SS Simon & Jude
Church of England Primary School

Supporting Pupils with Medical Needs Policy

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Document written by	James Winteringham
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‘I can do all things through him who strengthens me’
Philippians 4:13

Our Vision:

We strive to build a community which nurtures positive relationships that permeate through all aspects of life. A community where barriers do not define us, but instead offer opportunity for growth. No matter our background, through our faith, we will find the strength and courage to flourish as citizens of the future.

Our Mission:

Empowering individuals to flourish together in the image of God.

Our Values:



Updates		
Date	**Page Number**	**Update**
Feb 2026	14	Non-prescription medicines
Feb 2026	15	Paracetamol

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Statement of intent

The Local Advisory Board of SS Simon and Jude CE 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 care and support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential. This includes the safe storage and administration of pupils' medication.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

For the purposes of this policy, **"medication"** is defined as any prescribed or non-prescribed medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). **"Prescription medication"** is defined as any drug or device prescribed by a doctor. **"Controlled drug"** is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an Education, Health and Care (EHC) plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Inclusion (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.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2024) 'Early years foundation stage (EYFS) statutory framework'

- DfE (2025) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Safeguarding and Child Protection Policy
- Health and Safety Handbook
- Early Years Policy
- SEND and Inclusion Policy
- Asthma Policy
- First Aid Policy
- Intimate Care Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Attendance and Absence Policy
- Admissions Policy

Roles and responsibilities

The Local Advisory Board (LAB) is responsible for:

- reviewing this policy alongside the headteacher and school nurse.
- ensuring that this policy is readily accessible to parents and school staff.
- fulfilling its statutory duties under legislation.
- ensuring the headteacher develops and effectively implements the policy with partners and school staff, including regular review policy.
- ensuring the headteacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation.
- designating a named individual who is responsible for effective implementation of this policy. The named person is James Winteringham.
- ensuring the policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/ carers and the child.
- ensuring that all relevant staff are aware of an individual pupil's medical conditions and needs.
- ensuring that sufficient numbers of staff receive appropriate training to fulfil roles and responsibilities of supporting pupils with medical conditions i.e., school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of the staff absence.
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change.
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
- ensuring that Individual Healthcare Plans (IHCPs) are in place to support pupils with medical conditions, where appropriate, and developed in consultation with parents/ carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
- ensuring that Individual Healthcare Plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risk to the pupil's education, health and social well-being and minimises disruption.

- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- ensuring that the policy does not discriminate on any grounds, including, but not limited to protected characteristics, ethnicity/ nationality/ origin, religion or belief, sex, gender reassignment, pregnancy and maternity, disability or sexual orientation.
- ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- instilling confidence in parents and pupils in the school's ability to provide effective support.
- ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- ensuring that appropriate insurance is in place to support staff to undertake this role.
- ensuring that a complaints procedure is in place and is accessible.

The Headteacher is responsible for:

- reviewing this policy alongside the governing board and school nurse.
- the overall implementation of this policy.
- ensuring that all staff are aware of the policy and understand their role in the implementation.
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.
- ensuring the day-to-day implementation and management of the policy.
- ensuring a sufficient number of trained members of staff are available to implement the policy and deliver Individual Health care Plans (IHCPs) in normal, contingency and emergency situations.
- ensuring that all staff are aware of this policy and understand their role in its implementation.
- ensuring that all staff who need to know are aware of the child's condition.
- considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- having overall responsibility for the development of IHPs.
- ensuring that staff are appropriately insured and aware of the insurance arrangements.
- contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.
- ensuring that the notification procedure is followed when information about a pupil's medical needs is received;
- ensuring that parents/carers provide full up to date information about their child's medical needs by completion of 'Parent/ Carer Information about a Child's Medical Condition' form (Appendix 1);
- deciding on receipt of a 'Parent/ Carer Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 2), on case-by-case basis, whether any medication or medical intervention will be administered, following consultation with staff;

- deciding on receipt of a 'Parent/ Carer Request for the Child's Self-administration of Medication/ Medical Intervention' (Appendix 3), on a case-by-case basis, whether any medication will be carried by the child, will be self-administered by the child, following consultation with staff, if appropriate;
- assigning appropriate accommodation for medical treatment and/ or care;
- voluntarily holding 'spare' Salbutamol inhalers for emergency use (see section on Asthma for more details).

Any member of staff may be asked to provide voluntary support for a pupil with a medical condition, including the administration of medicine(s) and medical intervention(s).

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting pupils with medical conditions. Training records will be updated accordingly.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly be recorded and agreed.

Staff members are responsible for:

- taking appropriate steps to support pupils with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with medical conditions needs help.
- being aware of how a pupil's medical condition will impact on their participation, but ensuring there is enough flexibility for all pupils to participate according to their own abilities and with reasonable adjustments as required, unless evidence from a clinician states that it is not possible.
- taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- read the Individual Health Care Plan for pupils in your care.
- informing parents if their child has been unwell in school.

Parent/ Carers are required to:

- 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 and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Appendix 1).
- read a parent medication summary guidance for parents (Appendix 4).
- complete, if appropriate, a 'Parent/ Carer Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 2) to gain consent for medicines/ medical interventions to be administered at school.
- complete, if appropriate, a 'Parent/ Carer Request for the Child's Self- Administration of Medicine(s)/ Medical Intervention(s)' form (Appendix 3) to gain consent for medicines/ medical interventions to be administered by the child.
- provide up to date contact information so that parents/ carers or other nominated adults are contactable at all times.
- participate in the development and reviews of their child's Individual Healthcare Plan (IHCP).
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP).

- provide any medication in its original packaging, with:
    a) the child's name (if prescribed by a GP)
    b) the child's date of birth (if prescribed by a GP)
    c) name of medicine/ medication
    d) frequency/ time medication administered
    e) date of dispensing and expiry date
    f) dosage and method of administration
    g) special storage arrangements (if appropriate)
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g., catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g., sharps box.

Pupils are responsible for:

- being fully involved in discussions about their medical support needs, where applicable.
- contributing to their Individual Healthcare Plan where appropriate;
- complying with their Individual Healthcare Plan and self- managing their medication or health needs including carrying medicines or devices, if appropriate to do so by a healthcare professional and agreed by parents;
- being sensitive to the needs of pupils with medical conditions.
- providing information on how their medical condition affects them;
- informing staff if they know they are feeling unwell.

School nurses are responsible for:

- reviewing this policy alongside the Local Advisory Board and headteacher.
- collaborating on developing an Individual Healthcare Plan (IHCP) if appropriate.
- notifying the school when a pupil has been identified as requiring support in school due to a medical condition at any time in their school career.
- supporting staff to implement an Individual Healthcare Plan and participating in reviews as required.
- liaising with lead clinicians locally on appropriate support for pupils with medical conditions.
- assisting the school in identifying training needs and providers of training.

Clinical commissioning groups (CCGs) will be responsible for:

- ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- making joint commissioning arrangements for Education, Health and Care Plan (EHC) provision for pupils with Special Educational Needs and Disabilities (SEND).
- being responsive to Local Authority and schools looking to improve links between health services and schools.
- providing clinical support for pupils who have long-term conditions and disabilities.
- ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- providing advice on developing Individual Healthcare Plans (IHP).

- providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The Local Authority will be responsible for:

- commissioning school nurses for local schools.
- promoting cooperation between relevant partners.
- making joint commissioning arrangements for Education, Health and Care Plan (EHC) provision for pupils with Special Educational Needs and Disabilities (SEND).
- providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil 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.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms, that ask for details about a child's medical condition during the admission process.

All parents are invited to a one-to-one induction meeting where any medical conditions are recorded.

Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals (if required) and pupil (if relevant), with a view to discussing the necessity of an Individual Healthcare Plan (IHP), outlined in detail in the Individual Healthcare Plan's section of this policy.

The school will 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 will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

Induction

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction (where possible and appropriate) and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within one week.

Pupil information

Parents/ Carers are required to give the following information about their child's medical condition and to update at the start of each school year or sooner, if needs change, by completion of 'Parent/ Carer Information about a Child's Medical Condition' form (Appendix 1);

a) Details of pupil's medical conditions and associated support needed at school
b) Medicine(s), including any side effects
c) Medical Intervention(s)
d) Name of GP/ Hospital and Community Consultants/ Other Healthcare Professionals
e) Special requirements e.g. dietary needs
f) Who to contact in an emergency
g) Cultural and religious views regarding medical care

Details of the pupil's medical condition and any relevant information is then added to the school's management information system, Arbor and shared with relevant members of staff.

Administration of medicine/ medical intervention

Medicine/ medical interventions will only be administered in school when it would be detrimental to the pupil's health or attendance not to do so. It is expected that parent/ carers will normally administer medication/ medical interventions to their child during their time at home, where at all possible.

No medication/ medical intervention will be administered without prior written permission from the parents/ carers. This is to be completed on the 'Parent/ Carer Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 2).

The Headteacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the pupil each time it is administered, as well as when the previous dose was taken.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parent/ carers and recorded amendment to the 'Parent/ Carer Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 2).

The Headteacher will decide whether a pupil is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate. This is completed on the 'Parent/ Carer Request for the Child's Self- Administration of Medicine(s)/ Medical Intervention(s)' form (Appendix 3).

All medicines/ medical interventions will normally be administered during school breaks and/ or lunchtime. If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine/ medical intervention to be administered at other prescribed times.

Pupils will be told where their medication/ medical intervention equipment and resources are kept and who will administer them. Each classroom will have a designated first aid tray which is clearly labelled with a first aid cross for any medication which can stored in the classroom.

Before administering medication, the responsible member of staff should check:

- name of pupil
- that the school possesses written consent from a parent.
- written instructions provided by parent/ carers or healthcare professionals or as agreed in the Individual Healthcare Plan (IHP)
- that the medication name, dosage and instructions for use match the details on the consent form.
- that the name on the medication label is the name of the pupil being given the medication.
- that the medication to be given is within its expiry date.
- that the pupil has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.

If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.

Where appropriate, pupils will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.

The school will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible. This will be recorded on the 'SSSJ Record of Medicine Administered to an Individual pupil without an IHP' (Appendix 7). Medication administered to pupils with an IHP will be recorded on Appendix 6.

No pupil will be given medicine containing **aspirin** unless prescribed by a doctor.

Non-prescription medicines

The school is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that, in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school will work on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent. Parents will complete Appendix 2.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for

the administration of prescription medicines. Parents will be required to complete a parent/carer request and agreement for schools to administer medicine.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child must be written on the container by an adult.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature. However, school also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength detailed on the medicine container.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent of parents will be required in order to administer paracetamol to pupils. Parents will complete Appendix 2.

Self-management and the pupil's role in managing their own medical needs

After discussion with parents/ carers, pupils who are competent will be encouraged to take more responsibility for managing their own medicines and medical interventions. Pupils who take medicines or manage medical interventions independently will still require a level of adult support, particularly in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

Pupils' medicines will be held in suitable locations that they will be made aware of and that can be accessed quickly and easily. If a pupil with a controlled drug passes it to another child for use, this is an offence, and appropriate disciplinary action will be taken.

Written permission from the parent/ carers will be required for pupils to self-administer medicine(s)/ medical intervention(s). Written permission from the parent/ carers will be required for pupils carry medicine(s) or

resources associated with a medical intervention(s). These are completed on the 'Parent/ Carer Request for the Child's Self- Administration of Medicine(s)/ Medical Intervention(s)' form (Appendix 3).

Refusing Medication/ Medical Intervention

If a pupil refuses to take their medication/ medical intervention, staff will not force them to do so. Refusal to take medicine will be recorded and dated on the pupil's record sheet. Reasons for refusal to take medication /medical intervention must also be recorded as well as the action then taken by a member of staff. Any refusal to take medication will be reported to the headteacher or member of SLT and parent/ carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parent/ carers will be informed immediately.

Receiving, storing and disposing of medication

Receiving medication from parents

The parents of pupils who need medication administered at school will complete the 'parent/carer request and agreement for school to administer medicines/medical interventions' form (Appendix 2) and sign. The medical lead will be made available to support parents in completing the form if needed. This will then be handed into the office and shared with the headteacher to sign and agree before staff can administer medication to pupils under the age of 16. Copies of all documentation will be kept securely in the medical file.

For pupil's with IHP's the parent will sign this form to give consent and agree for school to administer medicine/medical intervention. A signed copy of the IHP showing parental consent form will be kept on the pupil's profile on Arbor and a copy of the pupil's IHP will be stored with the pupil's medication. No medication will be administered if this consent form is not present. Consent obtained from parents will be renewed annually or sooner if changes are needed. Parents will be contacted when medicines are nearing their expiry date to ensure timely replacement or renewal of the medication (Appendix 5).

Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing pupils' medication

All medications are to be kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and Adrenaline Auto-Injectors (AAI), will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g. in the school office out of sight and reach of the pupils.

All pupils will know where their medicines/ medical intervention equipment/ resources are at all times and will be readily available as required. Medication stored in the school will be where possible:

- Kept in the original container alongside the instructions for use.
- The original container will be clearly labelled with:
  - the name of the medication
  - the correct dosage
  - the frequency of administration
  - any likely side effects
  - the expiry date
- Stored alongside the accompanying IHP or administering medication parental consent form.
- The name of the pupil will be handwritten on the container if it is non-prescription medicine.

Controlled Drugs
A pupil who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another pupil for use is an offence.

Where controlled drugs are not an individual pupil's responsibility, they will be kept in a non-portable locked cabinet in the school's office. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency, as agreed by parent/ carers or detailed in the pupil's Individual Healthcare Plan (IHP) and Personal Emergency Education Plan (PEEP).

Where controlled drugs are not an individual's responsibility, records will be kept of any doses used and the amount kept on the premises (Appendix 6 for children with an IHP and Appendix 7 children without IHP).

Non-controlled Drugs and Medical Resources
All medicines and medical equipment/ resources will be stored safely as agreed with parent/ carers or described in the pupils IHP.

Disposing of pupils' medication
The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupils' doctor or pharmacist, parents will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely. School's own medication, for example, emergency inhalers will be taken to the pharmacy to be disposed of safely.

Records

Written records will be kept of all medicines/ medical interventions administered to pupils on each occasion. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed and will include the following:

a) Name of Pupil
b) Date and time of administration
c) Who administered the medicine
d) Who supervised the administration
e) Name of medication
f) Dosage
g) A note of any side effects/ reactions observed
h) Member of staff and the staff member who supervised to sign the form.

The following record sheets will be used to record any administered medicine.

SSSJ Record of Medicine Administered to an Individual Pupil (Appendix 6) for pupils with an IHP or SSSJ Record of Medicine Administered to pupils without an IHP (Appendix 7). For use of their own inhaler, they would complete the SSSJ Record of an Asthma Inhaler Administered (Appendix 8) and for the use of the emergency inhaler, they would complete the SSSJ Record of Emergency Asthma Inhaler Administered (Appendix 9) as long as they had consent to do so (see protocol for using emergency inhalers).

Training

Staff must not give medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does **NOT** constitute appropriate training in supporting pupils with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in the development of IHPs, staff briefing sessions, sharing the policy through MyActivity on MySam.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g. the school nurse.

Specialist training and advice will be provided by appropriate healthcare professionals e.g. specialist epilepsy nurse, specialist diabetes nurse, school nurse etc. For staff involved in supporting pupils with medical conditions including the administration of relevant medicines/ medical interventions.

The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication. Any staff member providing support to a pupil with medical conditions will receive suitable training. Training needs will be assessed and monitored by the school medical lead and nurse through the development and review of IHPs, on an annual basis or when required. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

Through training, staff will be competent and confident to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the pupil is able to attend school safely.

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person.

Induction training will raise awareness of school policy and practice in supporting pupils with medical conditions.

The school nurse will 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.

A record of staff training carried out will be kept, identifying the review date or the date refresher training will be required. 'SSSJ Staff Training Record- Administration of Medicine(s)' (Appendix 15).

Information about types of training required for administration of medicines and medical interventions commonly found in school is contained in Appendix 16.

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

The school will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Cover teachers will be:

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

Training for administering Adrenaline Auto-Injectors (AAI)

The school will arrange specialist training for identified staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis. This will be updated as required. Designated staff members with suitable training

and confidence in their ability to use AAIs will be appointed to administer this medication. As part of their training, staff members will be made aware of:

- how to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- where to find AAIs in the case of an emergency.
- how the dosage correlates with the age of the pupil.
- how to respond appropriately to a request for help from another member of staff.
- how to recognise when emergency action is necessary.
- how to administer an AAI safely and effectively
- how to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times. In an emergency, any staff member will administer the Adrenaline Auto-Injector.

Individual Healthcare Plans

Where appropriate, an Individual Healthcare Plan (IHP) will be drawn up in consultation with the school, parents/ carers, health professionals and any other relevant professional. Appendix 18 contains a model letter for parents to attend an IHP development meeting.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

The content of an IHP will be dependent on the complexity of the pupil's needs and may include the following:

a) a description of the medical condition, its presentation (signs, symptoms, triggers and treatments etc.) and impact on access to the school environment and learning opportunities;
b) 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
c) who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
d) arrangements around administration of medication(s)/ medical intervention(s);
e) arrangements around management and support for personal care needs, including intimate and invasive care e.g., catheterisation, toileting support, gastro- tube feeding etc;
f) The specific support needed for the pupil's educational, social and emotional needs
g) risk assessment for access to the school environment and curriculum;
h) arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
i) arrangements or procedures required for school trips or other school activities outside the normal school timetable that will ensure the pupil can participate;
j) arrangements for evacuation in the event of an emergency;
k) the level of support required in school, who will provide this support, their training needs and cover arrangements when they are unavailable;
l) how, if agreed, the pupil is taking some responsibility for their own health needs;
m) who in school needs to be aware of the pupil's medical conditions and a reference to staff confidentiality.
n) where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
o) what is defined as an emergency, including the signs and symptoms that staff members should look out for
p) 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 will be used to inform the IHP.

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Appendix 19 contains a flow chart to guide school through planning an individual Healthcare Plan (IHP).

The format of the IHP may vary to ensure that the most effective plan is used to meet the specific needs of each pupil. Appendix 20 contains a sample IHP plan.

Individual Healthcare Plans will be reviewed annually or sooner if needs change.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.

Where a pupil is returning from a period of hospital education or alternative provision (including home tuition), collaboration between the local authority/ AP provider and school is needed to ensure that the IHP identifies the support the pupil needs to reintegrate effectively.

Not all pupils with medical conditions will require an IHP. The school, healthcare professionals and parents will agree, based on evidence, when a IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take the final view.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Intimate and Invasive Care
Cases where intimate and invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupil's IHP and take account of safeguarding issues for both staff and pupils. The Intimate Care Policy and Safeguarding and Child Protection Policy will be shared with parents/carers.

Offsite and extended school activities

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential/ holiday.

Any medication will be carried by a designated staff members for the duration of the trip or activity in a green medical bag. Pupils with IHP may have their own green medical bags with their own specific medication in them. This will be carried by a designated staff member the pupil is with so it is easy to access the medication if and when required.

If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, the school based records will be completed by a designated trained staff member who is present on the trip and can manage the administration of medication.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. Staff members will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they have read any IHCPs and know the correct procedure, e.g. timing and dosage, for administering their medication.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable pupils with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs, the risk assessment process will involve consultation with the child, parent/ carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to the Educational Trips and Visits Policy.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. When this happens school will make alternative arrangements for the pupil.

Arrangements will be in place to ensure that an IHP can be implemented fully and safely when out of school. Risk assessments will identify how IHPs will be implemented effectively off-site and where additional supervision or resources are required.

Managing emergencies and emergency procedures

The headteacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Other pupils will be informed in general terms of what to do in an emergency, such as telling a member of staff immediately if they think help is needed.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the pupil who requires it, and is not locked away.

Where a pupil has an IHP this will clearly define what constitutes an emergency and describes what to do.

This may include:

a) an Emergency Medical Protocol that details what constitutes an emergency and the actions to be taken by staff and supported by specialist training where relevant;
b) a Personal Emergency Evacuation plan (PEEP) that details the actions to be taken by staff to support the pupil's evacuation from the building, supported by specialist training where relevant. The PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during an evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point. A sample PEEP can be found in Appendix 20.

School has a procedure for contacting emergency service which is displayed in the school office.

If a pupil needs to be taken to hospital, two members of staff should stay with the pupil until the parent/ carer arrives. This may involve accompanying pupils to hospital by ambulance. The headteacher will take the lead on directing staff at this stage.

Protocol for pupils with asthma

Pupils with asthma must have their own prescribed inhaler in school to treat symptoms and for use in the event of an asthma attack.

Parents must complete a 'Parent/ Carer Request for the Child's Self-Administration of Medicine(s)/ Medication Intervention (s) form' if their child has been prescribed with an inhaler (Appendix 3).

This is added to the school's management information system (Arbor) along with the expiry date and the relevant members of staff are made aware.

Wherever possible the inhaler should be kept by the child, if not, it should be easily accessible to them. Each classroom has a green first aid bag which is stored in the cupboard or classroom tray units marked by a green first aid cross where their inhalers will be kept.

The signs of an asthma attack are:

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest),
- difficulty breathing (the child could be breathing fast and with effort, using all necessary muscles in the upper body)
- nasal flaring
- unable to talk or complete sentences or being very quiet
- reporting that their chest 'feels tight' (younger children may report they have 'tummy ache'). (Appendix 10 - How to recognise an asthma attack)

An ambulance will be called immediately, and the asthma attack procedure will commence without delay if the child: -

- appears exhausted
- has blue/ white tinge around lips
- is going blue
- has collapsed

In the event of an asthma attack, the following procedure will be followed (Appendix 11- What to do in the event of an asthma attack):

- To keep calm and reassure the child
- To encourage the child to sit up and slightly forward
- Use the child's own inhaler- if not available, use the emergency inhaler (see protocol for using emergency inhalers)
- To remain with the child while the inhaler and spacer is brought to them
- To immediately help the child to take two separate puffs of Salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- To stay calm and reassure the child. To stay with the child until they feel better. The child can return to school activities once they feel better
- If the child does not feel better or you are worried at ANYTIME before you reach 10 puffs, call 999 for an ambulance
- If an ambulance does not arrive in ten minutes give another 10 puffs in the same way
- This should be carried out in conjunction with emergency procedure detailed above.

Use of emergency Salbutamol inhalers

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the school office and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

The emergency salbutamol inhaler should only be used with children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication. This is completed on 'Consent form- Use of Emergency Salbutamol Inhaler in School' (Appendix 12).

A child who is prescribed an inhaler which contains an alternative reliever medication to salbutamol (such as terbutaline) may still use the salbutamol emergency inhaler if their own inhaler is not accessible.

Consent for all pupils who have permission to use the emergency inhaler will be detailed on the child's profile on Arbor. A copy of all of the children that have consent will also be stored with the emergency inhalers.

Once written permission has been given the emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

A record will be kept of pupils who have used the emergency inhaler and parents will be informed by telephone and by sending parents a letter home (Appendix 13 – Letter to Parent/ Carers about Emergency Salbutamol Inhaler use in school)

School will have named members of staff responsible for ensuring the emergency inhaler asthma protocol is followed (Paula Coleman and Molli Crompton).

These members of staff will be responsible for ensuring that: -

- on a monthly basis the inhalers and spacers are present and in working order, and the inhaler has sufficient number of doses available (recording chart to be located in all emergency inhaler boxes – Appendix 14)
- that replacement inhalers are obtained when the expiry date approaches
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to the storage following use, or that replacements are available if necessary
- school will buy an emergency inhaler from a pharmaceutical supplier
- the emergency kit will be stored in the main office in an easily accessible cupboard but out of sight and reach of children. It should not be locked away.
- the emergency inhalers and spacers will be stored separately to the child's own inhaler.

The emergency kit will be clearly labelled and will consist of: -

- a salbutamol metered dose inhaler
- at least two single-use plastic spacers compatible with the inhaler
- instructions on using the inhaler and spacer/ plastic chamber
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly records recorded
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler (this can also be found on pupil's individual profile on Arbor)
- a record of administration (found in the Office Medical Folder)

An emergency inhaler will be primed when first used (e.g. spray two puffs) and should be regularly primed by spraying two puffs (on the first week of each month). This is recorded on Appendix 14.

To avoid possible risk of cross infection, the plastic spacer should not be reused. The inhaler can be reused as long as it cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood (for example if the inhaler has been used without the spacer), it should also not be reused but disposed of.

Spent emergency inhalers are to be returned to the pharmacy to be recycled.

An additional emergency inhaler kit will be provided for use on trips, if required. This will be stored in the school office when not in use.

For more information see - Department of Health Guidance on the use of emergency salbutamol inhalers in schools (Appendix 15).

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

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

During pupil induction meetings, guidance is shared with parents linked to school meals and allergies. Parents are provided with an Allergens Parent Pack (Appendix 23).

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A record of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI on Arbor to use in the event of anaphylaxis. A copy of the child's IHP will be held in each of the classrooms in their green medical folder for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

AAI devices will be stored in a suitably safe location; in the child's classroom, in their own individual green medical bag.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so.

In the event of anaphylaxis, a designated staff member will be contacted immediately. The school's two-way radio can be used to contact a designated staff member. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered. Where a pupil, who does not have a prescribed AAI, appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought.

In the event that an AAI is used, the pupil's parents will be notified by the headteacher, that an AAI has been administered and informed. Where any AAIs are used, the following information will be recorded.

For children under the age of 6, a dose of 150 micrograms of adrenaline should be used. For children aged 6-12 years, a dose of 300 micrograms of adrenaline should be used. It is the parents responsibility to ensure that the AAI's are kept up to date for the child. School will review any IHP's annually.

In the event of a school trip, pupils at risk of anaphylaxis will take their own AAI. A designated staff member, who is in that child's group, will be responsible for carrying them in the child's own green medical bag.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the Local Authority. Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

Unacceptable practice

Each case will be judged individually but in general school considers that the **following constitute unacceptable practice:**

- requiring parent/ carers or otherwise making them feel obliged to attend school to administer medicines/ medical interventions or provide medical support to their child, including around toileting issues. No parent/ carer should have to give up working because the school is failing their child's medical needs.
- preventing a pupil from participating or creating unnecessary barriers to pupils participating in any aspect of school life, including trips.
- preventing a pupil from easily accessing and administering their medicines as and where necessary.
- assuming that every pupil with the same condition requires the same treatment.
- prevent pupils from easily accessing their inhalers and medication.
- ignoring the views of the pupil and/or parent/ carers (although this may be challenged).
- ignoring medical advice or opinion (although this may be challenged).
- sending pupils with medical conditions home frequently.
- preventing pupils with medical conditions from staying at school for normal school activities, including lunch, unless this is stated in their IHP.
- if the pupil becomes ill, sending them to the school office or first aider unaccompanied or with someone unsuitable.
- penalising pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- preventing pupils from eating, drinking or taking toilet/ other breaks whenever they need to in order to manage their medical condition effectively.

Confidentiality and sharing of information within school

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the pupil and family at all times.

School will disseminate information to key members of staff in the pupil's care on a needs-to-know basis, as agreed with parents/ carers.

In the case of conditions with potentially life-threatening implications the information may need to be shared with all staff, but this will be agreed with parents.

When the pupil has an IHP this will be shared with key staff with regular scheduled re-briefings.

As part of induction, school will ensure that new members of staff are informed of the pupil's medical needs.

School will ensure that arrangements are in place to transfer information on a pupil's medical needs to staff during any transition.

Liability and indemnity

School insurance policies provide liability cover relating to the administration of medicines. The Local Advisory Board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

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.

Complaints procedure

In the first instance parents/ carers dissatisfied with the support provided should discuss their concerns directly with the headteacher, medical leader or SENDCO. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

Monitoring and review

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. After this, any changes made to this policy will be communicated to the relevant stakeholders, including pupils whose medication is stored at school and their parents.

Information about ratification of policy, signatures and review dates can be found on the front cover of this policy document. This policy is reviewed on an annual basis by the Local Advisory Board, school medical lead and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Date of next scheduled review September 2026.

Appendix 1

Parent/ Carer Information about a Child's Medical Condition

DETAILS OF PUPIL	
Pupil's name:	Address:
Class:	
Male/Female:	
Date of birth:	
DETAILS OF PUPIL'S MEDICAL CONDITION	

FAMILY CONTACT INFORMATION	
CONTACT 1	
Name:	
Relationship to child:	
Daytime contact no(s):	
CONTACT 2	
Name:	
Relationship to child:	
Daytime contact no(s):	

HEALTHCARE PROFESSIONAL CONTACT INFORMATION	
GP's Name:	
Medical Practice/ Health Centre:	
Phone number:	

HOSPITAL/ CLINIC CONSULTANT/ SPECIALIST NURSE		
1.	Name:	
	Position/Job:	
	Based at:	
	Phone Number/ Contact Details:	
2.	Name:	
	Position/Job:	
	Based at:	
	Phone Number/ Contact Details:	

COMMUNITY HEALTH e.g. Paediatrician, Physiotherapist, Occupational Therapist		
1.	Name:	
	Position/Job:	
	Based at:	
	Phone Number/ Contact Details:	
2	Name:	
	Position/Job:	
	Based at:	
	Phone Number/ Contact Details:	

CHILD'S MEDICAL INFORMATION	
Name of Medicine	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and instructions:	
Side effects:	
Self-administration (Yes/No)	
Procedures in an emergency:	
Regular medicine	
Diagnosis/condition:	
Name of Medicine	
Time(s) administered	
Side Effects	
Contra- indications	

MEDICINE ADMINISTERED IN A MEDICAL EMERGENCY	
Name of medicine:	
Side effects:	
Contra- indications:	
Does your child require this medicine to be administered in school? Y / N (please circle)	

REGULAR MEDICAL INTERVENTION	
Name of intervention:	
Time administered:	
Equipment used:	
Does your child require this medical Intervention to be administered regularly e.g. every day during the school day? Y / N (please circle)	

MOBILITY – MOVEMENT AND WALKING	
Walking aids used:	
Support needs:	
Physiotherapy needs/ programmes	

PERSONAL CARE	
Dressing needs:	
Eating/drinking needs:	
Bathroom/toilet needs:	
Other information:	

PARENT/ CARER DECLARATION AND SIGNATURE	
I agree that this is, to the best of my knowledge, up to date and accurate information about my child's current medical needs. I agree to school informing the School Nursing Service about my child's needs, if this service is not already aware. I agree to school contacting specialist healthcare professionals named on this form. **I will inform the school immediately, in writing, of any changes in medical needs, medication or medical intervention.** 1.	
Parent/ Carer's Full Name: (Please print)	
Signature:	
Relationship to child:	Date:

School Use Only	
Date received	
Action(s)	
Date Agreed by Headteacher	
School Nursing Service	Service aware Y/ N If no, date school nursing service informed
Date Review Due	

Parent/Carer Request and Agreement for School to Administer Medicine(s)/Medical Intervention

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE OR CARRY OUT A MEDICAL INTERVENTION UNLESS YOU COMPLETE THIS FORM TO MAKE A FORMAL REQUEST TO THE HEADTEACHER. BY SIGNING THIS FORM, YOU ARE ALSO CONSENTING TO STAFF ADMINISTERING MEDICINE OR CARRYING OUT A MEDICAL INTERVENTION AND SHARING RELEVANT INFORMATION WITH STAFF, IF THE REQUEST IS GRANTED

DETAILS OF PUPIL	
Pupil's name:	Medical condition(s) or illness:
Class:	
Male/Female:	
Date of birth:	
Address:	GP:
	Medical Practice/Health Centre:

MEDICINE 1	
NB: Medicines must be in the original container.	
Type of medicine	
Prescription medicine:	
Non-prescription medicine:	
For how long will your child take this medication?	
Date dispensed:	
Expiry date:	
FULL DIRECTIONS FOR USE	
Dosage:	Timing:
Method of administration:	Side effects:
Procedures to take in an emergency:	
	Other information:
Self-administration: Yes / No	
NB: If self-administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of medication/medical intervention must also be completed. (Appendix 3)	

MEDICINE 2	
NB: Medicines must be in the original container.	
Type of medicine	
Prescription medicine:	
Non-prescription medicine:	
For how long will your child take this medication?	
Date dispensed:	
Expiry date:	
FULL DIRECTIONS FOR USE	
Dosage:	Timing:
Method of administration:	Side effects:
Procedures to take in an emergency:	Other information:
Self-administration: Yes/ No	
NB: If self-administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of medication/medical intervention must also be completed. (Appendix 3)	

MEDICAL INTERVENTION	
Type of intervention:	Timing:
Procedure:	Other information:
Procedures to take in an emergency:	
Self-administration Y/ N (Please circle) **NB: If self-administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of medication/medical intervention must also be completed.**	

CONTACT DETAILS	
Name:	Relationship to child
Address:	Daytime contact no(s):

PARENT/ CARER DECLARATION AND SIGNATURE

The above information is, to the best of my knowledge, accurate at the time of writing.

If agreed by the headteacher I give consent to school staff to administer medicine/ medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will ensure that the school has adequate supplies of stated medicine(s) or resources required to administer the stated medical intervention(s).

I will ensure that the stated medicines(s) or resource(s) are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name (if prescribed by a GP), dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

I will **inform the school immediately, in writing,** if there is any change to the dosage or frequency of the medication, if the medicine is stopped or if there are any changes to the procedure for the delivery of the medical intervention.

Parent/ Carer's Full Name (Please print)	
Signature(s):	
Relationship to child:	
Date:	

School Use Only	
Date received:	
Action(s)	
Signed by Headteacher	
Date Review Due:	

Parent/ Carer Request for the Child's Self-Administration of Medicine(s)/ Medical Intervention(s)

DETAILS OF PUPIL	
Pupil's name:	
Class:	
Date of birth:	

PARENT/ CARER DECLARATION AND SIGNATURE
I confirm that I have completed the Parent/ Carer Request and Agreement for School to administer Medicines(s) / Medical Interventions(s) form. I request and agree to the following medicines(s) or medical interventions(s) being self-administered in school by my child: (Please add the names of the medicines or type of intervention)
Medicine 1:
Medicine 2:
Medicine 3:
I request and agree to: (please tick the following) ☐ school holding the stated medicine(s) safely for my child to collect and administer independently under the supervision of a member of staff. ☐ school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff. 1.

I will ensure that the school has adequate supplies of stated medicine(s) or resources required to administer the stated medical intervention(s). I will ensure that stated medicines(s) or resource: are in the original container as dispensed; have the pharmacy label stating the child's name, dosage and timing of administration (if prescribed by a GP); have not passed the expiry date; have details of storage instructions, if appropriate.	
Parent/ Carer's Full Name (Please print)	
Signature(s):	
Relationship to child:	
Date:	

School Use Only	
Date received:	
Action(s)	
Signed by Headteacher	
Date Review Due:	

MEDICATION SUMMARY GUIDANCE FOR PARENTS/CARERS

To ensure the safe administration of medication (prescribed or non-prescribed over the counter medicine) in school the following guidelines have been produced. If these are not followed, then unfortunately the medication cannot be given.

1. Parents/carers are responsible for providing the headteacher with adequate information regarding their child's condition and medication. It is the parents/carers responsibility to inform the school in writing when the medication is discontinued, or the dosage changed.

2. Medication will not be accepted in school without complete written and signed instructions using the Parental agreement for school to administer medicine form.

3. Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.

4. Only reasonable quantities of medication should be supplied to school, e.g. a maximum of 4 weeks supply at any one time.

5. Where clinically possible, medicines should be prescribed in dose frequencies which enables them to be taken outside school hours wherever possible.

6. Each item of medication must be delivered in the original container as dispensed by the pharmacist (except in the case of insulin) and handed directly to the school office.

   Each container must be clearly labelled with the following:
   - Child's name (this can be written on if the medicine is not prescribed)
   - Name of medication.
   - Dosage.
   - Frequency of dosage.
   - Date of Dispensing.
   - Storage requirements (if appropriate).
   - Expiry date.

   Medicines that do not meet these criteria will not be administered.

7. Medicines **must** be in date.

8. Parents must collect any left-over medication.

9. SSSJ cannot be held responsible for side effects that occur when medication is taken correctly.

SS Simon & Jude
Church of England Primary School

Date:

Dear Parent/ Carer,

This is a reminder to let you know that the following medication in school for your child,

_____, is nearing its expiry date.

Name of Medication:	
Expiry Date:	

Please can you ensure that new medication is brought to the school office before the expiry date. Any unused expired medication will also be returned to you.

Kind regards,

Mr J Winteringham
Medical Needs Co-ordinator
Assistant Head

SSSJ record of medicine administered to an individual child with an Individual Healthcare Plan

DETAILS OF PUPIL	
Name of child:	
Date medicine provided by parent:	
Group:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	
Staff signature	
Signature of parent	

Appendix 6 continued - **SSSJ record of medicine administered to an individual child with an Individual Healthcare Plan**	
Name of Pupil:	**Class teacher:**
Year group:	

Date	Name of medication	Dose given	Time given	Observations e.g. side effects, reactions	Staff member administering the medicine	Staff member supervising the administration	Signature(s)

Individual record of medicine(s) administered (Pupils without an IHCP)

Name of Pupil:	**Class teacher:**
Year group:	

Date	Name of medication	Dose given	Time given	Observations e.g. side effects, reactions	Staff member administering the medicine	Staff member supervising the administration	Signature(s)

Asthma Inhaler Administered to Pupils

Date	Pupil's name	Class	Name of medication	Dose given	Time given	Observations e.g. side effects, reactions	Name of staff	Signature

Emergency Inhaler Administered to Pupils

Date	Pupil's name	Class	Name of medication	Dose given	Time given	Observations e.g. side effects, reactions	Name of staff	Signature

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

CONSENT FORM:
USE OF EMERGENCY ASTHMA INHALER

SS Simon and Jude CE Primary School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

Name of medication:	

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

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

Signed:	
Date:	
Name (print)	
Child's name:	
Class:	
Parent's address and contact details:	
Telephone:	
E-mail:	

SS Simon & Jude
Church of England Primary School

EMERGENCY ASTHMA INHALER USE

Child's name:	
Class:.	
Date:	

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when

.....

A member of staff helped them to use their asthma inhaler.
They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.
[*Delete as appropriate*]

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible to review their asthma care plan.

Yours sincerely,

Mr J Winteringham
Medical Needs Co-ordinator
Assistant Head

Emergency Inhaler Test Record Sheet:

All Emergency Inhalers should be checked on a monthly basis to ensure they are within the expiry date, clean and in full working order. Further instructions on use, cleaning and storage can be found within the inhaler box:

Emergency inhalers – Salbutamol x 4 expiry 02/2026

Date Tested	Inhaler Number and Batch Number	Working (Y/N)	Primed (Y/N)	Name	Signature

Department of Health

Guidance on the use of emergency salbutamol inhalers in schools

March 2015

SSSJ staff training record – administration of medicine(s)

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Profession and Title	

Trainer Declaration

I confirm that _____[name of member of staff] has received the training detailed above and is competent in carrying out any necessary treatment.

I recommend that the training is updated annually/ every two years/ other _____ [please delete as appropriate.

Trainer's signature	
Date	

Member of Staff Declaration

I confirm that I have received the training detailed above.

Staff signature	
Date	

School use only	
Date review due	

Medicines and Medical Interventions

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue mediation in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	• Testing procedure includes taking a small blood sample	Training by specialist nursing team required
Catheterisation	• Clean Intermittent Catheterisation (CIC) • Self – Catheterisation (CIC) • Management of In-Dwelling Catheter	Training by specialist nursing team required
Diabetes and Insulin management	• Injection of insulin (insulin pen) • Dose management	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	• Bolus (Gravity) feeding procedure • Pump feeding procedure • Management of stoma site	Training by specialist nursing team required
Hickman (Central) Line	• Awareness raising, management and monitoring	Training by specialist nursing team required
Oxygen Therapy	• Management of oxygen via cylinders	Training required by suppliers and specialist nursing team
Tracheostomy	• Trache and equipment care and management • Suction • Changing / replacing trache tube	Training by specialist nursing team required

SS Simon & Jude
Church of England Primary School

Dear Parent/ Carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

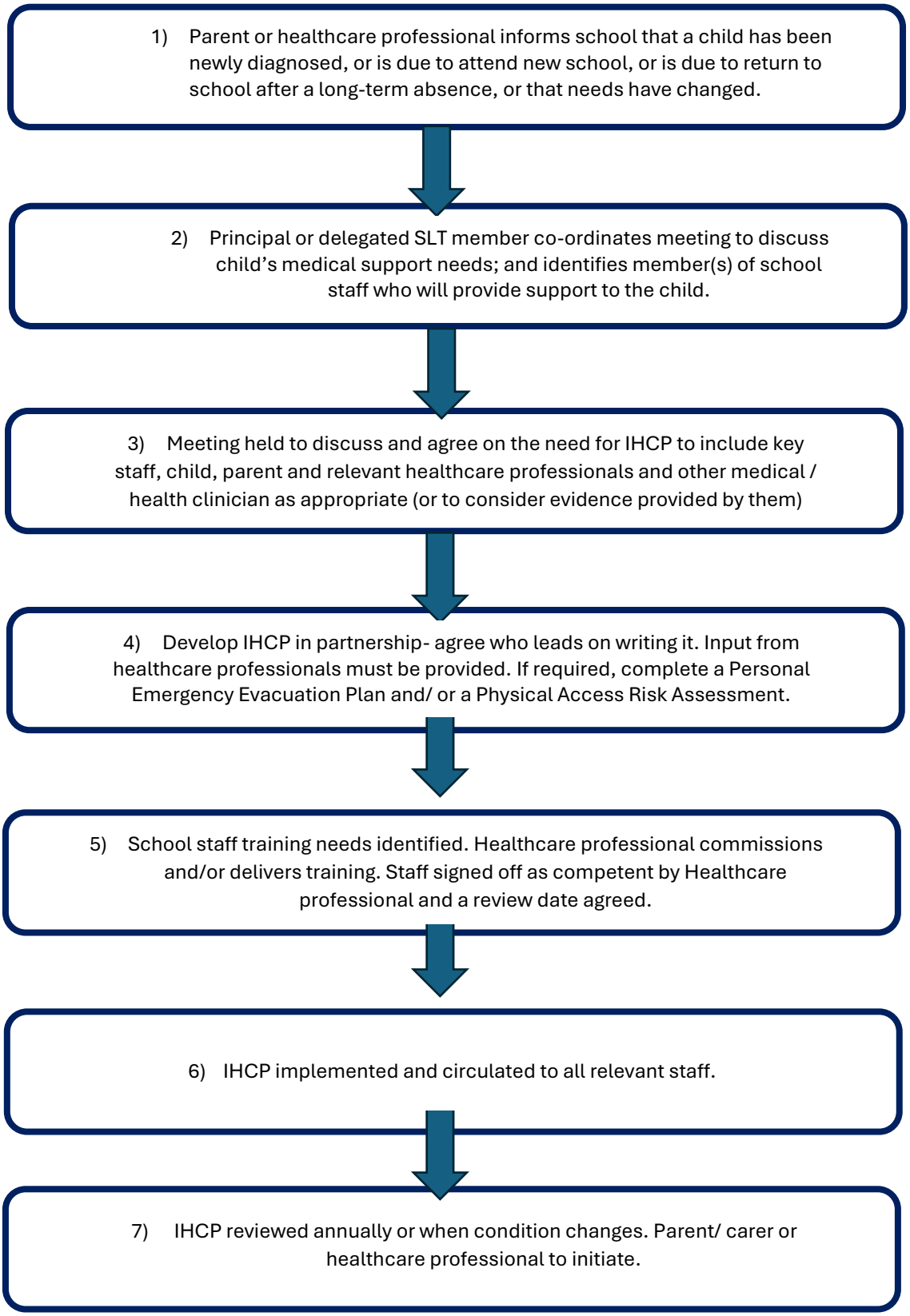
Yours sincerely

Mr James Winteringham
Medical Needs Co-ordinator
Assistant Head

www.sssj.bolton.sch.uk
01204 333 583 sssjoffice@vantageacademies.co.uk
SS Simon & Jude CE Primary School - Newport Road, Great Lever, Bolton, BL3 2DT

Vantage CE Academy Trust
Registered address: Newport Road, Bolton, BL32DT Company number: 08240918

Process for developing individual healthcare plans


1) Parent or healthcare professional informs school that a child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.
2) Principal or delegated SLT member co-ordinates meeting to discuss child's medical support needs; and identifies member(s) of school staff who will provide support to the child.
3) Meeting held to discuss and agree on the need for IHCP to include key staff, child, parent and relevant healthcare professionals and other medical / health clinician as appropriate (or to consider evidence provided by them)
4) Develop IHCP in partnership- agree who leads on writing it. Input from healthcare professionals must be provided. If required, complete a Personal Emergency Evacuation Plan and/ or a Physical Access Risk Assessment.
5) School staff training needs identified. Healthcare professional commissions and/or delivers training. Staff signed off as competent by Healthcare professional and a review date agreed.
6) IHCP implemented and circulated to all relevant staff.
7) IHCP reviewed annually or when condition changes. Parent/ carer or healthcare professional to initiate.

Individual Healthcare Plan

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

Family Contact Information

Name Contact 1	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Name Contact 2	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

PERSONAL EMERGENCY EVACUATION PLAN

Name of Pupil:
Class:

Date of Plan:
Review Date:

CONFIDENTIAL

insert photo of pupil here

Any issues affecting the pupil's fast evacuation from school in the event of an emergency are considered below. Consideration has been given to evacuation from different areas of the school and if medication or equipment may be required during the evacuation and when outside. This plan has been discussed with parents/carers and the pupil, if appropriate. Signed permission has been obtained for this emergency plan to be followed. This plan is to be reviewed yearly or sooner if needs change, in consultation with parents/carers and the pupil, if appropriate.

Relevant Information

Risk	Action(s)	Rationale
Physical:		
Medical:		
Behaviour:		

I have read and agree to this evacuation plan for _____ in the event of an emergency:

_____Parent / Carer Date:_____

_____ TA Date:_____

_____ Class/Form Teacher Date:_____

_____SENCO/Lead Date:_____

SSSJ Procedure for Contacting Emergency Services

Request an Ambulance

Dial 999

Speak clearly and slowly

Ask for an ambulance and be ready with the information below

Be ready to repeat information if asked.

You will be asked for three key pieces of information:

Your telephone number
The location you want the ambulance to be sent to
The reason for the call

1) The school's telephone number is **01204 333583**
2) School Name **SS Simon and Jude Primary School**
   School Address **Newport Road, Great Lever, Bolton**
   School Postcode for SAT NAV - **BL3 2DT**
   Best Entrance to school site **Main Office**
   Exact location of patient within school _____

State that the ambulance will be met by a member of staff who will take the crew to the patient.

3) **Name of Child** _____

   Age of child _____

   Description of Child's Symptoms _____

   Inform if underlining medical condition _____

   Inform if any emergency rescue medication has to be administered *e.g. midazolam- epilepsy, Jext injector- allergies, glucose- diabetes*
   Inform if any emergency procedures have been carried out *e.g. suction/ trachea tube replacement- tracheostomy, button replacement- gastro feed*
   Inform if patient has an alert card and what it is for

On Arrival of the Ambulance

- Member of staff to meet crew and escort crew to patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary stating child's medical condition or ALERT card, if appropriate
- Two members of staff to travel in ambulance with the patient if parents have not arrive


Mellors
ALLERGENS
Parent Pack

Mellors Allergens Parent Pack

Special diets are a very important part of our catering provision in schools. Allergen procedures are essential to ensure that the needs of individual pupils can be met safely. To ensure we offer the best possible service to our pupils and families, Mellors Catering Services have individual care plans in place for all pupils who have an allergy or intolerance.

In an education unit particularly, with pupils being classed in the 'vulnerable' category (under 18 years old), it is essential that we meet with parents/guardians. This ensures that there is a variety of meals available throughout the week and that individual nutritional needs are met.

Our education units have a captive audience of customers. With that in mind, we support their needs by working with our supply chain to offer allergen free foods to coincide with the daily menu/offer. We fully support pupils with special dietary needs and we make a commitment to do this for the lifetime of their education with us.

In line with the food information regulations for allergens and food labelling that came into effect on 13th December 2014, all of our dining rooms display an allergen notification for our customers.
Our recipe packs also contain a breakdown of ingredients inclusive of the food allergens they contain.

D Watkins

Danielle Watkins BSc (Hons_) RPHNtr
Head of Nutrition and Food Development

Mellors Allergens Parent Pack

We are pleased to be working in partnership with your school and we want to ensure your child is able to enjoy a meal with their friends at lunchtime.

To ensure your child is catered for safely each day, the catering team need to collect some essential information about your child's requirements. Once we have that information, a meeting will be held with you, your child and the school cook to go through the school menu and pick what your child would like to eat each day. The cook will have their recipe file and will be able to check the ingredients to ensure each item is suitable. If the meal isn't suitable we will try to adapt the recipe for your child, however in some instances this may not be possible. If this is the case we would then look to offer a jacket potato or sandwich option to ensure there is something available every day.

Step-by-step process for developing a menu for a child with an allergy or intolerance:

1. Fill in the special dietary needs form attached to this document.

2. Return this to the school or catering team with a recent photograph of your child and a medical note from your child's doctor or dietician. This note should outline the allergy or intolerance.

3. The school will then arrange a meeting for you and the school cook at a time that is convenient for you both.

4. Meet with the school cook to go through the menu cycle to highlight what your child can eat from the options available and agree a menu suitable for your child. If the main meal of choice isn't suitable for your child the cook will try to adapt it for you. If this isn't possible, we always offer a jacket potato or sandwich option as an alternative.

5. The cook will complete a menu sheet with your chosen dishes which all parties will sign to say they are happy with the menu.

Note: The menu will change throughout the year. The cook will be able to advise you of the dates the menu will change and a simple refresh meeting can be arranged to update your child's menu.

Mellors Allergens Parent Pack

Diabetes - Carbohydrate Counting

Mellors Catering Services will provide support for pupils with diabetes to enable them to eat a school meal at lunchtime with their friends.

At Mellors we like to treat each school individually, acknowledging that all schools, pupils and staff are different. The Nutrition and Food Development team produce a menu and recipe pack for our catering managers to use as a framework to create their own menus. They work with the parents/guardians and pupils to create a menu that fits the pupil's likes and dislikes within that school.

All of the recipes within the pack have been nutritionally analysed so the catering manager can share the nutritional breakdown with you. Our catering managers also have the flexibility to use a large number of local suppliers so it is important to meet with the catering manager to get all of the specific information for the menu and products in your child's school.

Step-by-step guide to supplying carbohydrate information for diabetic pupils:

1. A meeting should be arranged between the school catering manager, pupil and parent/guardian to discuss the menu.

2. The catering team will provide the nutritional breakdown of the recipes that are available on the menu cycle.

3. The information can also be shared with the teacher/carer who looks after your child in school and administers their insulin.

Mellors Allergens Parent Pack

Nut Policy

For many years now, education sites have been cautious around the usage of nuts in the school kitchen. It is a standard rule that is adhered to by a large proportion of UK education establishments and over 75% of schools still adopt this practice with nuts not being used as an ingredient in the school kitchen.

Mellors Catering Services chooses not to use nuts or nut products in our schools. The recipes provided to our schools do not include nuts as part of the ingredient profile and it is the catering manager's responsibility to ensure that this policy is adhered to.

Although we do not use nuts as an ingredient, many factories are multi-purpose operations and there may be a small cross contamination risk when it comes to some products that we purchase. These products carry a disclaimer that says 'may contain nuts or traces of nuts'. There will be very few products in a primary school that carry this disclaimer.

If a child in a primary school has a nut allergy, the school will not provide any products that carry this disclaimer to that child.

Useful websites/further information

Anaphylaxis campaign: www.anaphylaxis.org.uk

Allergy UK: www.allergyuk.org

Food Standards Agency:
www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance

Mellors Contact Details

Danielle Watkins - Head of Nutrition and Food Development
daniellew@mellors.co.uk
07772 637352

Mellors Allergens Parent Pack

Special Dietary Needs Form

This must be completed by a parent/guardian once a special diet request has been made. This must be supported with a medical note to confirm the special diet.

Checklist

- ☐ Complete this form
- ☐ Include a recent photo of the child (unless school already have one)
- ☐ Include a medical note from the child's doctor or dietician

Pupil Information

Full Name	
Date of Birth	
Year	
Class	
Name of Parent/Guardian	

Allergy / Intolerance Information

Allergy / Intolerance Details:
Symptoms:
Daily Care Requirements:

Special Dietary Needs Menu

Pupil's name	
Class name	
List of allergies	

Menu Choice	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 - Main					
Dessert					
Week 2 - Main					
Dessert					
Week 3 - Main					
Dessert					

Additional Notes _____

_____

_____ Signed catering manager: Date:

Signed parent/ guardian: Date:

Please note we cannot 100% guarantee that our special dietary needs menus are free from all allergens or traces of allergens. Our kitchen is used for multi-purpose food preparation and whilst we do have robust kitchen practices in place there may still be a small risk of cross-contamination and we cannot completely guarantee 'free from'.
The catering supervisor/manager will be able to show you our kitchen practices and then you can safely make your decision if you are happy for your child to be catered for.