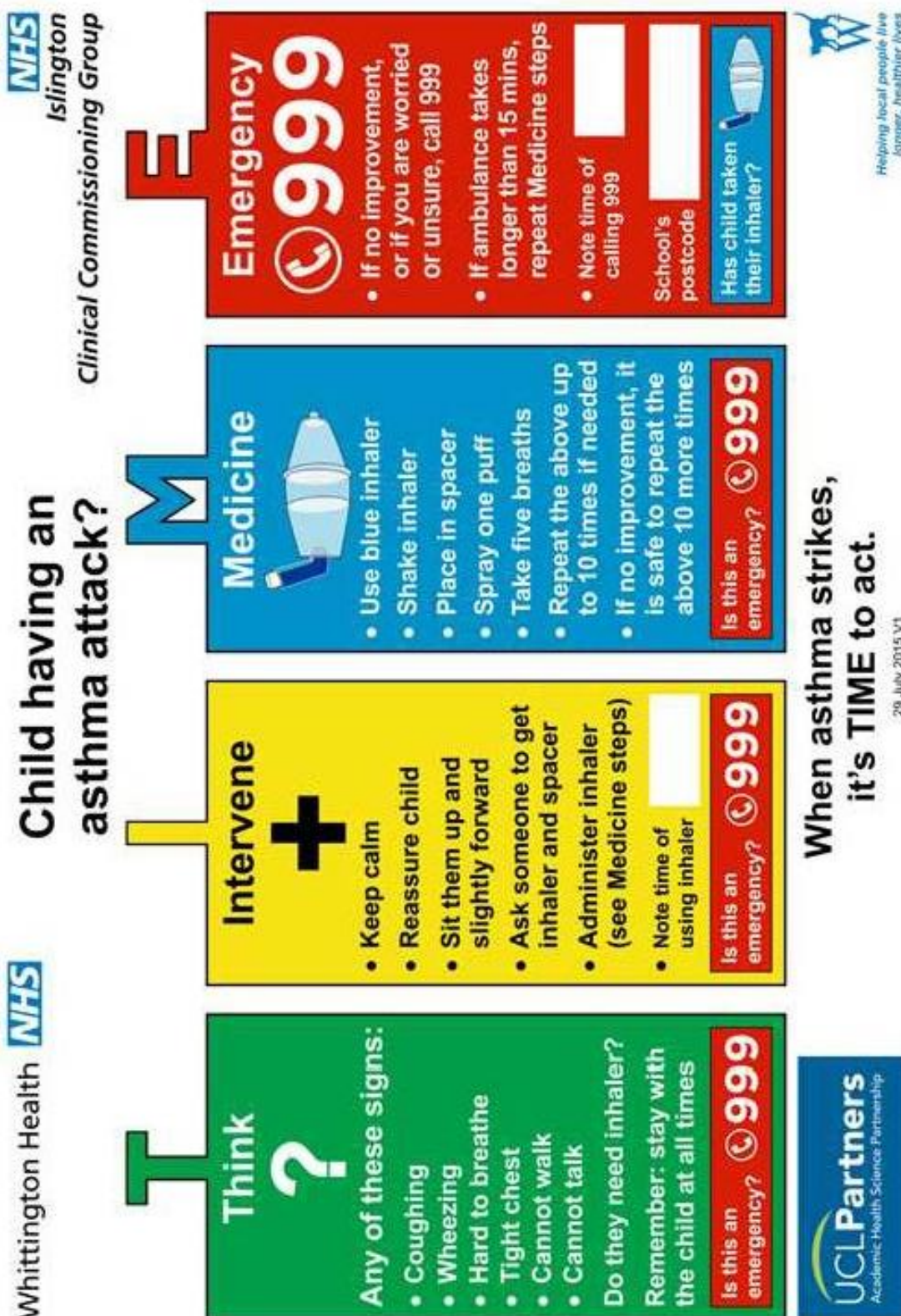
Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

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May 2025



Form 6: Symptom and Action Flowchart for Asthma attack

Children are expected to administer their own asthma pump, but will be assisted if necessary.



Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Form 6A: School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

- ☐ Pollen ☐ Stress
☐ Exercise ☐ Weather
☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?
 Call our friendly helpline nurses
0300 222 5800
 (9am – 5pm; Mon – Fri)
www.asthma.org.uk



© 2015 Asthma UK. Registered charity number in England and Wales 802364 and in Scotland SC039322

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Chancery Education Trust – Supporting Pupils with Medical Conditions Policy
 May 2025



Some Useful Contacts

Allergy UK

Allergy Help Line: 01322 619898

Website: www.allergyuk.com

The Anaphylaxis Campaign

Helpline: 01252 542029 (Mon-Fri 9am to 5pm)

Website: www.anaphylaxis.org.uk

Shine - Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.shinecharity.org.uk

Asthma & Lung UK

Helpline: 0300 222 5800

Website: www.asthmaandlung.org.uk

Council for Disabled Children

Website: www.councilfordisabledchildren.org.uk

Contact a Family

Helpline: 0800 808 3555 (Mon to Fri 9.30am to 5pm)

Website: www.contact.org.uk

Cystic Fibrosis Trust

Tel: 0300 373 1000 or 020 3795 2184 (Mon-Fri 10am to 4pm)

Website: www.cysticfibrosis.org.uk

Diabetes UK

Careline: 0345 123 2399

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0370 000 2288

Website: www.gov.uk/government/organisations/department-for-education-and-skills

Department of Health and Social Care

Tel: 0300 790 4007

Tel (out of hours): 0333 320 1654

Website: www.gov.uk/government/organisations/department-of-health-and-social-care

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Website: www.drc.org.uk

Chancery Education Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Epilepsy Action

Freephone Helpline: 0808 800 5050 (
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

Website: www.hse.gov.uk

Health Education Trust

Email: admin@healtheducationtrust.com
Website: www.healtheducationtrust.org.uk

Hyperactive Children's Support Group

Tel: 01243 539966
Website: www.anhinternational.org/campaigns/the-hyperactive-children-s-support-group/

MENCAP

Telephone: 020 7454 0454 (Mon – Fri 9am to 5pm)
Website: www.mencap.org.uk

National Eczema Society

Helpline: 020 7281 3553
Website: www.eczema.org

National Society for Epilepsy

Helpline: 01494 601400 (Mon & Wed 9am to 7.30pm, Tue, Thur & Fri 9am to 4pm, Sat 9am – 12.30pm)
Website: www.epilepsysociety.org.uk

Psoriasis Association

Tel: 01604 251 620
Website: www.psoriasis-association.org.uk

Supporting Policies

- Asthma Policy
- Educational Visits Policy
- First Aid and Medicine Policy
- Health and Safety Policy
- [Bromley Borough's Medical Needs Policy](#)

www.gov - [Support pupils at school with medical conditions](#)

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Chancery Education Trust – Supporting Pupils with Medical Conditions Policy
May 2025

Monitoring and Implementation Policy

The policy is reviewed annually, although the Trust may vary or amend it periodically to ensure that we fulfil our obligation around the Supporting Pupils with Medical Conditions Policy. All proposed changes to this policy would be made following the approval from the Committee.

	Name	Date
Policy written by	CET Board	May 2025
Review by	CET Board	June 2025
Approved by Committee	CET Board	July 2025
Adopted by Governing Board	Local Governing Body	October 2025
To be reviewed annually		
Review by	May 2026	

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Chancery Education Trust – Supporting Pupils with Medical Conditions Policy
May 2025