Branton Primary School and Nursery

Children with health needs who cannot attend school

Statement of Intent

The Academy Committee of Branton Primary School and Nursery has a statutory duty under Section 100 of the Children and Families Act 2014 to ensure that proper arrangements are in place to support pupils with medical conditions while at school. The overriding aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they receive full access to education, including physical education and school trips, remain healthy, stay safe, and achieve their academic potential.

Branton Primary School and Nursery believes it is essential that parents feel completely confident that the school will provide effective, safe, and robust support for their child's medical needs, and that pupils feel safe and valued in their learning environment. To ensure that the needs of our pupils are fully understood and effectively supported, we actively consult with health and social care professionals, pupils, and parents.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school fully complies with its statutory duties under this Act, ensuring reasonable adjustments are made proactively to prevent disadvantage. Furthermore, some pupils may also have Special Educational Needs and Disability (SEND) and possess an Education, Health and Care (EHC) plan. For these pupils, this policy operates in complete alignment with the DfE Special Educational Needs and Disability Code of Practice: 0 to 25 years, the school's SEND Policy, and the Pele Trust Allergy Management Policy 2026-27.

1. Legal and Regulatory Framework

This policy complies fully with all relevant statutory guidance and legislative requirements, including:

- Section 100 of the Children and Families Act 2014 (Duty to support pupils with medical conditions)
- Department for Education (DfE) Statutory Guidance: *Supporting pupils at school with medical conditions* (2015)
- *Allergy Safety in Schools* Statutory Guidance (July 2026)
- Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026) ● Natasha's Law (Food Information Regulations)
- Equality Act 2010 and the Public Sector Equality Duty
- Education Act 2002 (Sections 21 and 175 regarding pupil wellbeing and safeguarding) ● Children Act 1989 and Children Act 2004 (Section 10 duty to promote co-operation) ● Health and Safety at Work etc. Act 1974 (Section 2)
- Medicines Act 1968 and Misuse of Drugs Act 1971
- The Human Medicines (Amendment) Regulations 2017
- The School Premises (England) Regulations 2012 (as amended)

● The CookSafe Food Safety Assurance System (Issue 1.2)

This policy operates in direct alignment with the following key institutional policies:

- Pele Trust Allergy Management Policy 2026-27
- School Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Equal Opportunities Policy: Pupils
- Attendance and Absence Policy & Pupils with Additional Health Needs Attendance Policy - Anti-Bullying and Behaviour Policies

2. Dedicated Governance, Roles and Responsibilities

Supporting a child with a medical condition during school hours is a collaborative responsibility involving school leadership, healthcare professionals, local authorities, parents, and pupils.

Role	Designated Person/Body	Key Operational Responsibilities
Academy Committee / Governing Body	Branton Primary School and Nursery Academy Committee	Fulfills statutory legal duties under Section 100 of the Children and Families Act 2014 and Benedict's Law (2026). Ensures arrangements are in place to support medical conditions, monitors policy implementation, and ensures sufficient staff training and appropriate RPA liability insurance coverage.
Headteacher	Emma Miller	Holds overall operational responsibility for policy implementation, statutory compliance, and annual compliance reporting. Ensures sufficient trained staff are available for all IHPs, including emergency coverage, and maintains overall responsibility for IHPs.
School Allergy Lead	Emma Miller	Oversees day-to-day allergy safety, maintains the central Allergy Register, coordinates IHPs for allergic pupils, conducts monthly audit checks of emergency medication/AAI kits, and

Role	Designated Person/Body	Key Operational Responsibilities
Headteacher	Emma Miller	coordinates termly safety drills.
Allergy Governor	Ruth Morris	Reviews medical and allergy policies annually, monitors compliance against statutory standards, and ensures transparent accessibility for parents.
Area Catering Manager	Richard Bell	Ensures total kitchen compliance with Natasha's Law, CookSafe HACCP standards, allergen matrix displays, and safe food preparation using dedicated allergen tools.
Medication Coordinators	Rachel Plunkett and Lorna Lindsay	Manages the receipt, logging, safe storage, monthly expiry checks, and administrative records for all pupil medication delivered to school.
All Student-Facing Staff	Teachers, TAs, Midday Supervisors	Complete mandatory annual accredited training in allergy, anaphylaxis, asthma, and medical support. Understand pupil needs, follow IHPs, and execute emergency protocols (including ABC framework) without delay.
Parents / Carers	Parents / Legal Guardians	Provide prompt, accurate, and up-to-date medical details. Partner in developing and reviewing IHPs. Supply in-date medication in original

Role	Designated Person/Body	Key Operational Responsibilities
		pharmacy containers and maintain emergency contact availability.
Healthcare Professionals	School Nurses, Specialist Nurses, GPs	Notify school of medical conditions requiring support, lead or advise on staff competency training, assist in drafting IHPs, and co-operate with school health plans.
Local Authority (LA)	Northumberland County Council	Commissions school nursing services, promotes inter-agency co-operation, and arranges suitable alternative education for pupils away from school for 15+ days due to health needs.

3. Admissions and Notification Procedures

3.1 Admissions Compliance

No child will ever be denied admission to the school or prevented from taking up a place because arrangements for their medical condition have not yet been made. In line with safeguarding duties, admission may only be refused where admitting the child would be demonstrably detrimental to the health of that child or others (e.g. during an infectious disease outbreak).

3.2 Notification and Transitional Arrangements

Whenever the school is notified that a pupil has a medical condition:

● **New Academic Year Intake:** Arrangements and IHPs will be fully established prior to the start of the autumn term, informed by handover discussions with previous early years or primary settings.

● **Mid-Term Joiners or New Diagnoses:** Every effort is made to have full arrangements and IHPs in place within **two weeks** of notification.

- **Unclear Diagnoses:** The school does not wait for a formal medical diagnosis before providing support. Where medical opinions differ or conditions are evolving, the Headteacher will make an evidence-based professional judgment based on available medical advice and parental consultation.

4. Individual Healthcare Plans (IHPs)

IHPs provide total clarity on what needs to be done, when, and by whom. They are mandatory for complex, long-term, or severe conditions (e.g. severe allergies/anaphylaxis, diabetes, epilepsy, severe asthma) but may not be required for minor or short-term needs.

4.1 Development and Partnership Process

IHPs are drawn up in dynamic partnership between the school, parents, pupils (where appropriate), and relevant healthcare professionals (e.g. school nurse, specialist nurse, paediatrician). Responsibility for finalising and implementing the plan rests with the school.

4.2 Key Content Requirements of IHPs

Every IHP must formally document:

● The specific medical condition, its triggers, signs, symptoms, and emergency indicators. ● Medication details: dose, frequency, administration technique, side effects, storage requirements, and expiry dates.
- Specific educational, emotional, and social support needs (e.g. managing absences, exam arrangements, catch-up support, rest periods).
- Level of support required, including self-management assessments and supervisory arrangements.
- Written permission from parents for medication administration.
- Risk assessments and bespoke arrangements for school trips and off-site activities.
- Confidentiality agreements and named individuals entrusted with sensitive medical data.
- Emergency action protocols, including ABC signs, exact emergency contact details, and clinical contingency plans.

4.3 Review and Integration

IHPs are formally reviewed at least **annually**, or sooner if medical evidence indicates a child's needs have changed. Where a pupil has an Education, Health and Care (EHC) plan, the IHP must be linked to or integrated directly into the EHC plan.

5. Staff Training, Competency and Emergency Drills

The school ensures all staff supporting pupils with medical needs receive appropriate, accredited training and demonstrate full operational competence.

5.1 Training Framework

- **Mandatory Universal Training:** Under Benedict's Law (2026), all student-facing staff (teachers, TAs, midday supervisors) complete accredited allergy awareness and anaphylaxis response training annually. New staff complete this within 1 month of induction.
- **Condition-Specific Training:** Staff managing complex procedures (e.g. insulin administration, gastrostomy, epilepsy rescue medication) receive targeted training commissioned by the Medication Coordinator and delivered by qualified clinical staff (e.g. School Nursing Team, Diabetes/Epilepsy Specialist Nurses).
- **First Aid Limits:** A general first-aid certificate does *not* constitute valid medical competency training for managing specific long-term medical conditions. Clinical sign-off is required.
- **Catering Accreditation:** All kitchen and catering personnel complete annual Food Standards Agency accredited online allergen training alongside school anaphylaxis protocols.

5.2 Operational Safety Drills

To ensure practical readiness and test emergency response times, the school conducts regular, practical allergy and medical safety drills. These drills simulate acute scenarios (such as sudden anaphylaxis or severe asthma attacks) to evaluate staff communication, kit retrieval, and emergency execution under pressure.

6. Pupil Self-Management and Refusal Procedures

Following agreement between parents and healthcare staff, competent pupils are encouraged to take responsibility for managing their own health needs and medication, as documented in their IHP.

6.1 Accessibility and Storage

Each classroom has a designated medical storage area which is easily identifiable to the supporting adults. Emergency medication (inhalers, adrenaline auto-injectors, emergency epilepsy medication) and other controlled medications will be stored in clearly labelled boxes, which are easily locatable. Secondary emergency medication and daily medications will be stored in an easily identifiable location in the main office, known to all admin staff. Emergency medications will be taken with children to the sports field and on school trips.

6.2 Refusal of Medication

If a pupil refuses to take medication or carry out a necessary medical procedure, staff will **never force them to do so**. Staff will follow the emergency procedures outlined in the pupil's IHP and immediately contact parents. If non-administration leads to an immediate medical crisis, staff will dial 999 instantly.

7. Managing Medicines on School Premises

7.1 General Principles

- Medication is only administered at school when it would be detrimental to a child's health or attendance to withhold it.
- Where clinically possible, parents should request prescribers to set dosage frequencies that allow medicine to be taken outside school hours (e.g. 3 times daily doses taken home before school, after school, and at bedtime).
- All medication transfers must occur adult-to-adult. Parents must personally deliver medication to the school office. Pupils must never carry medication in school bags.

7.2 Acceptance and Storage Criteria

- **Prescription Medication:** Accepted only if in-date, un-opened/intact, in the original container dispensed by a pharmacist, clearly labelled with the child's name, dosage, frequency, and storage instructions. (Insulin is accepted in pen/pump format).
- **Controlled Drugs:** Stored securely in a non-portable locked container in the main office, accessible only to named, authorised staff. Controlled drugs must remain instantly accessible in an emergency. A strict dosage and stock register is maintained. Passing controlled drugs to another pupil is a severe criminal and disciplinary breach.
- **General Storage:** Stored in a locked cupboard or dedicated medical refrigerator in the main office. Inhalers, AAIs, and diabetes kits are kept unlocked in designated, clearly identified areas in each classroom and a spare kept in the main reception office.
- **Disposal:** Expired or discontinued medication is returned directly to parents for pharmacy disposal. Sharps containers are used for needle disposal.

7.3 Non-Prescribed Medication

Over-the-counter medicines are generally not administered. Short-term administration of non-prescribed items (e.g. specific skin creams or a single dose of pain relief for acute injury) requires explicit Headteacher authorisation and signed parental consent. **Aspirin or preparations containing aspirin must never be administered to any pupil under 16 unless specifically prescribed by a doctor.**

8. Emergency Protocols and Anaphylaxis Management

8.1 The ABC Emergency Framework for Severe Reactions

Staff must immediately recognise severe life-threatening emergencies (anaphylaxis or acute respiratory collapse) using the Airway, Breathing, and Circulation (ABC) criteria:

ABC Category Clinical Signs and Symptoms
Airway (A) Swelling of the throat, tongue, or lips; tightness in the throat; hoarse voice; difficulty swallowing or speaking.
Breathing (B) Sudden onset of wheezing; severe shortness of breath; persistent dry coughing; noisy breathing (stridor).
Circulation (C) Dizziness, feeling faint, or lightheadedness; sudden confusion or drowsiness; pale, clammy skin; collapse / loss of consciousness.

CRITICAL RULE - WHEN IN DOUBT: Where there is any doubt whether a pupil is experiencing a severe asthma attack or anaphylaxis, staff must treat the reaction as **anaphylaxis** and administer an Adrenaline Auto-Injector (AAI) immediately into the outer thigh. Adrenaline is the primary life-saving treatment and must never be delayed.

8.2 Immediate Action Protocol for Anaphylaxis

1. **Call for Help:** Call for staff assistance immediately. Never leave the pupil unattended. 2. **Positioning:** Keep the pupil where they are. Lay them flat with legs raised. If breathing is difficult, they may sit up briefly, but **DO NOT allow the pupil to stand or walk at any time** during or after the reaction.
3. **Administer AAI:** Administer the pupil's prescribed AAI (or school spare AAI) into the outer thigh without delay following manufacturer instructions. Note the time of injection.
4. **Call 999:** Dial 999 immediately, stating clearly that a pupil is suffering from **ANAPHYLAXIS**. 5.

Second Dose: If symptoms do not improve within 5 minutes, administer a second AAI device. 6. **Hospitalisation:** All pupils receiving an AAI must be conveyed to hospital by ambulance for monitoring due to the risk of secondary (biphasic) reactions.

8.3 Emergency Medication Stock and Storage Locations

In accordance with Benedict's Law (2026), the school maintains spare emergency AAI kits (stored always in pairs) and spare emergency salbutamol inhalers with spacers for pupils with prior written consent whose own devices fail, are empty, or require double dosing.

Emergency Kit Type	Specific Storage Location	Responsible Persons
2x EpiPen Junior (0.15mg) (Under 6 years)	School Office Emergency Anaphylaxis Kit	School Allergy Lead / Medication Coordinator
2 EpiPen (0.3mg) (Ages 6+) **Emergency Asthma Kit** (2 Salbutamol Inhalers + Spacers)	School Office Emergency Anaphylaxis Kit School Office Asthma Kit	School Allergy Lead / Medication Coordinator Medication Coordinator / First Aiders

9. Day Trips, Residential Visits and External Activities

Pupils with medical conditions or severe allergies are actively supported to participate fully in all school trips, residential visits, and sporting activities. They will not be excluded unless explicit clinical evidence from a GP or consultant states this is necessary.

9.1 Planning and Adjustments

- Trip leaders must add specific details of medical need to the Event Specific Plan (via EVOLVE) in direct consultation with parents, pupils, and the Allergy Lead.
- **Medication Transport:** General medication is carried in a secure container by a designated trained staff member.
- **Emergency Medication Access:** Emergency items (AAIs, asthma inhalers, diabetes kits) must remain in the direct possession of trained staff or pupils immediately alongside the trip group and **never locked away**.
- **Trip Allocation:** For any group including a pupil with prescribed AAIs, at least one trained staff member carrying the pupil's prescribed AAIs *plus* a school spare emergency AAI kit must be explicitly assigned to that group.

10. Food Safety, Catering and Whole-School Controls

In strict compliance with the Pele Trust Allergy Management Policy 2026-27, Natasha's Law, and CookSafe HACCP standards, the school enforces rigorous whole-school food controls:

10.1 Kitchen and Catering Standards

● **Supplier Audits:** All kitchen ingredients originate from approved supply chains with full, bold-highlighted allergen labelling. Sub-standard or unapproved deliveries are rejected immediately. ● **CookSafe Preparation:** Allergy-safe meals are prepared exclusively using dedicated purple colour-coded chopping boards, knives, and utensils from the designated Allergen Box, following full sanitisation.

- **Natasha's Law Compliance:** All Pre-Packed for Direct Sale (PPDS) food items produced on site feature full ingredient lists with the 14 statutory allergens highlighted in bold. Full allergen matrices are published on the school website.
- **Point-of-Sale Identification:** Kitchen staff maintain physical photo allergy lists at food service points to identify vulnerable pupils accurately.

10.2 Whole-School Classroom Controls

- **Lesson Vetting:** Science, Art, and Design & Technology lessons using food items or natural materials are vetted in advance against pupil allergy profiles.
- **Ban on Home Bakes:** Bringing home-baked birthday cakes or unsealed sweets into classrooms is strictly prohibited. Non-food rewards are utilised.
- **Fundraising Safety:** Unwrapped fundraising baked items must feature explicit handwritten cards listing all ingredients and major allergens.
- **Clubs & Wraparound Care:** Breakfast and after-school clubs verify all food against approved allergen matrices.

11. Incident Logging and Centralised Reaction Register

The school operates a comprehensive, transparent incident monitoring framework:

● The School Allergy Lead, Headteacher, and Area Catering Manager conduct termly reviews of logged data to adapt kitchen practices, refine menus, and dynamically update risk mitigations.

● Significant medical incidents are reported formally to the Academy Committee and to the Trust via Medical Tracker.

● Every first aid incident, administering of medication and medical emergency must be logged immediately using a paper incident slip or by completing an incident report on Medical Tracker.

● All allergic incidents are uploaded directly to Medical Tracker and parents will be notified via Medical Tracker

12. Practical Guidance for Specific Medical Conditions

12.1 Asthma Emergency Action Protocol

● Keep calm and reassure the child. Encourage them to sit upright and slightly forward (do not lay them down).

● Remain with the child and send for their prescribed reliever inhaler (blue) and spacer (or school emergency asthma kit).

● Administer 2 separate puffs of Salbutamol via the spacer device immediately. ● If no immediate improvement, continue administering 2 puffs every 2 minutes up to a maximum of 10 puffs.

● **CALL 999 FOR AN AMBULANCE IMMEDIATELY** if the child does not improve after 10 puffs, if you are worried at ANY point, or if the child is in severe distress. If the ambulance takes longer than 10 minutes, repeat the 10 puffs cycle.

12.2 Epilepsy and Seizure Response

● Keep calm and protect the child from physical harm by moving nearby hard/sharp objects. Do not restrain movements.

● Note the exact time the seizure started. Cushion the child's head with soft material. ● **Do not place anything in the child's mouth** or give liquids/food.

● Call 999 for an ambulance immediately if:

○ The seizure continues for more than 5 minutes (or the time specified in their IHP). ○ A second seizure follows without the child fully regaining consciousness. ○ The child has difficulty breathing or is injured.

○ It is the child's first known seizure.

● Once convulsive movements cease, place the child gently into the recovery position to maintain an open airway. Reassure them as consciousness returns.

12.3 Diabetes Management

● Pupils with Type 1 or Type 2 diabetes are supported in accordance with their personal IHPs, allowing regular blood glucose monitoring and insulin administration.

- **Hypoglycaemia (Hypo / Low Blood Sugar):** Rapid-acting glucose (e.g. glucose tablets, fruit juice, HypoStop gel) must be given immediately if symptoms appear (sweating, paleness, shakiness, confusion, irritability). Follow with a complex carbohydrate snack. Never leave a hypo pupil unattended.
- Emergency glucagon (if prescribed) and blood monitoring kits must remain readily accessible at all times.
- Further information is detailed in school's Diabetes Policy

13. Unacceptable Practice

To ensure pupil safety and statutory compliance, the school explicitly prohibits the following practice. Staff must **NEVER**:

- Prevent pupils from easily accessing their inhalers, AAIs, or medication, or administering medication when and where necessary.
- Assume that every pupil with the same medical condition requires identical treatment or adjustments.
- Ignore the views or concerns of the pupil or their parents, or ignore professional medical advice/evidence without clinical justification.
- Send pupils with medical conditions home frequently or prevent them from participating in normal school activities (including lunch breaks) unless explicitly specified in their IHP.
- Send a pupil who becomes unwell to the school office or medical room unaccompanied or escorted by an unsuitable person.
- Penalise a pupil for their attendance record if absences are directly related to their medical condition (e.g. hospital appointments).
- Prevent pupils from drinking, eating, or taking toilet or rest breaks whenever needed to manage their condition effectively.
- Require parents, or make them feel obliged, to attend school to administer medication, manage medical procedures, or deal with toileting issues.
- Create unnecessary barriers or prevent pupils from fully participating in any aspect of school life, including educational trips, by demanding that parents accompany them.

14. Liability, Indemnity and Insurance

The Academy Committee ensures that appropriate liability insurance coverage is maintained for all staff providing support to pupils with medical conditions.

- The school is fully covered through the Department for Education's **Risk Protection Arrangement (RPA)**.
- RPA insurance explicitly covers civil liability relating to the administration of prescribed medication and

healthcare procedures, provided staff have undertaken suitable training and act in accordance with this policy.

- In the event of legal action alleging negligence by a member of staff, civil proceedings are brought against the employer/Trust, not the individual staff member.

15. Complaints and Dispute Resolution

Should parents or pupils be dissatisfied with the medical support provided, they are encouraged to discuss their concerns directly with the Headteacher in the first instance.

- If direct discussion fails to resolve the issue, a formal complaint may be submitted under the school's formal **Complaints Procedures Policy**.
- If the complaint remains unresolved following full internal Trust escalation, complainants may submit a formal complaint to the Department for Education (or Education and Skills Funding Agency for academies).
- Parents and pupils retain the right to seek independent legal advice if they consider statutory obligations have been breached.

16. Ancillary Provision: Transport, Defibrillators and Review

16.1 Home-to-School Transport

Home-to-school transport is arranged and commissioned by Northumberland County Council. Where appropriate, the school shares relevant IHP emergency details with LA transport teams to ensure safe transport plans for children with severe or life-threatening conditions.

16.2 Automated External Defibrillators (AEDs)

- The school maintains an Automated External Defibrillator (AED) located in the Main School Office.
- The AED features vocal and visual automated guidance. All staff first aiders receive CPR and AED awareness training. In cardiac arrest emergencies, staff dial 999 instantly and deploy the AED (using paediatric mode/pads for pupils under 8 where available).
- Monthly maintenance checks are conducted and logged by the Medication Coordinator.

16.3 Policy Monitoring and Annual Review

This policy is reviewed and formally ratified annually by the Headteacher, School Allergy Lead, and the Academy Committee. The next scheduled formal review date is **July 2027**.

APPENDICES

Appendix A: Individual Healthcare Plan Implementation Procedure

1. **Notification**: Parents are responsible for informing the school of any changes to their child's condition, including any new diagnoses or changes to any current conditions.
2. **Forms**: The school will then ask parents to complete an Individual Health Plan (IHP) and any Administration of Medication forms that are relevant.
3. **Clarification**: When the relevant forms are completed, the medical co-ordinator will have a review discussion with parents to confirm their child's needs and details of their medication. 4. **Co-ordination**: A copy of the IHP and any accompanying forms, such as allergy action plans, administering medication forms etc., will be given to the teachers to store in their class medical folder, alongside any medication that will be stored in the classroom.
5. **Discussion:** The medical coordinator will discuss the IHP and any other forms with the class teacher to ensure they are fully aware of the situation.
6. **Training Identification**: Staff competency requirements identified
7. **Training delivery & Sign-off**: Clinical training delivered by healthcare professional; staff signed off as competent.

Appendix B:

Ponteland Primary School Healthcare Plan for a Pupil with Medical Needs

Healthcare Plan for a Pupil with Medical Needs

Details of Child and Condition	
Name of child:	photo here
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? *Yes/No (Medication cannot be administered without parental approval)*	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	

Can the pupil self-manage his/her medication? *Yes/No* If *Yes*, specify the arrangements in place to monitor this:

Indicate the level of support needed, including in emergencies: *(some children will be able to take responsibility for their own health needs)*

Known side-effects of medication:

Storage requirements:

What facilities and equipment are required? *(such as changing table or hoist)*

What testing is needed? *(such as blood glucose levels):*

Is access to food and drink necessary? *(where used to manage the condition):* *Yes/No*
Describe what food and drink needs to be accessed

Identify any dietary requirements:

Identify any environmental considerations *(such as crowded corridors, travel time between lessons):*

Action to be taken in an emergency *(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):*

Staff Providing Support

Give the names of staff members providing support *(State if different for off-site activities):*
Describe what this role entails:
Have members of staff received training? *Yes/No* (*details of training should be recorded on the Individual Staff Training Record, Appendix 4)*
Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:
Detail the contingency arrangements in the event that members of staff are absent: Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements
Detail any 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 or counselling sessions)*
Emergency Contacts

Branton Primary School and Nursery

Family Contact 1	***Family Contact 1***
Name:_____ Telephone *Work*:_____ *Home*:_____ *Mobile*:_____ Relationship:_____	Name:_____ Telephone *Work*:_____ *Home*:_____ *Mobile*:_____ Relationship:_____

Clinic or Hospital Contact	***GP***
Name:_____ Telephone: *Work*:_____	Name:_____ Telephone: *Work*:_____

Signatures

Signed

_____

(Headteacher)
Signed

_____

(Medication Coordinator)

Appendix C: Parental Agreement for School to Administer Medication

Administration of Medication to Pupils Agreement between Parents and School

In order to keep the administration of medication to a minimum, the Head or Medication Coordinator should consider requesting that parents administer the daily doses out of school hours. However, if this is not possible it will be necessary for the school and parents to make a formal agreement to enable members of staff to administer medication to pupils during the school day by completing the form below.

In most cases only medication that the child's doctor has prescribed can be administered, hence school staff should not administer 'over-the-counter' medication. However, at the discretion of the Head, it is permissible for paracetamol to be administered provided that the practice is strictly controlled in the same way as is prescribed medication. Further information is given on page 6.

Note: Medicines must be kept in the original container as dispensed by the pharmacy.

Part 1 – To be Completed by Parent/Carer	
To the Headteacher: *(add name)*	**School:**
My child *(name)* _____Date of birth:_____ Class_____has the following medical condition_____ I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication: Dose/Amount to be given: Time(s) at which to be given:	

Means of administration:
How long will the child require this medication to be administered?
Known side effects and any special precautions (please attach details)

Procedures to take in case of emergency (please attach details)

Emergency Contact 1	***Emergency Contact 2***
Name: Telephone *Work*:	Name: Telephone *Work*:

Home: *Mobile*: Relationship:	*Home*: *Mobile*: Relationship:

I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.

Name:_____Signature:_____

_____Relatio nship to child:_____ Date:

_____

Part 2 - To be completed by Headteacher/Medication Coordinator

Confirmation of agreement to administer medicine

It is agreed that *(child)* _____ will receive (*quantity and name of medicine)* _____every day at (*time medicine to be administered, for example, lunchtime or afternoon break)*

_____.

(Child) _____ will be given medication or supervised whilst he/she takes it by (*name of member of staff)*

_____.

This arrangement will continue until_____
(either the end date for the course of medicine or until the parents instruct otherwise).

Name:_____Signature:_____

_____ *Headteacher/Medication Coordinator*

School:_____

_____

Appendix D: Record of Medicine Administered to an Individual Pupil Record of Medication Administered in School

School: _____

Date	Pupil's Name	Time Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name

Appendix E: Consent Form - Use of emergency Salbutamol Inhaler

Child showing symptoms of asthma/having an asthma attack

I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler. My child has a working, in date inhaler, clearly labelled with their name, kept in school.

In the event of my child displaying symptoms of asthma and if their inhaler is not available or unusable. I consent for my child to receive salbutamol from an emergency inhaler, held by the school for such emergencies.

Signed: _____

Relationship to child: _____

Date: _____

Name of child: _____

Date of Birth:_____

Class: _____

Parent Contact Number:_____

Appendix F: Central Record of All Medicines Administered in School

Central records can be accessed via Medical Tracker, which is regularly checked by the school's medical lead.

Appendix G: Contacting Emergency Services Protocol

TO BE DISPLAYED BY ALL SCHOOL OFFICE TELEPHONES

DIAL 999 AND ASK FOR AN AMBULANCE IMMEDIATELY

Speak clearly and slowly. Be ready to give the following precise information:

1. **Telephone Number:** 01665 578225
2. **Your Name:** [Your Full Name]
3. **School Name & Location: Branton Primary School and Nursery, Branton, Alnwick,**
4. **Postcode:** NE66 4JF
5. **Exact Location within School:** e.g. Main office or Foxes classroom

Pupil Details: Child's Name, Age, and clear summary of symptoms (e.g. *"7-year-old child experiencing severe ANAPHYLAXIS / respiratory collapse"*).

7. **Medication Given:** State clearly if an Adrenaline Auto-Injector (AAI) or Salbutamol Inhaler has been administered and exact time given.
8. **Site Entrance & Meeting Point:** Main Visitor Entrance in Branton next to Church house.