



***Hoyle Court Primary School believes that every child is a learner and can achieve.***

POLICY TITLE: Supporting Pupils with Medical Conditions Policy		
COMPILED BY: Claire Thirkill	DATE APPROVED: 19/03/2024	DATE TO BE REVIEWED: 19/03/2025

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## **Statement of intent**

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

Hoyle Court Primary School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence. Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

### **1.) Legislative framework**

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

- The Children and Families Act 2014
- The Education Act 2011
- The Education Act 1996 (as amended)
- The Children Act 2004
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'First aid in schools, Early Years and Further Education'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'

## **Roles and Responsibilities**

### **2.) The role of the Governing Body**

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.
- Ensure the Nominated Safeguarding Governor (NSG) checks termly the effective and consistent implementation of this policy (systems, processes and documentation)

### **3.) The role of the Head Teacher**

- Claire Thirkill, Head Teacher holds overall responsibility for policy implementation.
- Ensure that this policy is effectively implemented with partners.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.
- Ensure that no medications are accepted into school other than through the school office.
- Ensure non-prescription medication is not accepted by school.
- Ensure medicines are checked prior to use, to ensure these are in date. The office will check expiry dates on medicines when they are provided to school and will check expiry dates monthly for any medicines which expected to be held in school long term (in excess of 1 month). The School Business Manager will keep a record of the expiry date of emergency inhalers and emergency Adrenaline Auto-Injectors (Epipens), ensuring that these are replaced prior to expiry.
- Ensure a system is in place where non-classroom based staff (those based in the school office) administer medicines each time *in partnership* with another member of staff to ensure two signatories.
- Two signatures will therefore be logged on the 'administration of medication' recording sheets (see below).
- Ensure one member of the administration team manages and quality assures all documentation including medical care plans, parental consents and administration of medicines logs – and ensure these correspond to ongoing practice. Oversight /

leadership of this process remains with the Head Teacher, with the above role being accountable to the Head Teacher.

- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHC plans.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

#### **4.) The role of parents/carers**

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHC plan.
- Carry out any agreed actions contained in the IHC plan.
- Ensure that they, or another nominated adult, are contactable at all times.
- Provide the school with medication which is up to date and meant only for their child.

#### **5.) The role of pupils**

- Are fully involved in discussions about their medical support needs.
- Are sensitive to the needs of pupils with medical conditions.

#### **6.) The role of school staff**

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **7.) The role of other medical professionals**

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHC plans and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

#### **8.) The role of clinical commissioning groups (CCGs)**

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

#### **9.) The role of other healthcare professionals**

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHC plans.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

#### **10.) The role of providers of health services**

- Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

#### **11.) The role of the LA**

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.
- Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

#### **12.) The role of Ofsted**

- Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions
- Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

#### **13.) Admissions**

- No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made. The only exception to this would be if school inform the Local Authority that we are unable to meet the provision as set out in a child's EHCP as presented by the Local Authority and where this response is accepted by the Local Authority.
- A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

#### **14.) Notification procedure**

- When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Head Teacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan (outlined in detail in section 18).
- The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion

concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

- For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

#### **15.) Staff training and support**

Any staff member providing support to a pupil with medical conditions receives suitable training.

Training needs are assessed by the school and all medical professionals involved through the development and review of IHC plans, on an annual basis for all school staff, and when a new staff member arrives.

- Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- Medical professionals involved, identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- Training is commissioned by the School Business Manager and provided by the following bodies:
  1. Commercial training provider
  2. Medical professionals
  3. GP consultant
  4. Parents/carers of pupils with medical conditions.
- Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- The governing body will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.

#### **16.) Self-management**

- Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan. However, in the very large majority of cases, this will be managed directly by school.
- Where possible, pupils are allowed to carry their own medicines and relevant devices. However, in the very large majority of cases, this will be managed directly by school.
- Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.

- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- If a child with a prescribed drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Drugs and Alcohol Policy.

#### **17.) Supply teachers and staff absence**

Supply teachers are:

- Provided access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

#### **18.) Individual healthcare (IHC) plans**

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the headteacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process. IHC plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support.
- The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.
- Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.
- IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.



- Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHC plan is linked to it or becomes part of it.
- Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHC plan.
- Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

## **Asthma**

- The school adheres to the best practice guidance on the National Asthma Association ('Asthma UK').
- Parents are required to provide an asthma action plan personalised for their child's use. These are obtained from a medical professional. A plan is required if children require access to an asthma inhaler.

### **19.) Managing medicines**

In accordance with the school's Administering Medication Policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so and when the required daily dosage cannot be achieved solely outside of school hours.

Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent.

- Non-prescription medicines may be administered in the following situations:
- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional
- No pupil is given medicine containing aspirin unless prescribed by a doctor.
- Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.
- The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container. Any insulin required to be held in school must be stored in the first aid refrigerator, located in the locked office staff kitchen area.
- The temperature of the first aid refrigerator is to be checked by office staff each school day to ensure the temperature is between 2 and 6 degrees Celsius. The temperature is to be recorded on the temperature record sheet located in the office staff kitchen.
- Medicines are stored safely in the office staff kitchen area, adjacent to the school kitchen. The exceptions to this are prescribed Adrenaline Auto-Injectors (Epipens) and emergency inhalers which are stored securely in the child's classroom and emergency Epipens and inhalers which are stored as follows:

Spare Emergency Adrenaline Auto-Injectors (Epipens) – First Aid cupboard (in the top right cupboard next to the staff room)

- Spare Inhaler - The main school office
- Spare Inhaler - The emergency first aid cupboard by the spare Epipens
- Spare Inhaler - KS1 resources cupboard on the back of the door

- Spare Inhaler - Hazel class
- Spare Inhaler - KS2 storage cupboard on the back of the door
- Spare Inhaler - Willow class
- Spare Inhaler - Forest School

This door is locked to children. Pupils know where their medicines are at all times and are able to access them immediately via a member of staff, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.

- When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Prescribed drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of prescribed drugs held and any doses administered.
- The school holds asthma inhalers for emergency use. The inhalers are stored in various areas around school as confirmed above and their use is recorded. Spare/emergency Inhalers are only used during an emergency where:
  - a) Verbal consent has been given by a parent / carer of the child concerned
  - b) When instructed to do so by a medical professional
  - c) In the unlikely event that the child is having an asthma attack and their prescribed inhaler cannot be obtained in time and the child's health is at serious risk if there is any delay.
- Staff may administer a prescribed drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions. However, school will only administer medicines if these are required to be administered more than three times a day. It is expected that administration of medicines for less frequent than this can be managed by parents e.g. by administering medicine before school, at the end of the school day and at bedtime.
- Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held. In most cases, a member of Support Staff from the child's class will supervise the child to the school office where medication is stored and will supervise the administration of the medicines., They, or another member of staff if necessary, will then complete the 'Record of Medicine Administered to an Individual Child' form.
- In line with legislation spare medication is kept in school for use in emergency for children with confirmed diagnoses of asthma and anaphylaxis. These are stored in the first aid cupboard in school (in the top right cupboard next to the staff room) Parents written consent is sought to confirm school can administer these if necessary.

## **20.) Record keeping**

- All pupils with medical needs are recorded on the school's 'Medical Needs Register'.
- Written records are kept of all medicines administered to children.
- Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- Appropriate forms for record keeping can be found below.

## **21.) Emergency procedures**

Medical emergencies are dealt with under the school's emergency procedures. Where an IHC plan is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

## **22.) Day trips, residential visits and sporting activities**

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school (usually the lead teacher) conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals. All risk assessments are uploaded to the school's trips and outdoor education management system, Evolve and moderated by the Local Authority through Evolve. Where necessary, individual risk assessments would be conducted to keep children safe.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## **23.) Unacceptable practice**

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Administer medicine unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

## **24.) Liability and indemnity**

The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with policy provider covering liability relating to the administration of medication. The policy has the following requirements:

All staff must have undertaken appropriate training.

The school holds an insurance policy with policy provider covering healthcare procedures. The policy has the following requirements:

All staff must have undertaken appropriate training.

All staff providing such support are provided access to the insurance policies.

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

## **25.) Complaints**

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

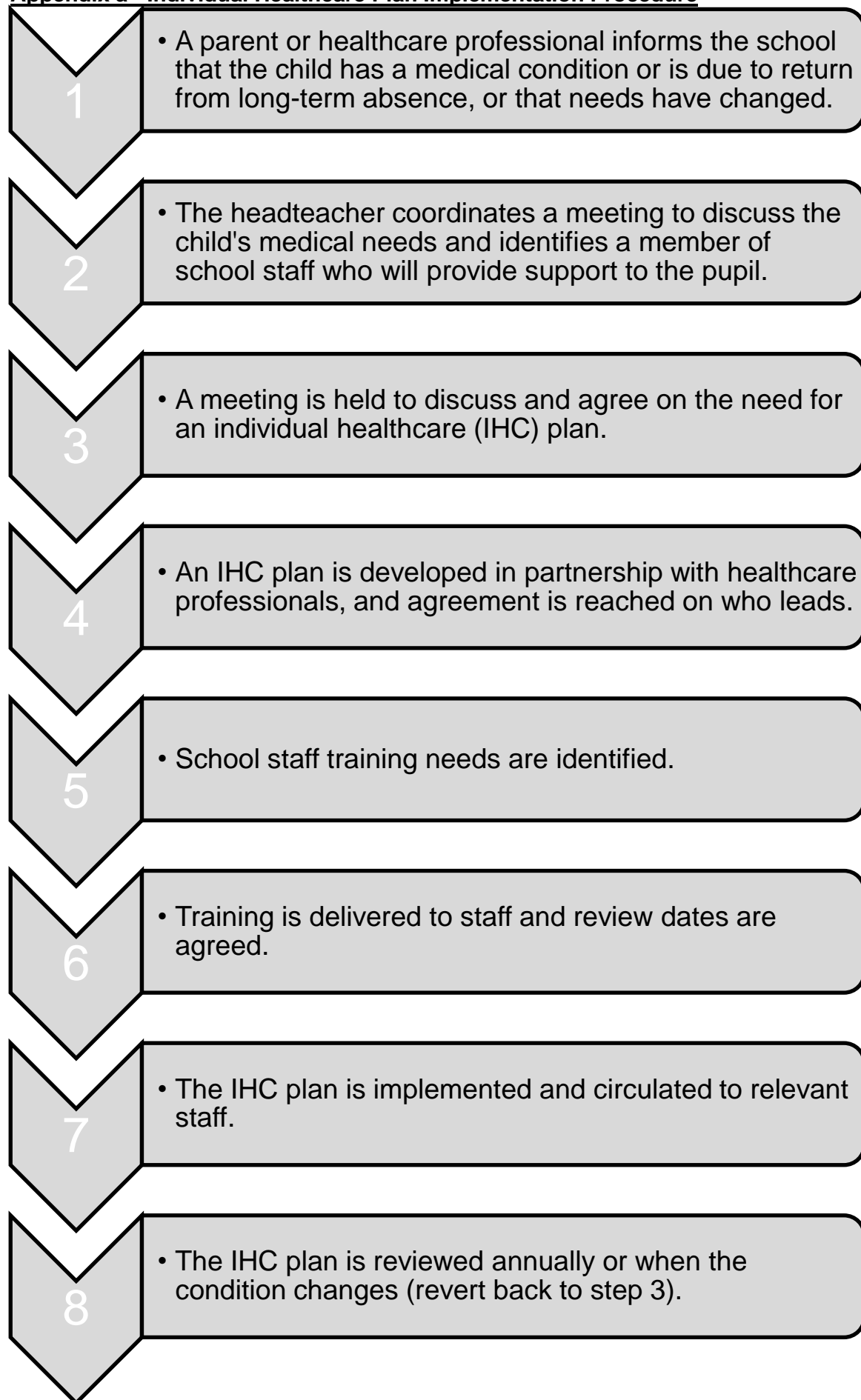
Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **26.) Home-to-school transport**

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

## **Appendix a - Individual Healthcare Plan Implementation Procedure**



## **Appendix b – Individual Healthcare Plan**

## INDIVIDUAL HEALTHCARE PLAN

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

## Family contact information

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

### Clinic/hospital contact

Name:

Phone number:

**Child's GP**

Name:

Phone number:

## Who is responsible for providing support in school?

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

--

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

--

Daily care requirements:

--

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

--

Arrangements for school visits/trips:

--

Other information:

--

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

--

Responsible person in an emergency (state if different for off-site activities):

--

Any other adaptations the school can make or additional information which may be of use

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

**By signing this plan you agree to its' contents**

	<b>Name</b>	<b>Signature</b>	<b>Date</b>	<b>Designation</b>
<b>Parent</b>				Parent
<b>Head teacher / Deputy Head teacher</b>				





## **Appendix c – Parental Agreement For School to Administer Medicine**

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

### **Administration of medication form**

Date for review to be initiated by:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:


### **Medicine**

Name/type of medicine  
(as described on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects that the school needs to know about:

Self-administration – Y/N:

Procedures to take in an emergency:

Is this temporary medication or likely to be a repeat prescription?


**NB: Medicines must be in the original container as dispensed by the pharmacy and have your child's name on.**

### **Contact details**

Name:

Daytime telephone number:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to:

The school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

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

Date \_\_\_\_\_



## **Appendix d – Record of Medicine Administered to An Individual Child**

Name of child:

Date medicine provided by parent:

Group/class/form:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:


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

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

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:


Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:


Date:

Time given:

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Name of member of staff:

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Staff initials:			

**'Ensuring a good education for children who cannot attend school because of health needs'**  
*(Statutory guidance for local authorities January 2013)*

**Working together – with parents, children, health services and schools:**

**Identification and Intervention**

The LA and/or the provider delivering the education should consult parents before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach. In the case of a looked after child, the LA is responsible for safeguarding the child's welfare and education. Both the LA and primary carers (foster carers or residential social workers) would fulfil the parental role here and should be engaged. Children should also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment to it.

In all cases, effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses) is essential to delivering effective education for children with additional health needs. Service level agreements and/or multi-agency forums may aid this process. This applies whether the child is in hospital or at home. When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school can ensure continuity of provision and consistency of curriculum. It can ensure that the school can make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.

Local authorities should be aware that under the Education (Pupil Registration) England Regulations 2006<sup>8</sup>, a school can only remove a pupil who is unable to attend school because of additional health needs where: 8 Regulation 8 of the Education (Pupil Registration) (England) Regulations 2006 sets out the circumstances in 10 a) the pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, and; b) neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

**Reintegration**

When reintegration into school is anticipated, LAs should work with the school (and hospital school, PRU/home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school. The LA should work with schools to ensure that children can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school.

LAs should work with schools to set up an individually tailored reintegration plan for each child. This may have to include extra support to help fill any gaps arising from the child's absence. It may be appropriate to involve the school nurse at this stage as they may be able to offer valuable advice. The school nurse will also want to be aware that the child is returning to school, so that they can be prepared to offer any appropriate support. Under equalities legislation<sup>10</sup> schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.

Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

### Public examinations

Efficient and effective liaison is important when children with health needs are approaching public examinations. The hospital school, PRU or home tuition teachers should be able to arrange a suitable focus on the child's education at this stage in order to minimise the impact of the time lost while the child is unable to attend school. which a pupil can be deleted from a school's admission register. Full guidance on reintegration is set out in the Alternative Provision guidance. Equality Act 2010 11

Awarding bodies will make special arrangements for children with permanent or longterm disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications.

### Provision for siblings

When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting

