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Ethos Academy Trust

Supporting Pupils with Medical Conditions

ETHOS ACADEMY TRUST
Nurturing inclusive learning communities

1	**Summary**	Supporting Pupils with Medical Conditions Policy				
2	**Responsible person**	Aimee Bedford				
3	**Accountable ELT member**	Callum Priestley				
4	**Applies to**	Ethos Academy Trust				
5	**Trustees and/or individuals who have overseen development of this policy**	N/A				
6	**Headteachers/Service Heads who were consulted and have given approval (if applicable)**	N/A				
8	**Ratifying committee(s) and date of final approval**	Learning and Achievement Committee 18.06.26				
9	**Version Number**	1.0				
10	**Available on**	**Every**	**Y/N**	**Trust Website** **Academy Website** **Staff Portal**	**Y/N** **Y/N** **Y/N**	
11	**Related documents (if applicable)**	Allergy Policy				
12	**Disseminated to**	All staff				
13	**Date of implementation (when shared)**	September 2026 (COO final check after L&A approval)				
14	**Date of next formal review**	June 2028				
15	**Consulted with Recognised Trade Unions**	N/A				

Date	Version	Action	Summary of changes
06/2026	1.0	Trust wide policy	Individual policies changed to a Trust wide policy

Contents

Appendices

1. Aims

At Ethos Academy Trust we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

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

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our schools will support pupils with medical conditions;
- Set out the roles and responsibilities for everyone in the school community regarding pupils with medical conditions;
- Set out the procedure for creating, reviewing and managing Individual Healthcare Plans (IHPs);
- Set out how we will manage medicines in our schools;
- Reassure parents/carers that the school will help their child feel safe, supported and included.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on supporting pupils with medical conditions at school from the Department for Education (DfE).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

Each member of the Trust and health community knows and understands their roles and responsibilities in maintaining and following an effective medical conditions policy.

The schools work in partnership with all relevant stakeholders e.g. the senior leadership teams, Board of Trustees, staff, parents/carers, employers, community healthcare professionals and pupils in our care to ensure that the policy is planned, implemented and maintained successfully.

The following roles and responsibilities apply to the medical conditions policy. These roles are understood and communicated regularly.

The Headteacher has a responsibility to:

- Ensure the school is inclusive and welcoming;
- Liaise with key stakeholders including children (as appropriate), named staff, special educational needs coordinators, pastoral support/welfare officers, inclusion workers, setting nurses, parents, governors, the setting health service, local health care professional, the local authority transport service, catering providers and local emergency care services to ensure provision meets need;
- Ensure that the policy is shared with all staff;
- Ensure the policy is implemented effectively;
- Ensure that information held by academies is accurate and up to date and that there are good information sharing systems in place using Individual Healthcare Plans;
- Ensure confidentiality;
- Ensure that staff are appropriately insured;
- Assess the training and development needs of staff and arrange for them to be met;
- ensure that all temporary and new staff including trainees and work placements and those undertaking work experience, understand their roles and responsibilities in relation to the medical conditions policy;
- Inform and share information with the School Nurse, community nurses, CLA nurses and other medical professionals if any new information comes to light.

All staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- Understand and follow the medical conditions policy;
- Ensure that they are trained to achieve the necessary competence;
- Know what to do and respond accordingly when a pupil with medical conditions needs help;
- Know which children in their care have a medical condition and be familiar with the content of the child's Individual Healthcare Plan;
- Allow all children where appropriate to have immediate access to their emergency medication;
- Maintain effective communication with parents/carers including informing them if their child has been unwell;
- Ensure that children who carry their medication with them have it with them at all times, including off site visits or where they may be relocated to another part of the Trust;
- Be aware of children with medical conditions who may be experiencing bullying or need extra social support;
- Understand the common medical conditions and the impact they can have on children (Children should not be forced to take part in any activity if they feel unwell);
- Ensure that all children with medical conditions are not excluded unnecessarily from activities they wish to take part in;
- Ensure that children have the appropriate medication or food with them during exercise and are allowed to take it when needed.

Teachers and support staff have a responsibility to:

- Manage the day-to-day protocols around the condition of the child/ren;
- Ensure pupils who have been unwell catch up on missed academy work;

- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it;
- Liaise with parents/carers, the pupil's healthcare professionals, special educational needs coordinator and inclusion manager if a child is falling behind with their work because of their condition;
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

First aiders have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the setting;
- Ensure that an ambulance or other professional medical help is called as prescribed in the individual healthcare plan or whenever appropriate.

Special educational needs coordinators have the responsibility to:

- Know which pupils have a medical condition and which pupils have special educational needs because of their condition;
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

The School Nurse and healthcare professionals (Paediatrician, specialist nurses, GPs) have a responsibility to:

- Inform the school when a child has been identified as having a medical condition, if known, which requires support;
- Help provide advice and training for staff in managing the most common medical conditions;
- Liaise with lead clinicians locally on appropriate support and provide information about where the school can access other specialist training;
- Obtain consent from the parent/carer to share information with the school;
- Work alongside the parent/carer, LA, other professionals and school to ensure the child remains in the setting.

Individual doctors and specialist healthcare professionals have a responsibility to:

- Assist in developing the children's Individual Healthcare Plans provided by parents for those children with complex medical needs;
- Notify the School Nurse when a child has been identified as having a medical condition;
- Ensure children and young people have regular reviews of their condition and their medication;
- Provide the Trust with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parent/carer);

Pupils (as far as is reasonably practicable) have a responsibility to:

- Treat other pupils with and without a medical condition equally;
- Tell their parent/carer or teacher or nearest staff member when they are not feeling well;
- Let a member of staff know if another child is feeling unwell;
- Know how to gain access to their own medication in an emergency;
- Subject to their age and understanding, know how to take their own emergency medication and take it when they need it;
- Ensure a member of staff is called in an emergency.

Parents/carers of a child with a medical condition have a responsibility to:

- Inform the school if their child has a medical condition and ensure the school has sufficient and up to date information including the Individual Healthcare Plan, where appropriate, for their child;
- Inform the school about the medication their child requires whilst in their care;
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other off-site activities;
- Inform the school of any changes to their child's condition or changes to their child's medication: what they take, when, and how much;
- Ensure their child's medication and medical devices are labelled with their child's full name and within expiry dates;
- Provide the school with appropriate spare medication labelled with their child's name;
- Keep their child at home if they are not well enough to attend the school;
- Ensure their child catches up on any work they have missed;
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition;
- Where a child has home to school transport, it is the parent's responsibility (not the schools) to inform the transport provider of any medical needs that their child suffers from.

The catering provider has responsibilities to:

- Establish communications and training for all school food service staff and related personnel;
- Develop and review policies and procedures regarding the provision of special diets and severe food allergies;
- Assist the headteacher to determine whether a meal can be provided to children with food allergies and/or food intolerances.

4. Equal opportunities

The Trust 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 and visits, or in sporting activities, and not prevent them from doing so.

The schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on trips, visits and sporting activities.

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. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

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

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, 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, we will send a form and put arrangements in place within 2 weeks;
- Send a reminder to parents/carers at the start of each year, as well as a form to complete if their child requires certain medicine(s).

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

6. Individual healthcare plans (IHPs)

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

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done;
- When;
- By whom.

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. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the School Nurse, specialist or paediatrician, who can best advise the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, 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.

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

- 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, additional support in catching up with lessons, counselling sessions;
- 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 this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil'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 pupil's condition and the support required;
- Arrangements for written permission from parents/carers and 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 trips or other school activities outside of the normal timetable that will ensure the pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/carer or pupil, 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. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' Individual Healthcare Plans will clearly set out what constitutes an emergency and will explain what to do.

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. Every effort will be made to send a member of staff with whom the pupil is familiar. Generally, staff should not take pupils to hospital in their own car, but there may be times when this is appropriate. Permission must be sought from SLT, and the parents are notified that this is happening.

As part of general risk management processes, schools have arrangements in place for dealing with emergencies for all activities wherever they take place, including offsite visits.

All staff know what action to take in the event of a medical emergency.
This includes:

- How to contact emergency services and what information to give;
- Who to contact within the school.

The Individual Healthcare Plans are used to inform the appropriate staff (including temporary staff and support staff) of pupils in their care who may need emergency help.

7.1 Salbutamol Inhalers

In October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allowed schools to hold salbutamol inhalers for emergency use.

- Schools may hold a supply of emergency salbutamol inhalers on the premises. The Senior Leadership Team (SLT) will determine the appropriate number and location of inhalers;
- Emergency inhalers are intended for use in an emergency when a pupil's own prescribed inhaler is not available (e.g. lost, empty or inaccessible). They are not a replacement for a pupil's own medication;
- Emergency inhalers will only be used for pupils who:
    - Have been diagnosed with asthma or;
    - have been prescribed a reliever inhaler;
    - and where written parental/carer consent has been obtained.
- Parents/carers must provide consent via the 'Agreement to administer medication form', and will maintain an up-to-date register of pupils eligible to receive the emergency inhaler;
- Pupils with asthma are expected to always have their own in-date inhaler available at school, including during off-site visits;
- All staff will be made aware of where inhalers are stored. Emergency inhalers will be kept in a clearly labelled, easily accessible location. They will include appropriate spacer devices and be maintained in line with guidance;
- Spare inhalers are kept for emergency use only;
- Spare inhalers may be taken on school trips as deemed necessary by the Headteacher. A named member of staff will be responsible for carrying and returning the inhaler;
- During PE, outdoor activities, and off-site visits, inhalers should be readily available and accessible without delay;
- In the event of an asthma attack, staff should administer the inhaler promptly in accordance with training, monitor the pupil's condition, and seek emergency medical assistance if required;
- While parental consent is required, in a life-threatening emergency staff must act in the pupil's best interests and should not delay treatment.

7.2 Emergency Adrenaline Auto-injectors (AAI)

Following the Human Medicines (Amendment) Regulations 2017 and subsequent guidance updates, including MHRA safety advice (2023) and Benedict's Law, Academies adopt the following procedures regarding emergency adrenaline auto-injectors (AAIs):

- Schools will hold emergency adrenaline auto-injectors (AAIs) on site. Schools are required to purchase AAIs without a prescription for emergency use;
- Schools recognise that AAIs are life-saving devices used in the emergency treatment of anaphylaxis, and that immediate access is critical;
- Pupils who have been prescribed an AAI must always have two in-date AAIs available, including during the school day and on off-site visits;
- Emergency (spare) AAIs held by the schools are not a replacement for a pupil's own prescribed devices but may be used if the pupil's own AAI is unavailable, not working, or cannot be administered without delay;
- Schools acknowledge updated legal clarification that, in exceptional emergency circumstances, a spare AAI may be administered to any individual (child or adult) experiencing suspected anaphylaxis, including those without a prior diagnosis, where it is necessary to save life;
- Written parental/carer consent and healthcare plans will normally be in place for pupils at known risk; however, lack of prior consent must not delay life-saving treatment in an emergency;
- AAIs will be stored in a clearly labelled, central, and easily accessible location and accessible within a few minutes;
- Spare AAIs may be taken on Educational Visits, where appropriate. A named member of staff will take responsibility for carrying and returning the device. Trip leaders must ensure that any pupil prescribed an AAI has two in-date devices with them before departure;
- Schools may not be able to provide a spare AAI for every visit; therefore, responsibility remains with pupils and families to ensure prescribed AAIs are brought to school and trips;
- Any member of staff may administer an AAI in an emergency, as permitted under current legislation, and appropriate training will be provided to all staff;

- In all cases of suspected anaphylaxis:
    - Adrenaline should be administered without delay;
    - Emergency services (999) must be called immediately;
    - A second dose may be given after 5 minutes if there is no improvement.
- Following any use of an AAI, parents/carers must be informed and the incident recorded in line with schools' procedures.

7.3 Defibrillator

Schools have defibrillators which will be used under the direction of the emergency services.

8. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, and;

- Where we have parents/carers' consent.

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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

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

The school 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, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils.

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

8.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure place and only named staff have access.

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

8.2 Pupils managing their own needs

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 it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

Schools will have a procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

8.3 Unacceptable practice

Although school 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 generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, and 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 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, including lunch, unless this is specified in their IHPs;
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough);
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupils, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs;
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany their child;
- Administer, or ask pupils to administer medicine in school toilets.

8.4 Day Trips, Residential Visits and Sports Activities

Schools will take every reasonable measure to ensure that off-site visits and sporting events are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Equality Act (2010) if, after reasonable adjustments have been planned, the risk assessment indicates there is a risk to the health and safety of the individual or the group then this fact overrides the Equality Act.

It is good practice to encourage pupils with medical needs to take part in activities taking place off-site and on residential trips wherever safety permits. Schools may need to take additional safety measures for such visits. We advise staff to refer to local authority guidance for off-site visits for further guidance. In any case of doubt staff are advised to contact their emergency planning department or named person.

Sporting activities

We understand the importance of all pupils taking part in sports, games and activities and as such all staff and sports coaches making appropriate adjustments to sports.

Most pupils with medical conditions can take part in the PE curriculum, sports activities, and a range of other extra-curricular sporting activities. As far as possible options are flexible so that all pupils can participate in ways appropriate to their own abilities and needs. Any restrictions on a pupil's ability to take part in PE or sporting activities are clearly identified and incorporated within their Individual Healthcare Plan.

Journeys Abroad and Exchange visits

It is advisable to have one copy of the parental consent form in the language of the country visited. Where a child requires and has a particular Individual Healthcare Plan, this should also be available in the host language. This is particularly important if children stay with host families during an exchange visit.

Residential Visits

Parents/carers will be contacted to request up-to-date information about the pupil's current condition and their overall health and provide essential and up-to-date information to relevant staff to help the pupils manage their condition while they are away. This may include information about medication not normally administered by school.

Parents/carers should be reminded of the importance of ensuring that this information is accurate and up to date and that they need to inform staff of any changes to the medical information regarding their child.

All medical information will be taken by the relevant staff members on visits and for all off-site activities where medication is required.

All parents/carers of children with medical conditions attending an off-site visit or overnight visit are asked for consent, giving staff permission to administer medication during their time away if required.

8.5 Safe Disposal

Parents/carers are asked to collect out-of-date medication.

If parents/carers do not pick up out-of-date medication, it will be taken to a local pharmacy for safe disposal.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or consultant on prescription. All sharps' boxes in the schools are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to the academy or the child's parent/carer.

Collection and disposal of sharps boxes can be arranged with the local authority's Environmental Services or alternatively the school should take them to the local pharmacy.

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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. Training

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

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

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree to this with the SENCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- Fulfil the requirements in the IHPs;
- Help staff to understand the specific medical conditions they are being asked to support with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record keeping

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

IHPs are kept electronically on the MIS and staff are aware of where they are located.

A central record of medical conditions will be kept on the school system.

We will:

- Enter each pupil's medicine need in the school's system;
- Update our records when parents/carers of pupils inform us of changes to their child's needs;
- Keep a record of changes, labelling the most recent record for each child;
- Make sure that all staff have access to records so that they are informed about pupils' medical needs;
- Securely hold this information digitally in accordance with the UK GDPR;
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018);

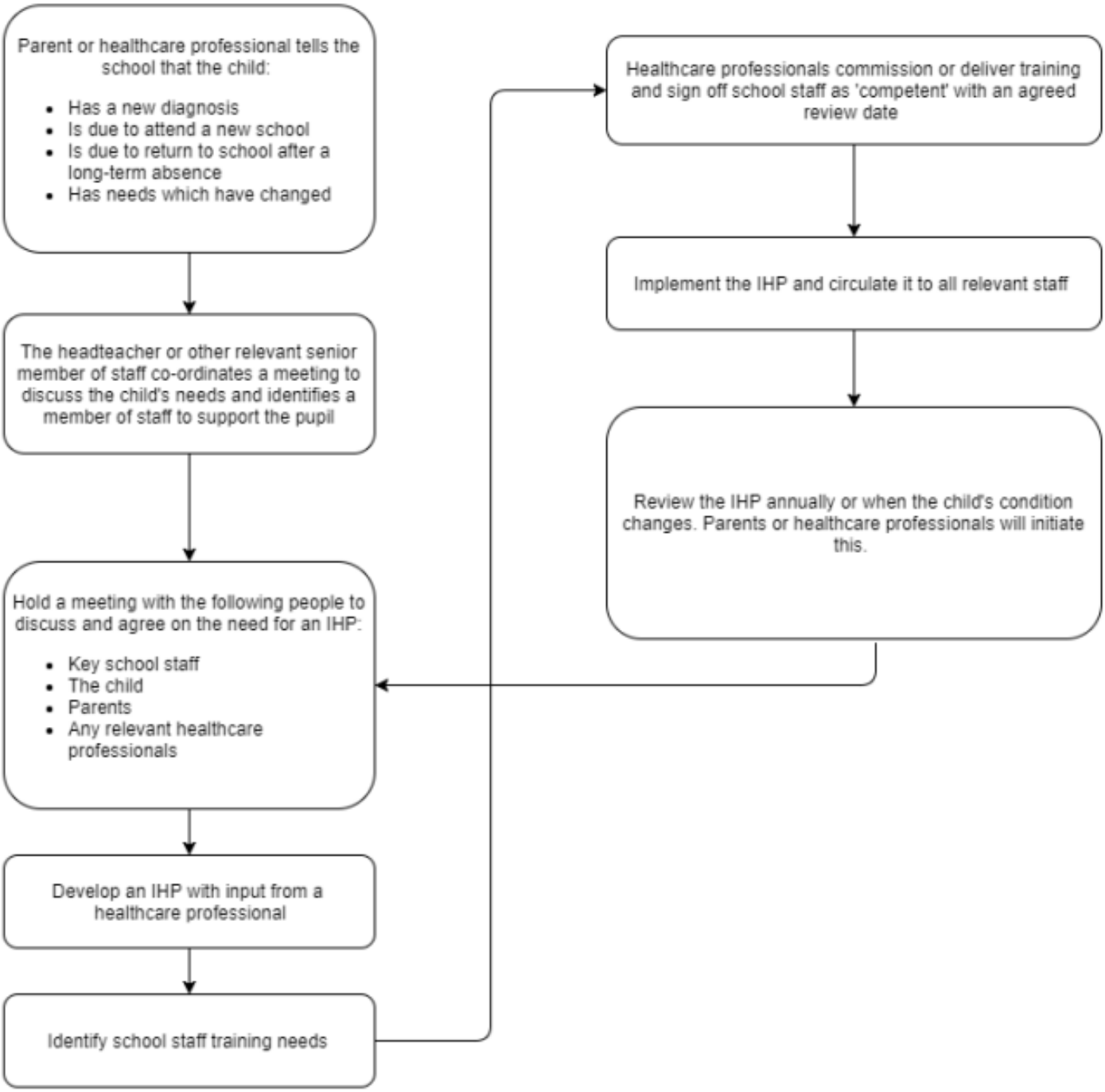
12. Liability and Indemnity

The Trust will ensure appropriate insurance and indemnity is in place for all staff involved in the care of young people with medical conditions and those volunteers who administer medication to pupils with medical conditions.

13. Complaints

Parents/carers with a complaint about the school's actions regarding their child's medical condition should discuss these directly with the Senior Leadership Team in the first instance. If SLT cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school;
- Parents should notify the school if their child has an infectious disease;
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted and asked to collect their child;
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school 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 if a risk to other pupils exists.

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school until the appropriate exclusion period has passed.

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);
- Establishing a daily cleaning routine for:
    - Nappy changing facilities;
    - Play areas;
    - Toys, activities and equipment.

Appendix 3: Individual Healthcare Plan

Individual Health Care Plan

This form is only required if your child has a known medical condition i.e. Asthma, Epilepsy, Diabetes, Allergies. Please either tick the below box **OR** complete this section.

☐ **Tick here to confirm that your child does NOT have any known medical conditions / illnesses or allergies.**

Child's name:

Allergies

Allergy:

Medicine/Treatment:

Medical Condition

Review Date: / /

Medical Diagnosis:

Symptoms / Triggers:

Medicine/Treatment:

Daily Care Requirements:

What constitutes an emergency for the child and what action should be taken if this occurs:

Clinic / Hospital Contact Details

Clinic/Hospital Contact:

Address:

Postcode:

Telephone no:

Medicine

Name / Type of medicine: *(as described on the container)*

Medicine/Treatment:

Expiry date: **Timing:**

Dosage:

Administration Method: *Self-administered?*

Special precautions / other instructions:

Are there any side effects that the school/setting needs to know about?

NB: Medicines must be in the original container as dispensed /purchased Non-Prescription Medicines (Does NOT include aspirin)

Alternative Arrangements

	Yes	No
I have discussed arrangements for school visits/trips/work experience, etc:	○	○

School Support Details

	Yes	No	N/A
Staff training needed/undertaken: *(If yes please specify Who/What/When:)*	○	○	○

Responsible staff providing support in school:

Appendix 4: Agree to Administer Medication

Agreement to Administer Medication

The Academy will only give your child medicine when you complete and sign this form.
The Academy has a policy that states staff can administer medicine.

Name of Academy:

Name of Pupil: Date of Birth:

Group/Class:

Date for review to be initiated by:

Condition/Illness:

Medicine

Name/Tyoe of medicine: (as described on the container)

Expiry date:

Dosage and method: Timing:

Special precations/other instructions:

Yes No

Self-administered:

Are there any side effects that the Academy/setting needs to know about?

NB: Medicines must be in the original container as dispensed /purchased Non-Prescription Medicines (Does NOT include aspirin).

Asthma - Inalers

The academy is allowed to buy spare salbutamol inhalers, without a prescription, for use in emergencies. These are not shared.

	Yes	No
I give permission for my child to use one in an emergency:		

Non-Prescription Medicines – Paracetamol

	Yes	No
I give permission for my child to take paracetamol provided by the academy.		
I confirm that my child has used this medication before and did not suffer any allergic or other adverse reaction.		

Ethos Academy Trust confirm that the maximum dosage will not be exceeded if they are administered.

Family Contact Information

Name: Relation to child:

Home No: Mobile No:

Work No:

I understand that I must deliver the medicine personally to:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the academy's policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I am aware that if my child refuses to take their medication, staff cannot force them to and I will be informed as soon as possible.

Signed: Signed:

Parent/Carer: Parent/Carer:

Date: / /

Appendix 5: Medicine Administration

Medicine Administration

Asthma – Inhalers

	Yes	No	N/A
I give permission for my child to use the school's spare salbutamol inhaler in an emergency			

Non-Prescription Medicine Consent*

	Yes	No
I consent to Ethos Academy Trust supplying and administering Paracetamol/Calpol sachets to my child if they become unwell at school		
I confirm that my child has used this medication before and did not suffer any allergic or other adverse reaction		
I consent to Ethos Academy Trust staff administering additional non-prescription medication (which I have provided) to my child		
I understand that I am responsible for providing the school with up to-date information about dosage and possible side effects etc. for any additional non-prescription medications I have provided		

The maximum dosage of any medication will not be exceeded if they are administered.

General Medical Consent

	Yes	No
I consent for my child to receive immediate treatment by a doctor and/or a hospital because of a serious accident or serious illness		
I am aware that if my child refuses to take their medication, staff cannot force them to and I will be informed as soon as possible		
The provided information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy		
I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped		

*Does not include Aspirin