

Supporting pupils at school with medical conditions policy



ST HILDA'S
CE HIGH SCHOOL

WISDOM

HOPE

COMMUNITY

DIGNITY

EQUALITY

Date Policy prepared: April 2025

Date agreed and ratified by governing body:

Policy reviewed by: LF/KHE

Date for next review: April 2027

(unless required sooner due to legislation change)

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1. Aims

The school is an inclusive community that aims to support and welcome all children and young people including those with medical conditions.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Pupils with medical conditions are encouraged to manage their condition. Pupils feel confident in the support they receive from the school to help them to do this.
- Parents of pupils with medical conditions feel secure in the care their children receive both in the school and on educational visits.

The governing board will implement this policy by:

- Understanding that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future.
- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Developing and monitoring individual healthcare plans (IHPs and EHCPs)

The named persons with responsibility for implementing this policy are Lisa Franks and Kate Hester.

The named person who is responsible for administering medications and record keeping is Cheryl Maguire. This role is supported by all of the Pastoral team.

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 Department for Education's statutory guidance: [Supporting pupils at school with medical conditions 2015](#).

3. Roles and responsibilities

3.1 The governing body

The school's Governing body has a responsibility to:

- uphold the Equality Act 2010 and make any reasonable adjustments.
- ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so, they should ensure that all students access and enjoy the same opportunities at school.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore ensure a focus on the needs of the individual child/young person.
- be aware that in some case it a flexible approach may be required, for example, programs of study that rely on a part-time attendance in combination with Alternative Provision.
- consider how the child/young person will be reintegrated back into schools after periods of absence.
- consider that children/young people with Medical conditions are entitled to full-time education and should not be denied admission, however, in line with Safeguarding duties ensure that no pupils' health is put at unnecessary risk.
- make sure the supporting students with medical conditions in school policy is effectively implemented, monitored, and evaluated and updated in line with the school policy review timeline.
- ensure all parents are fully aware and understand their responsibilities (Annex G).

3.2 The Headteacher

The school's head teacher has a responsibility to make sure all staff are aware of this policy and understand their role in its implementation:

- ensure the school puts the policy into practice and develop detailed procedures and effectively implemented with partners.
- liaise between interested parties including child/young people, school staff, SENDCO, pastoral support staff, teaching assistants, school nurses, parents, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.
- ensure every aspect of the policy are maintained even if they are not the governing bodies nominated staff member.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using child/young person's Individual Healthcare Plans.
- ensure child/young person's confidentiality.
- assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- ensure all supply teachers and new staff are briefed and know the medical conditions policy.
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical register.
- monitor and review the policy at least once a year, with input from child/young people, parents, staff and external stakeholders (including healthcare professionals) and update according to review recommendations and recent local and national guidance and legislation.
- Recruit staff to support all Individual Health Plans and make sure all staff are appropriately insured.

3.3 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

All staff at the school 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 by receiving whole school awareness training.
- be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- understand the policy and how this impacts on children and young person's education.
- know which child/young people in their care have a medical condition and be familiar with the content of the child/young person's Individual Healthcare Plan.
- allow all child/young people to have immediate access to their emergency medication.
- maintain effective communication with parents including informing them if their child has been unwell at school.
- ensure child/young people who carry their medication with them have it when they go on a school visit or out of the classroom.
- be aware of child/young people with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact it can have on child/young people.
- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure child/young people have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

First aiders at the school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- when necessary ensure that an ambulance or other professional medical help is called.

The Pastoral team at the school has the responsibility to:

- help update the school's medical conditions records.
- know which child/young people have a medical condition and which have special educational needs because of their condition.
- Monitor children/young people's attendance and punctuality and consider additional support and planning with the SENDCO and DSL/Attendance Lead.

- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.

3.4 Parents

The parents of a child/young person at the school have a responsibility to:

- tell the school if their child has a medical condition.
- ensure the school has a complete and up-to-date Healthcare Plan for their child.
- inform the school about the medication their child requires during school hours.
- inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- tell the school about any changes to their child's medication, what they take, when, and how much.
- inform the school of any changes to their child's condition.
- ensure their child's medication and medical devices are labelled with their child's full name and date of birth and a spare is provided with the same information.
- ensure that their child's medication is within expiry dates.
- inform the school if your child is feeling unwell.
- ensure their child catches up on any school work they have missed if appropriate.
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed on to them.
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nurse and others from the local Health Community and services who work with the school has a responsibility to:

- co-operate with schools to support children/young people with a medical condition.
- be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- provide information about where the school can access other specialist training or alternative provide training if this has been locally developed.

Other healthcare professionals, including GPs and paediatricians have responsibility to:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- provide advice on developing healthcare plans.

- consider that Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

4. All staff understand and are trained in the school's general emergency procedures

- i. The school has a general Health and Safety Policy that includes risk assessments and have arrangements in place to deal with emergencies.
- ii. 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 (use Annex E)
 - who to contact within the school.
- iii. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- iv. If a parent is unable to arrive at school immediately and a child/young person needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.
- v. Staff should not take child/young people to hospital in their own car. It is safer to call an ambulance. If an ambulance is not required, a taxi will be used to travel to the hospital. The child will be supervised following the above clause.

5. Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities. It is the responsibility of parents/carers to keep school fully informed about changes to the medical conditions of their child/children throughout the school year.

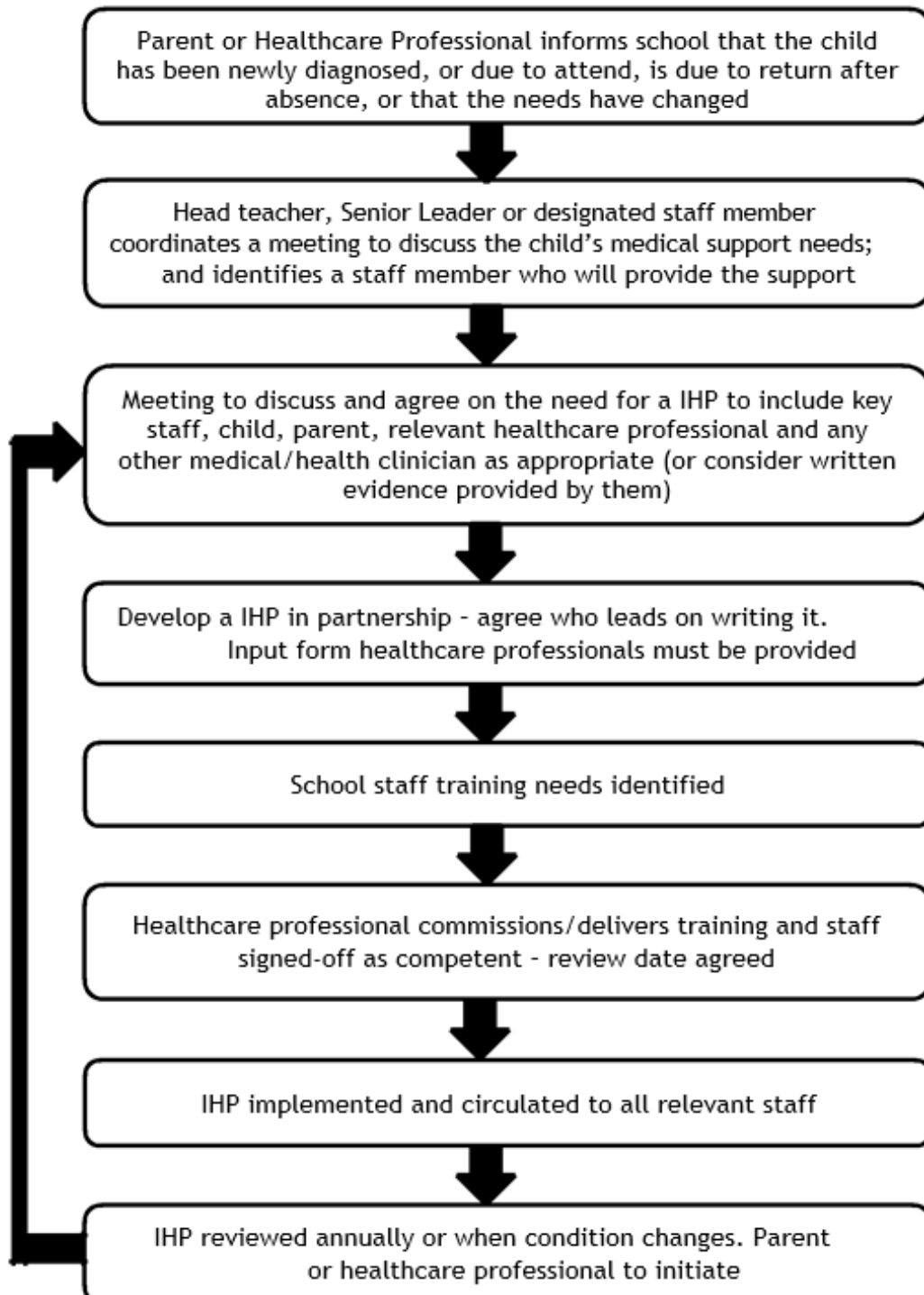
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

6. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP. See Medical Form 1. An identified member of staff has responsibility for the medical register at school. The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child/young person's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

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 students who are new to our school. Discussions regarding

the need for an IHP may be via phone calls and/or meetings. Communication for the IHP is expected from health care professionals and parents in order to provide the most up to date information for the individual



7. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the Assistant Head Teacher (SENDCo).

Plans will be reviewed at least annually or earlier if there is evidence that the student's needs have changed. Parents and health care professionals have the responsibility to inform school of any changes as and when they occur.

Plans will be developed with the student's best interests in mind and will set out their triggers, signs, symptoms, medication and other treatments and used to identify the level support they need.

Not all students with a medical condition will require an IHP. Parents should inform the school as soon as they can in order for us to support them appropriately. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatricians, who can best advise on the student's specific needs. The students will be involved wherever appropriate.

IHPs will be linked to, or become part of, any special educational need (SEN) or education, health and care (EHC) plan. If a student has SEND but does not have an Education Health Care Plan (EHCP), 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.

8. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents' written consent **via Annex B or C as relevant**

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents, in which case would we require medical evidence from the relevant professional.

Students under 16 will not be given medicine unless it has been prescribed by a doctor.

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 and accompanied by Annex B or C.

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

All medicines will be stored safely. Students 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 students.

Controlled drugs will be kept in a secure cupboard but will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

Medicines will be returned to parents to arrange for safe disposal when no longer required or will be disposed of safely at the end of the academic year.

8.1 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 and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices when needed. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

When a request is made for medication to be carried by the individual student, this will only be considered when it is an Epipen, alongside one antihistamine tablet, or, insulin pen or pump, due to the severity of such associated conditions.

Inhalers are available as emergency use and stored within student services. However, students should carry the relevant inhaler in their bag at all times, as well as have it on hand during PE lessons.

8.2 Agreed practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP in order to:

- Ensure access to use inhalers and other medication when necessary
- Designated staff to administer their medication when and where necessary.
- Consideration of the views of the pupil or their parents.
- Follow the IHP and medical evidence/advice.
- Ensure children with medical conditions are able to access their education and are included in all school activities, including lunch, breaks ,extra-curricular activities and school trips unless this is specified in their IHPs
- Ensure that when a pupil becomes ill, they send them to the school office or medical room accompanied with someone suitable if necessary.
- Take into consideration pupils whose absences are related to their medical condition, e.g. hospital appointments.
- Ensure that children with medical conditions are able to drink, eat or take toilet or other breaks whenever they are need to in order to manage their medical condition effectively
- Designated staff to administer medication or provide medical support to pupils, including with personal care issues.

8.3 Restricted mobility

If a student has been given crutches he/she must gain medical advice as to whether it is safe to attend school. If a medical note cannot be provided the parent/carer should write a covering letter stating the medical advice given, that they are happy for their child to be in school and that they are aware of the risk of their child being knocked in routine school activities/movements. The school office/Student Services must be contacted and informed at least 24 hours in advance.

The doctor's note must be presented to Student Services on his/her return to school. A student with medical needs may be provided with a lift key which they will be responsible for using unsupervised and the key must be returned to Student Services at the end of each day. Students may be issued with a pass, to leave each lesson early, accompanied by a friend, to enable them to travel through the corridors whilst they are empty.

Parents must give written consent (Annex F) if their child is to move around the building and this letter should include a section stating they are aware that school cannot be responsible should this cause further injury to the child.

If a lift key is not available, students will be accommodated on the ground floor with classwork.

8.4 Study at home

It is not the usual policy of school to provide school work when a child is ill at home because a student who is not well enough for school is not usually well enough to study. On a case by case basis an exception may be made for a student preparing for an external examination if the student is, for example, incapacitated by a fracture, but otherwise fit to study. It is the parent's responsibility to ensure that work is collected, completed and returned to school for assessment. Further work will be set if the previous tasks are completed and returned to school.

9. There is clear guidance on the safe storage and handling of medication at school.

Safe storage – emergency medication

- i. Emergency medication is readily available to children/young people who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- ii. Most children/young people at school will carry at all times and are reminded of their emergency medication. Pupils keep their own emergency medication securely.
- iii. Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which member of staff they see.

Safe storage – non-emergency medication

- iv. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- v. Staff ensure that medication is only accessible to those for it is prescribed.

Safe storage – general

- vi. There is a designated member of staff who ensures the correct storage of medication at school.
- vii. All controlled drugs are kept in a locked cupboard and only designated staff have access, even if the child/young person normally administers medication themselves. Medicines and

- devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.
- viii. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
 - ix. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
 - x. The designated member of staff, along with the parents of children/young people with medical conditions, will ensure that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
 - xi. All medication is supplied and stored in its original containers/packages. All medication is labelled with the child/young person's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
 - xii. Medication will be stored in accordance with instructions, paying particular note to temperature.
 - xiii. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area that is only accessible to staff.
 - xiv. All medication is sent home at the end of the school year. Medication is not stored over the summer holidays.

Safe disposal

- xv. Parents will be asked to collect out-of-date medication and unused medication at the end of the school year.
- xvi. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- xvii. A designated member of staff is responsible for checking the dates of medication will arrange for the disposal of any that have expired.
- xviii. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Arrangements should be made for their safe disposal.
- xix. 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 it to school or the child/young person's parent.

10. Emergency procedures

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

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

11. Training

Staff who are responsible for supporting students 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 students 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 this with the head teacher/assistant head. 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 students

Fulfil the requirements in the IHPs

Help staff to have an understanding of the specific medical conditions they are being asked to deal 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 they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

13. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

14. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher/Assistant head in the first instance. If the Headteacher/Assistant head cannot resolve the matter, they will direct parents to the school's complaints procedure.

15. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

16. Links to other policies and legislation

This policy links to the following policies:

- Accessibility plan
- Complaints
- Health and safety
- Safeguarding
- Special educational needs information report and policy

This policy links to the following legislation:

Children and Families Act 2014 – Part 5: 100 Education Act 1996

Health and Safety at work Act 1974

Health and Safety: advice for schools – June 2014 Medicines Act 1968

Misuse of Drugs Act 1971

Regulation 5 of the School Premises (England) Regulation 2012 (as amended) Special Educational Needs and Disability Code of Practice: 0-25 years Supporting pupils with Medical Conditions –

December 2015
 The management of Health and Safety at work regulations 1999
 Children’s Act 1989 Section 3 and Section 17
 Children’s Act 2004 Section 10
 Education Act 2010 Section 21 and Section 176
 Equality Act 2010
 The NHS Act 2006 Section 3
 The Local Authority will provide both national and local guidance.

Appendix:

- Annex A Individual Health Care Plan
- Annex B Request for student to carry own medication
- Annex C Parental agreement for school to administer medication
- Annex D Staff training record
- Annex E Contacting the emergency services
- Annex F Parental agreement for students with restricted mobility
- Annex G Parent guide to medications in school
- Annex H Record of medicine administered

Annex A: St Hilda’s C E High School Individual Healthcare Plan (April 2025)

Name	DOB	Form	Key staff
Address			
Medical diagnosis or condition			
Family contact name and phone numbers			
Relationship to child			
Clinic/hospital contact name and phone number			
GP name and phone number			
Medical needs			
Medication name, dose and supervision			
Side effects			
Daily care requirements			
Specific support for SEMH needs			

Arrangements for school trips/visits including sporting activities	
Other information	
Describe what constitutes an emergency and the action to take	
Who is responsible in an emergency on site/off site	
Plan developed with	
Staff training needed/undertaken (who, what, when)	
Plan copied to	

Annex B: St Hilda’s CE High School Request for STUDENT to carry his/her medication (April 2025)

As per the policy, this is in agreement with the school and will be discussed as per individual student and medical condition.

This form must be completed by parent/guardian

Student’s Name _____ Class/Form: _____

Address: _____

Condition or illness: _____

Name of Medicine: _____

Dosage and timing: _____

Procedures to be taken in an Emergency: _____

CONTACT INFORMATION

Name _____

Daytime Phone No _____

Relationship to child _____

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Signed _____ Date: _____

Annex C: St Hilda’s CE High School Parental Agreement for School to Administer Medicine (April 2025)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to

_____ (agreed member of staff)

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

Signature(s) _____ Date _____

Annex D: Staff Training Record –Administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (suggested date)

Trainer’s signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Annex E: Contacting the Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number

0151 733 2709

2. Your name

3. Your location as follows

St Hilda's CE High School, Croxteth Drive, Sefton Park

4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

L17 3AL

5. Provide the exact location of the patient within the school setting

6. Provide the name of the child and a brief description of their symptoms

7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

8. Provide the Ambulance Service with a copy of the child/young person's Individual Healthcare Plan if agreed by the parent

9. Put a completed copy of this form by the phone

Annex F: St Hilda's C E High School

STUDENTS WITH RESTRICTED MOBILITY (SHORT TERM MEDICAL NEEDS)

(April 2025)

Date: _____

Name of Student: _____ Form: _____

I give permission for my son/daughter to move around the school using mobility aid and I am fully aware that school cannot be responsible should this cause any further injury to my son/daughter.

I am aware that my son/daughter may be provided with support provision. This may include a buddy, a laptop or lift key as the school deem necessary. They will be responsible for using the lift unsupervised and returning the key to Student Services at the end of each day. Laptops must also be returned to Student Services daily.

Parent/Carer Name: _____ **(block capitals please)**

Signature: _____

Date: _____

Annex G: St Hilda's C E High School Parent Guide to Medications

The school will support your child with their medical needs but to do this we ask that you;

- tell us if your child has a medical condition
- work with us to ensure your child has a complete and up-to-date Healthcare Plan for their child
- inform us about the medication your child requires during school hours
- inform us of any medication your child requires while taking part in educational visits or residential visits, especially when these include overnight stays
- tell us about any changes to your child's medication, what they take, when, and how much
- inform us of any changes to your child's condition
- ensure your child's medication and medical devices are labelled with their full name and date of birth and a supply a spare provided with the same information
- ensure that your child's medication is within expiry dates
- inform us if your child is feeling unwell
- ensure your child catches up on any school work they have missed
- ensure your child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require us to support your child is passed on ASAP
- Ensure your child has a written care/self-management plan from their doctor or specialist healthcare professional to help them child manage their condition.

