



Onslow Infant School

Supporting Children with Medical Conditions

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

See also Administering Medicines in Schools and First Aid Policy

Governors' Committee Responsible:	Full Governing Board
Governor Lead:	Children and Learning Committee
Nominated Lead Member of Staff:	Rebecca Mowat
Status & Review Cycle:	Statutory (Recommended Annually)
Next Review Date:	Autumn 2026

Policy Review

This Policy was reviewed Autumn 2025
The Policy next review date is Autumn 2026
By The Children and Learning Committee

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POLICY AIMS

- To ensure children with medical needs, both physical and mental, are properly supported at school so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that parents understand their responsibilities in respect of their children's health and medical needs.
- Ensure staff understand their roles and responsibilities in regard to providing appropriate care.

In making decisions about the support provided we will consider advice from healthcare professionals and listen to and value the view of parents and pupils.

This policy should be read in conjunction with the 'School's 'Administering Medicine and First Aid Policy'.

Roles and responsibility

The governing board will ensure that this policy is in place.

The HT has overall responsibility for implementing the policy and procedures for dealing with medical needs and ensuring the parents have access to the policy.

The HT/SENCo is responsible for:

- Ensuring that all relevant staff will be made aware of the child's condition
- Ensuring that sufficient staff are suitably trained
- Covering arrangements in case of staff absence or staff turnover to ensure someone is always available
- Developing Individual Health Care plans when appropriate
- Monitor/reviewing individual healthcare plans at least annually
- Ensuring transition arrangements between schools are carried out
- Conducting Risk Assessments required by government eg those required by covid-19 guidelines

School staff (including teaching and admin):

- Making sure relevant staff (including supply staff) are aware of a child's needs
- Conducting risk assessments for school visits and other school activities outside the normal timetable
- Providing support for pupils with medical needs
- Participating in sufficient and suitable training needed before taking on the responsibility of supporting pupils with medical conditions
- Knowing what to do and responding accordingly when they become aware that a pupil with medical needs requires support

Parents and carers are responsible for:

- Ensuring their child is well enough to attend school
- Providing the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed
- Participating in developing and reviewing an individual health care plan if a child has an ongoing or more complex medical condition

- Parents should be aware they may be needed to collect their child from school due to illness or after an accident and must provide a contact number and an emergency contact to call in case the parent is unavailable.

Pupils are responsible for:

- Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this.

How to notify the school that a pupil has a medical condition

All new pupils' parents or carers will be given an admission form to complete. Section 5 relates to any medical information and parents / carers use this section to notify the school of any medical conditions. Parents of children developing medical conditions after the initial admission arrangement need to notify the school in writing as soon as possible.

Procedure to be followed when notification is received that a pupil has a medical condition

Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP) or the asthma/allergy notification form if this is more appropriate or a health care plan will be provided by the team managing the condition.

In addition to completing the relevant IHP or Allergy/Asthma notification forms, or providing a plan from the team managing the condition, parents of children with food allergies must also complete a Special diet form which can be obtained from the school office and from the school website <https://www.onslow.surrey.sch.uk/lunch-snacks-milk-1/> . Our caterers Twelve 15 will not provide a special diet unless this form is completed. Support is available from the Home School Link Worker and the office staff if a parent has difficulty completing the form.

Individual Healthcare Plans / Asthma / Allergy notification Forms

It is a legal requirement that the IHP / asthma / allergy notification form is updated annually. The plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Our IHP (see appendix 1 or the health care plan provided by the team managing the condition) requires information about:

- 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 or additional support in catching up with lessons, counselling sessions;
- the level of support needed;

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child's condition and the support required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Staff training and support

Any member of school staff providing support to a pupil with medical needs will have received suitable training so they are confident and competent in fulfilling the requirements. This training will be organised as soon as the school is aware of the need.

Managing medicines on school premises

- See administering medicines policy.

Record Keeping

Information about pupils with medical needs will be shared with relevant staff at briefing, meetings, notice boards in the medicine cupboard, notice boards in the classroom (with permission and if appropriate) and/or in the red class information folders. This will enable staff to ensure each child's health plan is correctly followed.

Requests for updated information on long-term medical conditions including asthma and allergies are distributed to parents at the beginning of each school year; any changes at other times must be notified in writing by the parents.

Supporting Children with Health Needs who Cannot Attend School

The LA has a duty to arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This is outlined in the Statutory Guidance 'Ensuring a good education for children who cannot attend school because of health needs, 2023.'

The Inclusion Manager will notify the LA if a child will be absent due to their healthcare needs for more than 15 days (whether consecutive or cumulative). Onslow Infant School will have a continuing role in a pupil's education whilst they are not attending the school and will work with the LA, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education and re-integrate at the appropriate time.

Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact your child's class teacher in the first instance and then follow the schools complaint policy.

Individual Health Care Plan

photo

Child's Name

Condition

Individual Healthcare Plan Onslow Infant School

Pupil's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or condition	
Date	
Review Date	

Family contact information

First Contact Name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second Contact Name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	

Clinic/Hospital Contact

Name	
Phone no	

GP

Name	
Phone no	

School Contact

Person(s) responsible for providing support in School	
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Describe the medical needs of the pupil

Give details of the pupil's symptoms

What are the triggers and signs?

What treatment is required?

Name of medication and storage instructions (if applicable)

Can the pupil administer their own medication: YES/NO

Does the pupil require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

Dose, when to be taken and method of administration

Describe any side effects

Describe any other facilities, equipment, devices etc., that might be required to manage the condition

Describe any environmental issues that might need to be considered

Daily care requirements

Specific support for the pupil's educational needs

Specific support for the pupil's social needs

Specific support for the pupil's emotional needs

Arrangements for school visits/trips/out of school activities required

Any other relevant information

Describe what constitutes an emergency and the action to be taken when this occurs

Named person responsible in case of an emergency:

In School:
For offsite activities:

Does the pupil have an emergency healthcare plan: YES/NO

Staff training required/undertaken

What:
When:

People involved in the development of plan

Form to be copied to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for the school staff to support my child's medical needs.

I will inform the school immediately, in writing, if there is any change in my child's medical condition, medication, or if the medication is stopped.

Signed: _____

Print name: _____

Date: _____

PUPIL MEDICAL INFORMATION



Please attached an up-to-date photo of your child here

Child's Name:

Date of birth:

Address:

Parent's Name:

Parent's Contact Number:

Doctor:

I request that a member of staff administers the required medication/s listed to my child as described in the following documents. However, if for any reason the medicine fails to be administered, I understand that the school cannot be held responsible.

I agree to update the school if there are any changes in my child's medical needs.

I will ensure that the medicine held by the school has not exceeded its expiry date.

I have read and understood the school's Medicine Policy.

PARENT SIGNATURE: DATE:

Please complete each section of the Medical Information Form that applies to your child.

(Tick as applies)

- Asthma
- Allergies
- Regular medications

ASTHMA

I can confirm that my child has been *(please tick)*:

1. Diagnosed with Asthma YES NO

2. Prescribed an inhaler YES NO

3. Other *(please describe)*:

What **signs** indicate your child is having an asthma attack?

.....

What are your child's **triggers** *(things that make their asthma worse)*?

.....

.....

Does your child require medication for asthma? YES NO

Name of medication:

Dosage: Expiry date:

Does your child tell you when they need medicine? Y/N	Does your child need help taking their medicine? Y/N	Does your child need to take medicine before exercise or play time? Y/N <i>(please describe)</i>	Is your child likely to experience any side effects when taking medication? Y/N <i>(please describe)</i>

I confirm that we will provide a working, in-date inhaler, clearly labelled with my child's name to be kept in my child's classroom:

YES NO

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

YES NO

PARENT SIGNATURE: **DATE:**

ALLERGIES

I can confirm that my child is allergic to and must not come into contact / ingest the following:
(please list all)

.....
.....

Please tick all the symptoms that apply:

Mild symptoms	Severe symptoms
<input type="checkbox"/> Nose – itchy runny sneezing <input type="checkbox"/> Mouth – itchy <input type="checkbox"/> Skin – a few hives/mild itch <input type="checkbox"/> Gut – mild nausea/discomfort	<input type="checkbox"/> Lung – short of breath, wheezing, repetitive cough <input type="checkbox"/> Heart – pale, blue, faint, weak pulse, dizzy <input type="checkbox"/> Throat – tight, hoarse, trouble breathing/swallowing <input type="checkbox"/> Mouth – significant swelling of the tongue and or lips <input type="checkbox"/> Skin – many hives over body/widespread <input type="checkbox"/> Gut – vomiting/diarrhoea <input type="checkbox"/> Other – feeling something bad is about to happen

Please describe any other symptoms:

.....

In the event of my child displaying symptoms of an allergic reaction, please provide details of the treatment plan:

.....

Does your child require medication/s? YES NO

(If yes, you will also need to complete the Pupil Medication Request Form on page 4)

Name of medication/s:

Dosage: Expiry date:

Is your child likely to experience any side effects when taking any of these medicines? YES NO

If yes, please describe:

.....

.....

REMINDER: HAVE YOU FILLED OUT A SPECIAL DIET REQUEST FORM?

APPENDIX 3



Medication Error Sheet

Date:

Time:

Medication error by:

Reported by:

Description of error

Does the error affect any child, if so who and why?

Has the affected child been observed for any side effects, if yes then describe the side effects and record actions.

Was the affected child parents/guardians informed?

Was the NHS helpline or any other specialist called for further advice? What was their response?

Were there any other concerns, issues, environmental problems that need to be taken into account?

When was it reported to Head Teacher/SLT?

What were the actions of Head Teacher/SLT and why?

What further actions are required, why and by whom?

Any further follow-ups and/or further training/support required?

To be signed by Head Teacher

..... **Katherine Donlon, Head Teacher**

Date: