Asmall Primary School

SUPPORTING PUPILS WHO HAVE LONG-TERM MEDICAL NEEDS POLICY

September 2025

To Be Reviewed September 2026

Asmall Primary School

SUPPORTING PUPILS WHO HAVE LONG-TERM MEDICAL NEEDS POLICY

Asmall School has adopted the guidelines of Lancashire County Council for Supporting Pupils with Medical Needs in Schools. All policies and procedures will follow these guidelines. Some pupils attending school will have long-term medical needs and may require care or medication on a regular long-term basis, e.g. because of anaphylaxis, epilepsy, diabetes, haemophilia or any complex medical condition. Normally schools will become aware of such pupils through admissions and transition procedures or because a pupil already on roll has developed a particular medical condition in some cases through accident or injury.
This is reviewed yearly in September for every child in school.
In order to ensure that all relevant information about the child's condition is available the school should complete an individual Health Care Plan for pupils who may require support and medication on a regular long-term basis. In this way the pupils may access the full curriculum and not be disadvantaged in any way.

Where it is agreed that an individual pupil will require a Health Care Plan it is suggested that:

- Health Care Plans should be completed on the pupil's admission to school or at a time when it becomes apparent that the long term medical needs of the pupil make the completion of a Health Care Plan desirable.
- The Headteacher should ensure that Health Care Plans are completed at school in consultation with health professionals, parents and carers and that they are reviewed at least annually.
- All members of staff who come into contact with the pupil should receive a copy of the Plan and a copy must be retained in the pupil's main school file. Health Care Plans should transfer with the pupil it there is a change of school.
- The Plan must contain details of any medical procedures, which are required by the pupil's condition, e.g. Epipen and details of training undertaken by staff.

ADVICE ON COMPLETING A HEALTH CARE PLAN
A full Health Care Plan will consist of Forms together with a Protocol which goes into more detail about the condition and medical support needs of the individual pupil. Examples of Protocols are provided for guidance purposes for pupils with anaphylaxis, asthma, cystic fibrosis, diabetes and epilepsy. School will seek the assistance of the school nurse/specialist health visitor in preparing a Protocol for each pupil who requires one. Copies of protocols can be found in the Medical Needs File.
Details of the forms to be completed are given below:

FORM 1
Emergency call form. One copy should be displayed by the office telephone[s]. It is an Aide-Memoire with school details in case of an emergency.

FORM 2
This form must be completed for every pupil who requires a Health Care Plan and must be kept in the pupil's main school file. It must be updated at least annually and earlier if there is a change in either the pupil's condition or medication/procedure.

FORM 3
This form ensures that schools have received the correct information from parents/carers and are able to monitor and correctly support the use of medication in the school. If a pupil requires several items of medication in school the appropriate details should be provided on this form and on form 3. A copy of form 3 should be attached to form 5.

FORM 4
On receipt of Appendix 2 the school should complete the confirmation of agreement for medication to be administered in school.

FORM 5
This is the school's Record of Medication administered to individual pupils in school. A copy of this form should be sent to the pupil's parents/carers on a weekly basis. When the form is fully completed a copy should be put in the pupils main school file. If the pupil transfers before the form is fully completed a copy should be placed in the pupil's main school file for transmission to the next school.

Further when appropriate, the children will have an individual Risk Assessment and key information will be circulated to all staff sensitively.

ASMALL PRIMARY SCHOOL

FORM 3

Health Care Plan

Parental Permission for Prescribed Medication

It is school policy that staff will not administer medicines to pupils. Staff have neither the legal nor a contractual duty to do so. Staff do have a duty to take reasonable care of the health and safety of pupils and of themselves. In some cases pupils may require daily medication of prescribed or controlled drugs such as Ritalin to control long term conditions. The self-administration of these drugs by pupils is strictly supervised. It is the responsibility of the parents to complete a Health Care Plan drawn up in conjunction with the school.

Child's Name …… **Class** ……

Date of Birth: ……

Medical Condition/illness: ……

Medicine

Name the medicine is prescribed to on the container: ……

Name/Type of Medicine [as described on the container]: ……

Date to commence medication: ……

Date medication to cease: ……

Date dispensed: ……

Expiry date of medication: ……

Agreed review date to be initiated by [name of member of staff]: ……

Dosage and method eg Oral, inhaled: ……

Timing of dosage: ……

Special Precautions: ……

Are there any side effects that school needs to know about?: ……

Self Administration form to be completed if yes: [self administration **YES/NO (delete as appropriate)**

I do/do not give permission for school to administer School's Emergency Inhaler if necessary.

Emergency Contact Details

Name of Parent …… Telephone No ……
{BLOCK CAPITALS PLEASE}

Name of Doctor …… Telephone No ……
{BLOCK CAPITALS PLEASE}

Signature of Parent …… Date ……

Signature on behalf of School …… Date ……

ASMALL PRIMARY SCHOOL

FORM 5

Health Care Plan

Daily Record for Prescribed Medication

It is school policy that staff will not administer medicines to pupils. Staff have neither the legal nor a contractual duty to do so. Staff do have a duty to take reasonable care of the health and safety of pupils and of themselves. In some cases pupils may require daily medication of prescribed or controlled drugs such as Ritalin to control long term conditions. The self-administration of these drugs by pupils is strictly supervised. It is the responsibility of the parents to complete a Health Care Plan drawn up in conjunction with the school.

Child's Name: …… **Year: ……**

Date medicine provided by parent:…… **Quantity received: ……**

Name and strength of medicine: …… **Expiry date: ……**

Quantity returned: ……

Dose and frequency of medicine: ……

Staff signature: ……

Parent signature: ……

Date	Time Child self administered	Initials Member of Staff	Date	Time Child self administered	Initials Member of Staff