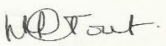




<b>Policy Name</b>	Supporting Pupils with Medical Needs Policy
<b>Review and Approval by</b>	Local Governing Body
<b>Date Ratified</b>	March 2019
<b>Signed By</b>	
<b>Position</b>	Chair of Board of Governors
<b>Review Period for this Policy</b>	3 Yearly
<b>Date for Future Review</b>	March 2020

**Implementation of this policy supports the duties to promote equality of opportunity and positive attitudes in relation to disability, gender and race and to eliminate discrimination on the grounds of age, disability, gender, race, religion or belief and sexual orientation.**

Date	Changes

# **Supporting Pupils with Medical Needs Policy**

## **Montpelier Primary School 2018**

Name of Responsible Manager/Headteacher:	Mrs Sam Hunter
Date Policy reviewed:	November 2018
Date Policy approved and adopted:	March 2019
Date Due for review:	March 2020

### **Introduction**

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## **Key Roles & Responsibilities**

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

### The Governing Body is responsible for:

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The safeguarding governor will take the lead in the governance role for this policy: Richard Clarke

### The Headteacher is responsible for:

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans and asthma plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They might contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### Teachers and Support Staff are responsible for:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School

staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### The responsibility of the School Link Nurse:

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

#### Parents/carers are responsible for:

Ensuring that they inform the school of any new medical conditions or concerns, or changes to existing conditions. Parents/carers are also responsible for ensuring that their child has a sufficient supply of medication within its expiry date in school if required.

## **Local Arrangements**

### **Identifying children with health conditions**

***Statutory Requirement:*** *The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.*

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers. We will use the 'Pupil Admission Form' to obtain the initial information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. Parents must inform the Class Teacher if there are any changes to their child's medical condition or any new information or concerns after the completion of this form. If there are significant changes or concerns, or a medical condition is becoming longer term, the Class Teacher will inform the SENCo who will liaise with parents/carers to decide whether an Individual Healthcare Plan would be helpful.

Where children are transferring from another school we will make full use of records passed to us from our colleagues there, including their Individual Healthcare Plans and Education Health & Care Plans where appropriate.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

If children develop a medical condition whilst they are with us we will in the first instance rely on parents and medical professionals to inform us of updated medical conditions.

## **Individual health care plans**

***Statutory Requirement:*** *The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.*

We recognise that Individual Healthcare Plans (IHPs) are recommended in particular where conditions are severe, fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. It is for medical conditions that require significant adjustment to normal routines as they would otherwise impact on the pupil's daily life at school. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate. (Annex A)

Where children require an IHP it will be the responsibility of the SENCO to work with parents and relevant healthcare professionals to write the plan.

An IHP may be initiated by the school in consultation with the parent/carer, by the parent consulting with the school or by a healthcare professional involved in providing care to the child. In most cases, it will be parents' responsibility to inform the school of changes to existing medical conditions or the development of new ones. School will initiate discussions regarding the need to implement an IHP if it is clear that the child is struggling with managing the school day, if the child requires medical support during the school day or needs adjustments to the school day, curriculum or environment to manage their medical condition. The SENCO will work in partnership with the parents/carer, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in an Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Our IHPs will be reviewed each September by the SENCO and the parents/carers and, where appropriate, the relevant medical professional. Our Asthma plans will be reviewed each September by the Class teacher and the parents/carers and these will be overseen by the SENCO. If Asthma is becoming more severe or less well controlled the SENCO will contact parents/carers to discuss whether an Individual Healthcare plan is needed.

We will use the individual healthcare plan template produced by the DfE as the basis for our plan, ensuring that all information required by the DfE is recorded.

If a child with medical needs is returning following a period of hospital education or alternative provision (including home tuition), we will work with parents/carers, healthcare professionals, the education provider and where appropriate the child to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The school recognises that children with asthma or who regularly use inhalers are at risk of requiring emergency intervention. In the first instance, all children who are diagnosed with asthma or who regularly use an inhaler will have a Personal Asthma Plan. This is based on the plan produced by Asthma UK. This will be reviewed annually in September by parents/carers and the class teacher and plans will be overseen by the SENCO. As part of this review it will be decided if this needs to be changed to a more detailed IHP. (Annex B)

***Statutory Requirement:*** *The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.*

***Statutory Requirement:*** *When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:*

- The medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and when appropriate, confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;

- arrangements for written permission from parents and in more complex cases, the headteacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## Staff training

**Statutory Requirement:** *The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided which may have been provided by healthcare professionals or parents/carers.*

*The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable advice or training from either their parent/carer and/or a medical professional.*

*Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans).*

All new staff will be inducted on the policy when they join the school. Records of this training will be stored in personnel files as part of their induction record.

All staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out following a review of the policy.

The awareness training will be provided to staff by the Responsible Manager – Mrs Sam Hunter. We will retain evidence that staff have been provided the relevant awareness training on the policy by signed minutes or certificates kept in the office.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training. Wherever possible, school staff will administer medication. However, the supply teachers that we use from Supply Plus do all have the relevant training.

## **The child's role**

**Statutory Requirement:** *The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines. Please refer to page19 in the DfE guidance document.*

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. When appropriate, this will be recorded in their individual healthcare plan or asthma plan.

Should a child refuse to take their medication the parent/carer will be informed at the earliest opportunity.

Where possible we will endeavour to ensure that children can carry their own emergency medicines and relevant devices or have easy access to allow for quick self-medication. This will be determined on their age and maturity. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare or asthma plan. Two signatures will still be required from trained staff to state that the medication was taken correctly.

## **Managing medicines on school premises**

**Statutory Requirement:** *The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.*

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for school to administer medicine' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we



will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The 'Administration of Medicine Pupil Form' tracks all medicines received in and out of the premises.

The name of the child, dose, expiry and shelf life dates will be checked by two members of trained staff before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container. Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a secure container appropriate to type and the need and age of the child. We will ensure that the drugs such as Midazolam, are easily accessible in an emergency situation. A record will be kept of the amount of the controlled drug brought into school, and a record of doses administered will be kept in the same location as the drug.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics

- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the advice from the community nursing team.

## **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the First Aid Room refrigerator in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be at least 2 appropriately trained members of staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

## **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles when needed. Collection and disposal of these will be arranged locally in consultation with parents.

## **Medical accommodation**

The named areas in the First Aid Policy will be used for the vast majority of medical administration/treatment purposes. The location/room will be made available when required. However, some emergency medicines will be administered in the classroom or other areas of the school site.

## Record keeping

**Statutory Requirement:** *The governing body should ensure that written records are kept of all medicines administered to children.*

A record of what has been administered including how much, when and by whom, will be recorded on a 'Record of medicines administered to pupils at school' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers. The signatures of the TWO members of trained staff who were present when the medication was administered will be on the form. Each child will have their own form.

## Emergency procedures

**Statutory Requirement:** *The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.*

Where a child has an individual healthcare plan or asthma plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child. This will form part of our PDL lessons.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

## Day trips/off site activities

**Statutory Requirement:** *The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.*

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and consider advice from the relevant healthcare professionals to ensure that pupils can participate safely.

All risk assessments are reviewed by Marie Bryant. In her absence they are checked by the DSL or the Deputy DSL.

It is the responsibility of the class teacher to pass on relevant medical information to staff or parent helpers supporting on a trip.

## **Other issues**

The school has a defibrillator which is kept in the reception area. The machine is self-instructing so training is not required. There is no code required to access this equipment. The site manager undertakes an annual check of the battery.

There will be times when different members of staff are required to take responsibility for the care of a pupil and the administration of their medicine. There is a clear protocol in place for handing over relevant medical information to a supply teacher which takes place as they sign in with the office. It is the responsibility of the class teacher or the supply teacher to ensure that the usual routines are in place if other members of staff who are usually involved in the administering of medicines is absent.

It is the responsibility of staff who are running clubs or pupil voice groups on site to obtain key medical information about the children they are working with. This can either be obtained from SIMS or from the office. All staff running a club must ensure that they ask children who require medication if they have it with them at the start of the session.

The after school Club, Monty's Den, while on site is a separate 'business' and have their own procedures in place.

## **Unacceptable practice**

***Statutory Requirement:*** *The governing body will ensure that the school's policy is explicit about what practice is not acceptable.*

Staff are expected to use their discretion and judge each child's individual healthcare plan or asthma plan on its merits, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues (unless there are other issues around safeguarding to consider). No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

## **Liability and indemnity**

***Statutory Requirement:*** *The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.*

Staff at the school are indemnified under the ISP self-insurance arrangements.

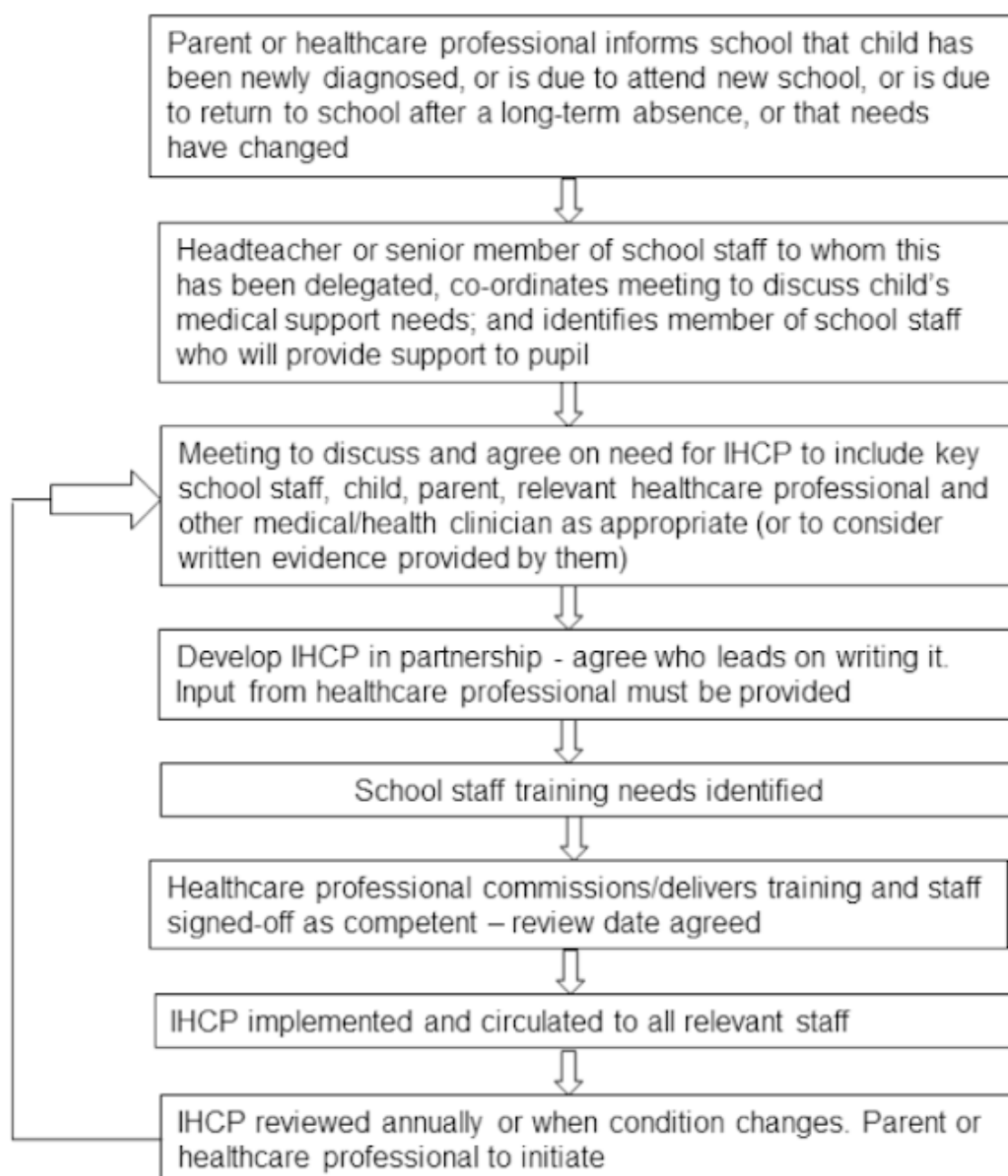
ISP is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

## **Complaints**

***Statutory Requirement:*** *The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.*

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Annex A- Model Process for Developing IHPs, DfE guidance 'Supporting Pupils at School with Medical Conditions'





## Montpelier Primary School Individual Asthma Plan



Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

1<sup>st</sup> Contact: Name

Relationship to child

Phone Number:

2<sup>nd</sup> Contact: Name

Relationship to child

Phone Number:

GP Name or Surgery

Phone no.

Usual peak flow

Triggers for my asthma:

Does doing  
sport make it  
hard to  
breathe?

If YES  
I take:

.....  
Puff/s of my reliever  
inhaler (usually blue)  
beforehand.



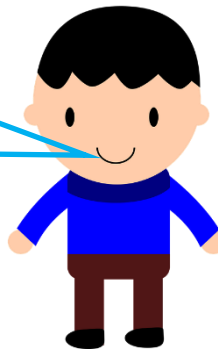


Your asthma plan tells you when to take your asthma medicines.

No/minimal symptoms

Peak flow: \_\_\_\_\_ +

And what to do when your asthma gets worse.



Mild symptoms/attack

Peak flow between ----- & -----

How does this present in your child? (E.g cough, wheeze, breathless?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Regular Treatment

### Preventer (if applicable):

Name of medication: \_\_\_\_\_

Number of puffs: \_\_\_\_\_

Number of times per day: \_\_\_\_\_

### Reliever:

Name of medication: \_\_\_\_\_

Number of puffs: \_\_\_\_\_

Number of times per day: \_\_\_\_\_

### Any other asthma medications I take?

\_\_\_\_\_

\_\_\_\_\_

## Reliever

Name of medication: \_\_\_\_\_

Number of puffs: \_\_\_\_\_

Number of breaths between puffs: \_\_\_\_\_

Does your child use a spacer device? Yes/No

Can your child self-administer their inhaler?

Yes/No

If no significant improvement or needing inhaler more than every \_\_\_\_\_ hours  
Treat as a bad attack.



**Bad symptoms/attack**

**Peak flow less than -----**

**How does this present in your child?** (E.g  
breathless, wheezing, breathing hard/fast, poor or no  
response to reliever, can't talk easily?)

Even if I start to feel better, I don't want this  
to happen again, so I need to see my doctor or  
asthma nurse today.

Sit up/do not lie down.

Call for a First Aider.

Inform Office to call parents/carers.

Continue Treatment with reliever  
up to a maximum of \_\_\_\_\_ puffs.

**If they still don't feel better and have taken  
\_\_\_\_\_ puffs, call 999 straight away. If waiting  
longer than 15 minutes for an ambulance  
another \_\_\_\_\_ puff/s of the blue reliever  
inhaler may be given.**

**Daily care requirements, including adjustments to my day or environment or emotional  
needs:**

**My inhaler will be kept in my classroom. I will know where it is.**

**It will usually be my Class teacher \_\_\_\_\_ teaching assistants**

**\_\_\_\_\_**  
**or First aiders; Mr Farr, Mr Morgan, Mrs Pearce or Mrs Lanricombe who will help me to  
use my inhaler.**

**When we are out on trips or visits I will be in a group with an adult who knows me and  
my asthma plan well. They will carry my plan, my asthma kit and a mobile phone.**

**The postcode or coordinates of the places we visit will be recorded on the risk  
assessment. My medical needs will also be recorded.**

Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_

### Parents – get the most from your child’s action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child’s mobile if they have one)
- Stick a copy on your fridge door
- Share your child’s action plan with school, grandparents and babysitter (a printout or a photo).

### You and your parents can get your questions answered:

Call asthma UK’s friendly expert nurses

**0300 222 5800**

(9am – 5pm; Mon – Fri)

Get information, tips and ideas



## Montpelier Primary School Individual healthcare plan

Child’s name

Class

Date of birth

Child’s address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Relationship to child

Phone Number: (mobile)

Name

Relationship to child

Phone Number: (mobile)


---

**Hospital/Nurse Contact**

Name

Phone no.


**G.P.**

Name

Phone no.


Who is trained to provide 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 including 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

Parents/Carers
----------------

Staff training needed/undertaken – who, what, when

--

Form copied to

Parents Class teacher First Aid room file Reception desk file
--

**Plan written with**

**Parent/Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



