



PACE Academy Trust

Medical Needs Policy

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V2	2018	PACE	<ul style="list-style-type: none"> Adjusted for PACE schools
V3	May 2021	CM	<ul style="list-style-type: none"> Updated wording to cover all PACE schools. Amended appendix forms.
V4	January 2022	CM	Updated on recommendation from Directors to include provision of medicines as recommended by CAHMS (Page 6)
V5	March 2026	Zoe Harris/Debbie McKenzie	<p>Adjusted for PACE schools, in line with current requirements.</p> <p>The DfE is consulting on proposed updates to the statutory guidance to include:</p> <ul style="list-style-type: none"> requiring every setting to have a published medical conditions policy strengthening Individual Healthcare Plans (IHPs) strengthening recording, reporting and learning from serious incidents and 'near misses' introducing a new requirement for a separate, published allergy safety policy, including training and the use of adrenaline devices <p>This policy will be reviewed again to reflect any updates to the guidance resulting from this consultation, which is due to end in May 2026.</p>

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Introduction

PACE Academy Trust's commitment to supporting pupils with medical needs is firmly grounded in the principles of the United Nations Convention on the Rights of the Child (UNCRC). As Rights Respecting schools, we recognise that children's rights to education, health, dignity, safety, participation and non-discrimination must shape the way we understand and respond to medical needs. Children with medical needs have the entitlement to a full-time curriculum or as much as their medical condition allows. They must have access to the same opportunities as all other pupils in the school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

We recognise that children with the same diagnosis may have vastly different needs and that no single approach is appropriate for every child. This applies to both physical and mental health conditions, where the impact, required treatment and level of support can vary significantly from one pupil to another.

We understand that pupils can suffer from long-term, short-term, chronic and acute illnesses and will provide for all pupils without exception or discrimination to the full extent we possibly can. This will be achieved through training, collaboration with parents/carers and support from medical professionals/ other specialists.

This policy has been developed in line with the following DfE statutory guidance and legislation:

- [Supporting pupils at school with medical conditions, Children and Families Act 2014](#) (last updated 2017)
- [Statutory framework for the Early Years Foundation Stage](#)
- [First aid in schools, early years and colleges - GOV.UK](#)
- [Health and safety: advice for schools - GOV.UK](#)

This policy should be read in conjunction with the following:

- SEND Policy
- Educational Visits Policy
- Risk Management Policy
- Health and Safety Policy

Definitions

Medical condition - for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes: a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

Medication - is defined as any prescribed or over-the-counter treatment.

Medicine - this is defined as any substance used, especially internally, for the treatment or prevention of disease or medical conditions. Medical care may include the need to help a pupil with a tracheostomy, or a pupil requiring tube feeding (gastrostomy).

Prescription medication - is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

Key Roles & Responsibilities

The Trust is responsible for:

- Establishing a trust-wide medical needs policy that aligns with DfE statutory requirements.
- Ensuring oversight, governance and consistent standards across all schools.
- Ensuring full insurance and indemnity to staff who administer medicines.

The SENDCo and Headteacher are responsible for:

- Ensuring pupil information on Arbor (the school Management Information System) is monitored and up to date.
- Supporting the day-to-day implementation and management of this policy.
- Liaising with healthcare professionals regarding the child's medical needs and the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Ensuring that Individual Healthcare Plans (IHPs) are developed.
- Ensuring enough trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- Enabling continuous three-way liaison between parents/carers, the school and medical professionals in the case of any child who has, or develops, an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/care.
- Ensuring there is a system in place for checking that medicines are within the prescribed expiry date and stored safely.
- Securing a defibrillator and arranging appropriate training for specific staff.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and how to access them.
- Ensuring inhalers, adrenalin pens and blood glucose testers are stored in an accessible location, following DfE guidance
- Supporting pupils to access and administer their medication when and where necessary.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, where appropriate under their responsibility.
- Being aware of a pupil's needs in relation to food management. This extends to cookery and science experiments with food, as well as menus, individual meal requirements and snacks. It is important to ensure that the catering manager and staff are aware of a pupil's particular requirements.
- Allowing pupils to drink, eat or take toilet or other breaks whenever they need to manage their medical condition effectively.
- Following safeguarding procedures where particular or repeated injuries may be cause for concern.

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's.
- Ensuring children attend school when they are well enough to do so.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form (Appendix A) to administer medicine or treatment before bringing medication into school, including the name of the medication, dose, method of administration, time and frequency of administration, other treatment, any side effects.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP.
- Ensuring they, or a nominated adult, are always contactable.

Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP, where possible to do so.

Training Requirements

- Newly appointed teachers, supply or agency staff and support staff will be made aware of the 'Medical Needs Policy'
- Individual schools will ensure there is a sufficient number of trained members of staff available to implement the policy, deliver IHPs in normal, contingency and emergency situations.
- Staff members required to administer prescription medicines or undertake any specific healthcare procedures will be provided with training specific to the condition.
- The school will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

School Medical Conditions/Health Care Register

- Admission forms should request information on pre-existing medical conditions. This will be added to Arbor, the Management Information System in each school.
- Parents should inform the school at any point if a condition develops or is diagnosed.
- If a pupil has a short-term medical condition that requires medication during school hours, parents must complete a medication form (Appendix A)
- Pupil's with longer term conditions will have an Individual Health Plan (Appendix B)
- A medical conditions list or register is kept, updated and reviewed regularly by the school
- Class based staff will have easy access to the list of pupils with medical needs in their care.
- Supply and support staff should have similar access on a need-to-know basis.
- For pupils with medical conditions, a meeting should take place in advance of transferring to new year group/school to enable parents, school staff and health professionals to review the IHP and identify training needs where necessary.
- The school's Safeguarding and Child Protection Policy will be followed for any child presenting with medical needs that may raise concerns, such as unusual, repeated, or under-/over-treated conditions.

Individual Healthcare Plans (IHCP)

An Individual Healthcare Plan (IHP) will be created for any child with a chronic illness or potentially life-threatening condition. The IHP will record the individual child's triggers, signs, symptoms, medication and other treatments. It must also include an accurate summary of the pupil's current medical management, and healthcare in the event of an emergency. The IHP will be developed in collaboration with the pupil, parents/carers, SENDCo, medical professionals and any other relevant member of staff.

Individual Healthcare Plans include the following:

- ~ Definition and details of the condition
- ~ Management of activities of daily living including food and drink management
- ~ Precautionary measures
- ~ Treatment
- ~ Emergency procedure to be adopted, including named hospital
- ~ Staff training
- ~ Staff indemnity
- ~ Consent and agreement

- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. If consent is sought from parents a photo and instructions may be displayed.
- In the case of conditions with potential life-threatening conditions, the information should be available clearly and accessible to everyone. If parents agree, other pupils who come into contact with the child may be briefed as well, however the pupil's right to confidentiality, privacy and sensitive treatment will always be considered.
- All staff who come into contact with a pupil who suffers from a life-threatening condition will be briefed about this condition.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan (EHCP), the IHP must be aligned so that the two documents do not conflict.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /alternative provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
- The school will not penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.

Medicines

Administration of medicines

Where appropriate, it is good practice to support pupils in the management of their own medication from a relatively early age, depending on their degree of maturity. We encourage this, with the agreement of the pupil's parents or carers. If pupils can administer their medication themselves, staff need only supervise the process. However, in cases where children can administer their own medication, written parental consent is required.

- Pupils are encouraged to administer their own medication, where possible, and should know where it is stored or carry it with them unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.
- In PACE schools, pupils will be allowed to carry their own inhalers on a case-by-case basis depending on risk assessment and agreement between the school and parents.
- Prior to staff members administering any medication, the parents/carers of the child must complete and sign parental consent to administration of medicine form.
- Commercially available/non-prescribed painkillers **will not be administered by the school to children within the school day except in exceptional circumstances**. In exceptional circumstances, these medicines do not need an Appropriate Practitioner's prescription, signature or authorisation in order for a school to administer them.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- A pupil may be prescribed medication even when their doctor considers them well enough to attend school. Where possible, parents should ask the prescriber whether the doses can be scheduled for times outside of school **day** (there may be circumstances in which it is unavoidable, arrangements will need to be made for this).
- Primary aged children should never be given medication containing Aspirin unless it is prescribed by a doctor, as it may cause severe illness.
- Where a child has asthma, Ibuprofen must not be administered, unless prescribed.
- Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Medicines will only be given to the named pupil.

- Written records will be kept of medication administered to children, excluding asthma pumps.
- Staff will not force a pupil to take their medication if the pupil refuses to comply with their health procedure. The resulting actions will be clearly written into the IHP which will include informing parents as a matter of urgency. If necessary, the school should call the emergency services.
- If a school takes the decision that medication is not going to be given, they will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication to ensure they are still able to access a full education. These measures must not discriminate and must promote the good health of children; reasons for this must be made clear to parents.
- Administration of medication, which is defined as a controlled drug (even if the pupil can administer for themselves) should be done under the supervision of a (trained) member of staff.

Storage of medication

- All non-emergency medication is kept in individual containers within a lockable cupboard, clearly labelled with names, current class, dosage instructions and expiry date.
- Where a pupil needs two or more prescribed medicines, each should be in separate containers.
- Some medicines, such as inhalers for asthma, must be readily available to pupils and should not be locked away.
- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.
- A nominated member of staff will ensure the correct storage of medication at school.
- A nominated member of staff will regularly check the expiry dates for all medication stored at school.
- A nominated member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupils name, name and dose of medication and the frequency of dose. This includes all medication that the pupils carry themselves.
- All refrigerated medication must be stored in a clearly labelled airtight container. The refrigerator must be in a secure area, inaccessible to unsupervised pupils.
- It is the Parent/Carer's responsibility to ensure new and in-date medication comes into school the first day of the new academic year.

Quantity and disposal

- Any unused or expired medication will be returned to parents for safe disposal. Parents must collect all medicines at the end of each term, apart from in-date AAI (adrenaline auto-injectors) (e.g. EpiPens), which may remain in school.
- If parents/carers do not collect medication, the school will dispose of it safely, either through a local pharmacy or via an approved medical waste bin held on-site.
- Sharps boxes can be obtained by parents or carers from the child's GP or pediatrician. When full, they must be returned to the parent/carer for appropriate replacement.

First Aid

All staff working with pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils in the same way that parents might be expected to act towards their children. Please refer to the individual school's first aid procedures for more information.

Education Health Needs – Referrals

Under Section 19 of the Education Act 1996 and Department for Education (DfE) guidance, all pupils of compulsory school age who, because of illness lasting 15 days or more, would not otherwise receive a suitable full-time education, will be provided for under the local authority's duty to arrange educational provision for such pupils.

Record Keeping

A record should be kept of all medicines given and should include:

- The child's name and class.
- The name and dosage of the medicine given.
- The date and time of administration.
- The signature of the member of staff responsible.
- Parents should be informed when emergency medicine is given or where staff have a concern.

These records should be kept for seven years and made available to the school nurse whenever they visit the school.

Emergencies

- In an emergency school staff are required under common law duty of care to act like any reasonable prudent parent/carer. This may include administering medication. Appropriate basic life support measures should be taken to help pupils to improve breathing and improve their circulation.
- When personal or invasive medicine or medical care has been administered by school staff in an emergency, medical assistance may still be needed urgently by immediately dialing 999. The person making the call will be asked to provide relevant information. Ambulance personnel should be given information about the treatment given, and parents should be informed.
- A spare emergency salbutamol inhaler kit/ emergency AAI (adrenaline auto-injector) may be kept voluntarily by the school on their discretion. These should be kept in the school office/medical room and only ever used in an emergency.
- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff, so they are aware of signs and symptoms.
- Pupils with epilepsy may need a quiet place to rest and recover after a seizure and be allowed to recover at their own pace.
- If a pupil needs to be taken to hospital before their parent/carer can accompany them (only in situations where immediate movement to hospital is necessary), a member of staff will remain with the child until their parents arrive. The staff member concerned should inform a member of senior leadership. In other situations, a parent/carer will be asked to come to school to accompany their child to hospital.
- The school uses IHPs to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.
- For pupils with an IHP, this will be forwarded to the relevant emergency personnel including the hospital.
- All pupils with medical conditions should know how to access their emergency medication.
- For children suffering accidents resulting in injuries such as broken legs and other mobility difficulties an accident/emergency risk assessment will be completed regarding their care needs at school. Please refer to the PACE Risk Management Policy for more information and template risk assessment forms.

Anaphylaxis

Schools have a legal duty to support pupils with medical conditions, including the administration of allergy

medication and AAls (adrenaline auto-injectors). All schools must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

- calling an ambulance in an emergency
- treating the child if necessary whilst waiting for the ambulance to arrive
- A well-known, accessible safe place for AAls
- who should administer the adrenaline and how they can be contacted swiftly in an emergency
- who else must be contacted in an emergency.
- These procedures will be agreed with the appropriate parties and clearly set out in the child's individual care plan.

Off-Site Activities including day trips, residential visits and sporting activities

Unambiguous arrangements should be made in the risk assessment process and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so, unless a clinician states it is not possible.

To comply with best practice risk assessments for outdoor activities and school visits should be undertaken. The risk assessment also helps to identify any reasonable adjustments that need to be made. These should be done in advance in collaboration with parents and specialists, including a medical professional, or the local authority if necessary. This will be separate to and in addition to the usual day-to-day IHP (Individual Healthcare Plan) requirements for the school day. Further details can be found within the PACE Educational Visits Policy.

Complaints

All complaints should be raised with the school in the first instance, as per the PACE Academy Trust Complaints Policy which can be found on the Trust's Website.

Monitoring

Senior leaders will routinely evaluate how effectively staff follow established procedures, including the administration of medication and responses to medical concerns. Feedback from pupils, parents, and healthcare professionals will also inform ongoing improvements. Any issues identified will be addressed promptly and the policy will be reviewed regularly to ensure it remains compliant with statutory guidance and responsive to the needs of the school community.

Appendix A - Permission for Prescribed Medicines Administered in School

If your child needs **prescribed** medication administered during school time, or a course of antibiotics to be taken up to four times a day, please complete and return this form, **along with the appropriate medication**.

Please bring the medicine(s) to the **School Office** in its original box, clearly labelled with your child’s name, class, dosage and expiry date of the medication.

The medicine(s) will then be stored in the **medical room** and will always be available during the school day and for off-site school trips. Parents will also be responsible for collecting the medicine to take home and no medicine will be given to a child to take home at the end of a school day.

Please note teachers and other school staff have no obligation to give medicines to children at school. They will do so in the best interests of the child, but only on the basis that they, the school and the Governing Body are not held responsible for any problems which may result from the administration of the medicine.

Child’s Name: Click or tap here to enter text.	Class: Click or tap here to enter text.
Type and name of prescribed medicine: Click or tap here to enter text.	
Details of reason why the medication is to be given (including triggers if appropriate): Click or tap here to enter text.	
Storage instructions: Click or tap here to enter text. Refrigerated: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of time/when medication is to be given: Click or tap here to enter text.	
Dose and method of administration: Click or tap here to enter text.	
Can child self-administer the medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How long is the course of medication? Click or tap here to enter text.	
Please detail any special precautions: Click or tap here to enter text.	
Please detail any possible side effects: Click or tap here to enter text.	

I GIVE PERMISSION FOR THE ABOVE MEDICATION TO BE ADMINISTERED AT SCHOOL BY SCHOOL STAFF.

IN THE EVENT OF MY CHILD’S INHALER or AAI NOT BEING AVAILIABLE I GIVE PERMISSION FOR THE USE OF THE CENTRALLY HELD SCHOOL INHALER or AAI TO BE ADMINSTERED.

Signature of parent/carers:

Date:

Appendix B - IHCP – Individual Healthcare Plan



Child’s Full Name: Click or tap here to enter text.	DOB:Click or tap here to enter text.
Class:Click or tap here to enter text.	
Date: Click or tap to enter a date.	Review Date: Click or tap to enter a date.
Child’s Address:Click or tap here to enter text.	
Family Contact Information: Click or tap here to enter text.	
Family GP name and address: Click or tap here to enter text.	
Clinic/Hospital Contact: Click or tap here to enter text.	
Describe medical needs/triggers: Click or tap here to enter text.	
Mild, moderate and/or severe symptoms/signs: (please give full details): Click or tap here to enter text.	
Last known episode & details: Click or tap here to enter text.	
Medicates/Medical treatments (dose/side effects/storage/administrator): Click or tap here to enter text.	
Permission to administer medical form completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daily care requirements (testing/equipment/diet/environmental issues): Click or tap here to enter text.	
Emergency arrangements: Click or tap here to enter text.	
Follow-up care: (in hospital and at home) Click or tap here to enter text.	
Who is responsible in an emergency: (State if different for off-site activities) Click or tap here to enter text.	
Impact on attendance and ways to address this: Click or tap here to enter text.	
Arrangements for school visits: Click or tap here to enter text.	

This form copied to: Parents/Inclusion Manager/Class Teacher/Teaching Assistant/ First Aider/Office Staff/Senior Midday Supervisor

Appendix C - Allergy and Anaphylaxis Protocol

Child's Name: Click or tap here to enter text.

Class: Click or tap here to enter text.

Information:

It is thought probable that the child named above may suffer an anaphylactic reaction if he/she eats or comes into contact with *please detail allergy*:

Click or tap here to enter text.

If this occurs, the child named above is likely to need medical attention and, in an extreme situation, their condition may be life threatening. However, medical advice is that attention to diet, particularly the exclusion of items detailed above together with the availability of his emergency medication, are all that is necessary.

The following medication must always be available. *Please detail medication*:

Click or tap here to enter text.

The arrangements set out below are intended to assist the parents of the above-named child and the school in achieving the least possible disruption to their education, but also to make appropriate provision for their medical requirements.

Day to Day Arrangements:

The head teacher will arrange for the teachers and staff in the school to be briefed about the condition of the named child and about other arrangements contained in this document.

The school staff will take all reasonable steps to ensure that the child named above does not eat any food items unless they have been prepared/approved by his/her parents.

The parents/carers of the name child will provide regular reminders of the need to refuse any food items which might be offered by other pupils.

Lunch times

Parents/carers have liaised with the school caterers providing them with all relevant information regarding the allergy.

The meeting took place on: Click or tap to enter a date.

Or

Parents /carers will provide a suitable packed lunch

School visits

If there are any proposals which mean that the child names above may leave the school site, prior discussions will be held between the school and parents to agree appropriate provision and safe handling of his medication.

Curriculum

Whenever the planned curriculum involves food science, food technology or contact with food, alternative measures will be taken, in consultation with the parents.

Medication

The school will hold under secure conditions, appropriate medication, clearly named, for use by designated school staff or qualified personnel. All medication shall show an expiry date.

Medication will be kept in a labelled container in the medical room. The medication will be available, if needed, to designated staff during school activities.

Parents accept responsibility for maintaining appropriate up to date medication.

Allergic Reaction

In the event of the above-named child showing any physical symptoms for which there is no obvious alternative explanation, his condition will be immediately reported to a first aider and a senior member of staff.

On receipt of such a report, the first aider/senior staff member, if agreeing that his condition is a cause for concern will:

- Assess condition and administer the appropriate medication in line with the perceived symptoms as outlined below

Step One

Symptom:

Please detail possible/recognised symptoms e.g. bad tummy ache, itchiness, irritability, distressed, tickly/itchy throat or mouth, vomiting

Click or tap here to enter text.

Medication:

Please detail medication to be given e.g. piriton syrup and/or ventolin inhaler

Click or tap here to enter text.

Step Two

Symptoms.

Please detail possible/recognised symptoms e.g. wheeziness, pale, drowsy, having difficulty breathing, swelling of face or lips, blue lips, losing consciousness

Medication:

In addition to the above, the AAI (adrenaline auto-injection) will be administered into the outer side of the thigh, midway between the knee and the hip

- Count to ten while the needle is in place
- Get someone to note the time of administration
- Put the EpiPen back in the empty medical box. This is then given to the ambulance staff to take to hospital.

Step Three

Instruct a member of staff to dial 999 for an ambulance giving the school address and stating the following:

‘We have a child who has had a severe allergic reaction. The EpiPen has been given. We need a paramedic team urgently’

State the child’s name and date of birth

Step Four

Instruct a member of staff to contact parents/carers

First contact:

Name: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Second contact

Name: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Additional emergency contact

Name: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Step Five (to be carried out at the same time as Steps 3 and 4

If there is no improvement in 5 minutes or there is deterioration in the child's condition, a second EpiPen dose will be given. If possible, the Ventolin inhaler may be given again to help ease breathing.

Closely monitor condition.

The administration of this medication is safe for the above-named child and even if it is given through a misdiagnosis, it will do no harm.

Step Six

On arrival of the paramedic team, the teacher in charge will hand all medication to the medical personnel and appraise them of:

- the medication given
- specific allergies and other medical conditions
- medical alert details

Transfer of Medical Skills

Volunteers from the school staff have undertaken to administer the medication in the unlikely event of the child named above having an allergic reaction.

The volunteers are: (please list named persons)

Click or tap here to enter text.

Training was/will be provided for the staff on Click or tap to enter a date.

The school and the parents will hold a copy of these notes.

Any necessary revisions will be the subject of further discussions between the school and the parents.

Any changes in routine will be noted and circulated.

Parent/carers name Click or tap here to enter text. Date: Click or tap to enter a date.

Signature:

First aiders name [Click or tap here to enter text.](#)

Date: [Click or tap to enter a date.](#)

Signature:

Senior leaders name [Click or tap here to enter text.](#)

Date: [Click or tap to enter a date.](#)

Signature: