AUTHENTIC EDUCATION

Supporting pupils with medical conditions and allergies

St Aldhelm's Academy

Version	V0.01
Approval Date	01 09 2026
Approved	Trust Board
Lead Reviewer	Lead Reviewer
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Contents

1. Introduction

1.1. Statement of Intent

1.1.1. At Authentic Education we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

1.1.2. Our Academy will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

1.1.3. This policy will set out the roles and responsibilities for everyone in the Academy community. It will set the procedure for creating, reviewing and managing individual healthcare plans (IHPs) and how medicines are managed.

1.1.4. The Academy aims to reassure parents/carers that they will help their child feel safe, supported and included.

1.1.5. This policy will set the Academy's approach to allergy management and make clear how pupils with allergies are supported to ensure their wellbeing and inclusion.

1.2. Audience

This policy is intended for use by all support, teaching staff and management, Trustees, governors, all pupils and parents/carers of Authentic Education.

1.3. Revision History

Issue	Date	Author	Changes
V0.01	26/05/2026	Kelsey Etheridge	Initial policy draft.

2. Legal framework

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

- Section 100 of the Children and Families Act 2014
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Children's Wellbeing and Schools Act 2026
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2025) 'Allergy safety in schools' (Statutory Guidance)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

2.2. This policy operates in conjunction with the following school policies:

- Attendance policy
- Inclusion policy
- Accessibility plan
- Complaints policy
- Equality information and objectives
- Medical and first aid
- Health and safety
- Safeguarding and child protection
- Special educational needs and disabilities information report and policy
- Whole school food
- Educational Visits policy

3. Roles and responsibilities

3.1. The Trust Board are responsible for:

- ensuring there are arrangements to support pupils with medical conditions and allergies across the Trust
- ensuring the Trust is compliant with the requirements in the above legislation
- determining and approving this policy

3.2. The Local Academy Boards (LABs) have responsibility for:

- reviewing this policy in a timely manner, in line with relevant legislation and requirements
- monitoring practice, and staff training, regarding pupils with medical conditions
- overseeing and supporting the Principal in carrying out their duties
- highlighting any issues found to the Trust Board

3.3. The Principal will:

- ensure all staff are aware of this policy and understand their role in its implementation
- ensure that there is sufficient trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- ensure that all staff who need to know are aware of a child's condition or allergy
- take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- ensure that staff are appropriately insured and aware that they are insured to support pupils in this way
- manage cover arrangements in the case of staff absence or turnover, ensuring suitable staff are always available, and that supply, agency and temporary staff are appropriately briefed about pupils' medical needs or allergies, where appropriate. Training and briefings should also be extended to any other adults working with pupils, i.e. volunteers, sports coaches, Alternative Provider staff, breakfast/after school club staff.
- approve risk assessments for school visits and activities outside of normal school timetable that involve provision for pupils with medical needs or allergies
- ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- the principal or nominated SLT member will investigate any medical incidents, inform governors when required and contact the parents following a near miss

3.4. The nominated allergy lead is: Mrs Dennett-Rogers. They are responsible for:

- promoting and maintaining allergy awareness across the Academy community
- recording and collating allergy and special dietary information from all relevant pupils
- ensuring all allergy information is up to date and readily available, relevant pupils have an allergy action plan, staff receive appropriate allergy training and are aware of allergy policies and procedures
- keeping stock of the Academy's adrenaline auto-injectors (AAIs)

3.5. The lead first aider is responsible for:

- co-ordinating the paperwork and information for families
- co-ordinating medication with families
- checking spare AAIs are in date

3.6. All teaching and support staff are responsible for:

- supporting pupils with medical conditions and allergies during school hours
- knowing what to do and respond accordingly when they become aware that a pupil with a medical condition or allergy needs help
- ensuring they receive suitable and sufficient training in how to support pupils
- promoting and maintaining allergy awareness among pupils
- attending appropriate allergy training, as required
- being aware of specific pupils in their care
- carefully considering the use of food or other allergens in lesson and activity planning
- ensuring the wellbeing and inclusion of pupils with medical conditions and allergies

3.7. Parents/carers will:

- provide the Academy with sufficient and up-to-date information about their child's medical needs, dietary requirements, and any allergies
- provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- be involved in the development and review of their child's IHP
- carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment
- where required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine, etc.
- considering the food, they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- following the Academy's guidance on food bought to be shared
- updating the Academy on any changes to their child's condition

3.8. Pupils with medical conditions and allergies are responsible for:

- being aware of their allergens and the risks they pose
- understanding how and when to use their adrenaline auto-injector
- if age appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose
- providing information about how their condition affects them and contribute as much as possible to their IHP

3.9. Pupils without medical conditions and allergies will be aware of allergens and the risk they pose to their peers.

4. Equal opportunities

4.1. The Academy will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our Trust is clear about the need to actively support pupils with medical conditions to participate in school trips/visits, or sporting activities, and not prevent them from doing so.

4.2. The Academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely.

4.3. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

5. Notification of a child's medical condition

5.1. When the Academy is notified that a pupil has a medical condition, the process outlined in appendix A will be followed to decide if an IHP is required.

5.2. The Academy will make every effort to ensure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the Academy.

5.3. The Academy will:

- For new pupils, send a form to all parents/carers to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, a form will be sent and arrangements in place within 2 weeks.
- For all pupils, send a reminder to parents/carers at the start of each year, along with a form to complete if their child requires certain medication(s)

5.4. We ask that parents/carers proactively inform us by either phone call or email if their child's medical needs change during the school year.

6. Transition arrangements

6.1. The Academy will ensure effective transition planning so that pupils with medical conditions and allergies continue to receive appropriate support throughout their education.

6.2 Medical information and relevant Individual Healthcare Plans (IHPs), care plans or Allergy Action Plans will be obtained as early as practicable for pupils joining the Academy to ensure appropriate support is in place before admission, wherever possible.

6.3 When pupils move between classes, year groups, key stages or educational settings, relevant medical information will be shared with receiving staff and IHPs reviewed as necessary to ensure continuity of support.

6.4 With parental consent and in accordance with UK GDPR, relevant medical information, including the current IHP and associated care plans, will be securely shared with a receiving education provider. The receiving provider will develop its own IHP to reflect its arrangements.

7. Individual healthcare plans

7.1. The Principal has overall responsibility for the development of IHPs for pupils with medical conditions.

7.2. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed in the best interest of the child.

7.3. Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate.

7.4. Plans will be created in partnership with the Academy, parents/carers and a relevant healthcare professional. The pupil will be involved wherever appropriate.

7.5. IHPs will be linked to, or become part of, any educational, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

7.6. A template IHP can be found in appendix C. Follow links for IHP templates for diabetes (Diabetes in schools – the IHP - a child's individual healthcare plan | Diabetes UK) and epilepsy (School support - Epilepsy Action)

7.7. The detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:

- The medical condition, triggers, signs symptoms and treatments.
- The pupil's needs, including medication, other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide the support, their training needs, expectations of their role and confirmation of proficiency and cover arrangements, if they are unavailable.
- Who in the Academy needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents/carers and the Principal 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 activities outside of the normal school timetable that will ensure the pupil can participate e.g. risk assessment.
- Where confidentiality issues are raised by the parent/carer or pupils, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

7.8 The pupil's views, wishes and level of understanding will be considered, and they will be encouraged to participate in decisions about their medical support and Individual Healthcare Plan, where appropriate to their age and capacity.

8. Managing medicines

8.1. Prescription and non-prescription medicines will only be administered at the Academy:

- When it would be detrimental to the pupil's health or attendance not to do so, **and**
- Where parents/carers give written consent

8.2. The person administering the medicine will keep a written record and parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

8.3. Pupils under 16 will not be given any medication containing aspirin, unless prescribed by a doctor.

8.4. Anyone giving a pupil any medication will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

8.5. The Academy will only accept prescribed medications that are in date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

8.6. Insulin that is inside a pen or pump will be accepted, but it must be in date.

8.7. All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

8.8. Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

8.9. Controlled drugs

8.9.1. Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments.

8.9.2. All controlled drugs will be kept in a secure cupboard in the Academy medical room and only named staff will have access.

8.9.3. Controlled drugs will be easily available in an emergency and a record of any doses used and the amount held will be kept.

8.10. Pupils managing their own needs

8.10.1. Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and reflected in their IHPs.

8.10.2. IHPs will include procedure for staff to follow if a pupil refuses to carry out necessary procedures or take medicine.

8.10.3. Where a pupil uses a prescribed medical device, the Academy will support its safe use in accordance with the pupil's Individual Healthcare Plan and advice from the relevant healthcare professional.

8.11. Unacceptable practice

8.11.1. Although staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not acceptable to:

- prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers
- ignore the medical evidence or opinion
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, unless this is specified in their IHPs
- send an unwell pupil to the Academy office or medical room unaccompanied or with someone unsuitable
- penalise pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating, using the toilet or taking other breaks whenever they need to in order to manage their medical condition effectively
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including trips
- administer, or ask pupils to administer, medicine in the school toilets

9. Assessing and managing allergy risks

9.1. The Academy will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- lessons, such as food technology
- science experiments involving foods
- crafts using food packaging
- off-site events and school trips
- any other activities involving animals or food

9.2. Hygiene procedures

9.2.1. To prevent contamination, the Academy requires:

- pupils are reminded to wash their hands before and after eating
- no sharing of food

- pupils have their own named water bottles/pupils are encouraged to have their own named water bottles

9.3. Catering

9.3.1. The Academy is committed to providing safe food options to meet the dietary needs of pupils with allergies.

9.3.2. Catering staff receive appropriate training and are able to identify pupils with allergies.

9.3.3. Menus are available for parents/carers to view the ingredients clearly labelled.

9.3.4. Where changes are made to menus, the Academy will ensure these continue to meet dietary needs of pupils.

9.3.5. Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).

9.3.6. Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

9.4. Food restrictions

9.4.1. We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- packaged nuts
- cereal, granola, or chocolate bars containing nuts
- peanut butter or chocolate spreads containing nuts
- peanut-based sauces, such as satay
- sesame seeds and foods containing sesame seeds

9.5. Insect bites/stings

9.5.1. To prevent insect bites or stings the Academy insists that shoes should always be worn outside and food and drink should be covered.

9.5.2. For common bites, e.g. mosquitos, midges or bee/wasp stings staff should remove the stinger, clean the wound and reduce any swelling with an ice pack or cloth.

9.6. Animals

9.6.1. All pupils will always wash their hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.

9.6.2. Pupils with animal allergies will not interact with animals.

9.7. Support for mental health

9.7.1. Pupils with allergies can experience bullying and may also suffer from anxiety or depression relating to their allergy.

9.7.2. Pupils with allergies will have access to additional support through pastoral care and regular check-ins.

9.8. Events and school trips

9.8.1. For events, including ones outside the school, and school trips, no pupils with allergies will be excluded from taking part.

9.8.2. The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training.

9.8.3. Appropriate measures will be taken in line with the Academy's AAI protocols for off-site events and school trips.

10. Procedures for handling allergic reactions

10.1. Register of pupils with AAIs

10.1.1. The Academy maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergies and anaphylaxis risk factors
- Whether a pupil has been prescribed AAI(s) and what type and dose
- Where a pupil has been prescribed an AAI, whether parental consent has been given for the use of the spare AAI, which may be different to the personal AAI
- A photograph of each pupil to allow a visual check to be made

10.1.2. The register is to be kept in an easily accessible location and can be checked quickly by any member of staff as part of initiating an emergency response.

10.2. Allergic reaction procedures

10.2.1. As part of the whole-school awareness approach to allergies, all staff are trained in the Academy's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

10.2.2. Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency.

10.2.3. If a pupil has an allergic reaction, the staff member will initiate the Academy's emergency response plan, following the pupil's allergy action plan.

10.2.4. If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, an Academy one.

10.2.5. If the pupil has no allergy action plan, staff will follow the Academy's procedures on responding to allergy, which will include using a spare AAI, calling emergency services, and positioning the pupil flat on their back with legs elevated.

10.2.6. An Academy AAI device will be used instead of the pupil's own AAI device if:

- medical authorisation and written parental consent have been provided, or
- the pupil's prescribed AAI(s) are not immediately available.

10.2.7. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

10.2.8. If the allergic reaction is mild (e.g. skin rash, itching, sneezing), the pupil will be monitored and the parents/carers informed.

11. Adrenaline auto-injectors (AAIs)

11.1. Purchasing of spare AAIs

11.1.1. The allergy/first aid lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

11.1.2. The Academy can purchase AAIs from a pharmaceutical supplier provided the general advice relating to these transactions are observed.

11.1.3. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Current brands of AAIs available in the UK include Epipen and Jext. The decision as to how many devices and brands to purchase will depend on local circumstances.

11.1.4. The Resuscitation Council (UK) recommends the treatment of anaphylaxis using the age-based criteria as follows:

- Children age **under 6** years: dose of 150 microgram (0.15 milligram) of adrenaline is used (Epipen Junior (0.15mg), Jext 150 microgram device)
- Children age **6-12** years: dose of 300 microgram (0.3 milligram) of adrenaline is used (Epipen (0.3mg), or Jext 300 microgram device)
- Teenagers age **12+** years: dose of 300 or 500 microgram can be used

11.2. Storage of AAIs (spare and prescribed)

11.2.1. AAIs will be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperatures.

11.2.2. They are to be kept in a safe and suitably central location to which all staff have access at all times but is out of reach and sight of children.

11.2.3. All AAIs are to be accessible and available for use at all times and NOT locked away.

11.2.4. AAIs should NOT be located more than 5 minutes away from where they may be needed.

11.2.5. Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

11.3. Maintenance of spare AAIs

11.3.1. Mrs Dennett-Rogers is responsible for checking monthly that the AAIs are present and in date and replacements are obtained when expiry date is near.

11.4. Disposal

11.4.1. AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

11.5. Use of AAIs off school premises

11.5.1. Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events.

11.5.2. Academies should conduct a risk assessment for any pupil at risk taking part in a school trip off school premises.

11.5.3. Academies will consider whether it may be appropriate to take spare AAI(s) obtained for emergency use on trips.

11.6. Emergency anaphylaxis kit

11.6.1. It is good practice for schools to hold an emergency anaphylaxis kit, which would include:

- spare AAIs
- instructions for use of AAIs
- instructions for storage
- manufacturer's information
- checklist of injectors
- note of arrangement for replacing injectors
- list of pupils to whom the AAI can be administered
- record of when AAIs have been administered

12.Emergency procedures

12.1. Staff will follow the Academy's emergency procedures. All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

12.2. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

11.3 Following any medical emergency or significant allergic reaction, the Academy will review the effectiveness of the IHP, risk assessment and emergency response.

13.Training and staff support

13.1. Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

13.2. The training will be identified during the development or review of IHPs. Staff who provide support to pupils will be included in meetings where this is discussed.

13.3. Training will help staff to understand the specific medical conditions they are being asked to support, their implications and preventative measures.

13.4. All staff will receive training so they are aware of this policy and understand their role in implementing it.

13.5. The Academy is committed to training all staff in allergy response. It is recommended that staff are trained annually. Training will include how to reduce risk of allergic reactions, how to spot the signs of reaction, where AAIs are stored, how to administer AAIs and the wellbeing and inclusion implications of allergies.

13.6. Any staff that administer emergency medication will receive debriefing and support following a serious incident.

12.7 Allergy and medical emergencies should be incorporated into emergency response exercises and staff refreshers

14. Record keeping

13.1 Written records will be kept of all medicine administered to pupils for as long as these pupils are at the Academy. Parents/carers will be informed if their child has been unwell at school.

13.2 IHPs and/or Allergy Action Plans are kept in a readily accessible place that all staff are aware of.

13.4 The Academy will process, store, share, retain and securely dispose of pupils' medical information in accordance with UK GDPR and the Data Protection Act 2018,

ensuring that only the minimum personal data necessary is collected, records are retained only for as long as required by law and are securely destroyed in line with the Academy's Data Retention Policy.

15. Incident reporting, near-miss recording and learning

14.1 The Academy will maintain a formal system for recording, reporting and reviewing all serious medical incidents, allergic reactions requiring treatment, administration of adrenaline auto-injectors (AAIs), and allergy-related near misses.

14.2 A *near miss* is any event where a pupil was exposed, or was at risk of being exposed, to a known allergen or other medical risk, but where harm was avoided through intervention, chance or prompt action.

14.3 Following any serious incident or near miss, the Academy will:

- ensure the pupil receives appropriate medical attention;
- inform the parent/carer as soon as reasonably practicable;
- complete the Academy's incident reporting procedures and any statutory reporting requirements where applicable;
- investigate the circumstances and identify any contributing factors;
- record actions taken to reduce the likelihood of recurrence.

14.4 Following the investigation, the Principal and nominated Allergy Lead will review whether amendments are required to:

- the pupil's Individual Healthcare Plan (IHP);
- Allergy Action Plan (where applicable);
- risk assessments;
- staff training;
- emergency procedures;
- Academy policies or operational practices.

14.5 Lessons learned from incidents and near misses will be shared, where appropriate, with relevant staff to improve practice while maintaining pupil confidentiality and complying with UK GDPR.

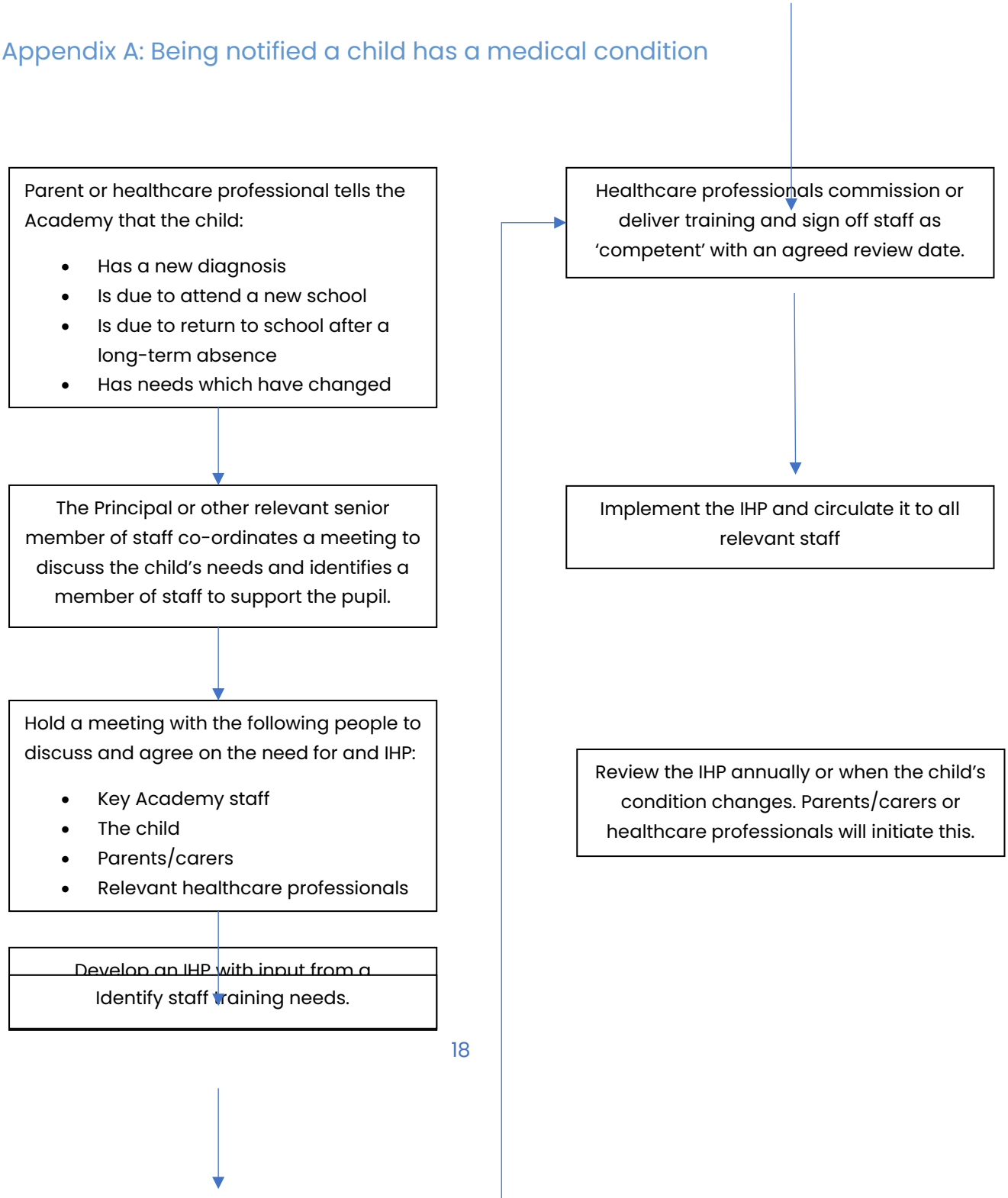
14.6 The Trust Board and/or Local Academy Board will receive appropriate information regarding significant medical incidents and allergy-related near misses through the Academy's governance reporting arrangements to enable oversight of trends and continuous improvement.

16. Policy review and monitoring

16.1. This policy will be reviewed annually and approved by the Trust Board.

16.2. It is the responsibility of the Principal to ensure the policy is specific to Academy circumstances.

Appendix A: Being notified a child has a medical condition



Appendix B: Procedure for children who are sick or infectious

Pupils who have an infectious disease shouldn't attend school/nursery. Parents/carers should notify the Academy if their child has an infectious disease.

If a pupil becomes unwell during the day, parents/carers will be contacted to collect their child.

Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school.

Staff will notify parents/carers if a risk to other pupils exists.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices.
- Good handwashing practice.
- Encouraging and facilitating healthy eating.
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed.
- Championing and educating staff, parents/carers and pupils on the importance of immunisation as a tool against infection, while recognising the individual's right to choose.

Appendix C: Individual healthcare plan template

Academy name	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis/condition	
Date	
Review date	

Family contact information	
Name	
Relationship to the child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to the child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/hospital contact	
Name	
Phone no.	

GP	
Name	
Phone no.	

Who is responsible for 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