



POLICY	Supporting Pupils with Medical Conditions and Allergies Policy
STATUS/DATE OF THIS VERSION	July 2026
APPROVED BY	Board of Trustees
RATIFIED BY	Board of Trustees July 2026
REVIEW	July 2027

This policy is operated by all the schools in Unity Education Trust (as listed below).

There may be sections that are specific to one school and these will be added by the school either as an annex or in place of yellow highlighted sections below.

Any queries about the policy should be directed, in the first instance, to the Headteacher/Head of School:

- Beeston Primary
- Garvestone Primary
- Grove House Infant
- Kings Park Infant
- Northgate High School and Dereham Sixth Form College
- The Pinetree School
- UET Compass Academy
- UET Pathfinder Academy
- Churchill Park
- Greyfriars Primary
- Highgate Infant School
- Kings Oak Infant School
- Wimbotsham and Stow Primary
- Magdalen Primary
- St Germans Primary

Introduction

The policy, procedure and practice outlined in this document are relevant to any student on roll at the Trust and should not be confused with policy, procedure and practice for students on roll at other schools who access the Trust outreach medical needs support.

School Context

The staff at the Trust are committed to providing students with a high-quality education whatever their health need, disability or individual circumstances. We believe that all students should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other students.

Purpose

This Trust is an inclusive community that welcomes and supports pupils with medical conditions and allergies. The schools provide all pupils with any medical condition the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The schools makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school.

Staff receive training on the impact medical conditions can have on pupils

The Trustees and Academy Trust will implement the policy

- 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
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

This policy meets the school's statutory requirements under section 100 of the Children and Families Act 2014 which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions, pays due regard to the Department for Education's statutory guidance

Supporting pupils at school with medical conditions **and** the Children's Wellbeing and Schools Bill (the Schools (Allergy Safety) Bill) , otherwise known as Benedict's Law which places a duty as above to provide

- **Mandatory Training:** All school staff, including teachers, assistants, and midday supervisors, must receive training on spotting anaphylaxis symptoms and using adrenaline auto-injectors.
- **Spare Epinephrine:** Schools are required to hold spare, in-date adrenaline auto-injectors (allergy pens) for emergency use.
- **Action Plans:** Individual healthcare plans and allergy management policies will be mandatory for pupils with allergies.
- **Management Protocols:** Clear allergy management, including the appointment of a Designated Allergy Lead, is required to prevent cross-contamination and accidental exposure.

. Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high-quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

Definition of health needs

For the purpose of this policy, students with health needs and allergies may be:

- students with **chronic or short-term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick students**, including those who are physically ill or injured or are recovering from medical interventions, or
- students with **mental or emotional health problems**.
- Students with **allergies** -an exaggerated immune system response to normally harmless substances (like food, pollen, or dust). When exposed, the body mistakes these safe substances—called allergens—for dangerous invaders and overreacts, producing chemicals that cause symptoms like sneezing, itching, or swelling.

This policy **does not cover self-limiting infectious diseases of childhood**, e.g., measles.

Some students with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all students at the Trust have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Nominated Staff Members

The member of staff responsible for ensuring that a student with health needs has proper access to education is **the nominated staff member** with responsibility for the cohort the student has been assigned to. S/he will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a student. It will be his/her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance students' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement. S/he will contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse and work with the school nurse in matters relating to specific healthcare plans.

Parents/carers and pupils

Parents/carers hold key information and knowledge and have a crucial role to play. Both parents/carers and students will be involved in the process of making decisions. Parents/carers are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents/carers will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Staff must familiarise themselves with the medical needs of the students they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

In the case of allergic reactions, the use of AAI (auto injector EpiPens) also applies to Visitors and undiagnosed pupils and members of staff.

All staff should also familiarise themselves with the Health and Safety Policy.

The Head of School

The Head of School is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. S/he will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare

plans, including in contingency and emergency situations. They will ensure that all students with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. They will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

In the case of allergic reactions, the use of AAI (auto injector EpiPens) also applies to Visitors and undiagnosed pupils and members of staff.

The Trustees and Academy Trust

The Trustees and Academy Trust must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. The Board will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.

The Trustees and Academy Trust must ensure that the conditions of their mandatory duty in regard to Benedict's Law are in place by September 2026.

Staff training and support

In carrying out their role to support students with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines nor undertake health care procedures without appropriate training.

A first-aid certificate does not constitute appropriate training in supporting students with medical conditions.

Allergy recognition and awareness training will be provided via Kitt Medical training portal

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting students with medical conditions and those people suffering an allergic (anaphylaxis) reaction, and to make all staff aware of their role in implementing this policy.

Procedures

Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the student attends school to ensure a smooth transition into the class.

Information supplied by parents/carers is transferred to the Medical Needs Register. Confidentiality is assured by all members of staff. Any medical concerns the school has about a pupil will be raised with the parents/carers and where appropriate discussed with the school nurse.

Staff at risk of anaphylaxis should declare this on recruitment and a note made on their MIS profile. These staff should always carry a spare EpiPen with them to reduce risk and should have an accompanying Risk Assessment.

Individual Healthcare Plans

Not all students with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head of School will take a final view.

Individual healthcare plans will sometimes be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Individual healthcare plans should capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the student. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g., school, specialist or children's community nurse, who can best advise on the particular needs of the student. Students will also be involved whenever appropriate.

Home tuition

When students are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the student in the short term. The relevant Assistant Head teacher will make a referral to the Medical Needs Team as soon as they become aware that a student is unfit to attend classes on base for an extended period of time.

Pregnancy

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for provision of home tuition via the medical needs team. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

Medicines in school

Self-management by pupils

Wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them including the administration of adrenaline via an AAI/EpiPen.

If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

In the case of suspected anaphylaxis, the Trust permits its schools to administer a spare emergency adrenaline auto-injector to a pupil who is not known or formally diagnosed as being at risk of anaphylaxis, where the pupil is displaying signs of anaphylaxis and there are reasonable grounds to believe that the administration of adrenaline is necessary to preserve life. In such circumstances, the absence of a prior prescription, diagnosis or individual healthcare plan must not delay emergency treatment.

Self- management by staff

In the case of suspected anaphylaxis, the Trust permits its schools to administer a spare emergency adrenaline auto-injector to a member of staff who is not known or formally diagnosed as being at risk of anaphylaxis, where they are displaying signs of anaphylaxis and there are reasonable grounds to believe that the administration of adrenaline is necessary to preserve life. In such circumstances, the absence of a prior prescription and/or diagnosis must not delay emergency treatment.

Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

No student under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents; in such cases, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality or there is a suspected anaphylaxis reaction.. The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available inside an insulin pen or a pump, rather than in its original container.

The flow diagram (appendix 3) should be followed by all staff.

All medicines are stored securely and safely. Students are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility.

Spare emergency adrenaline auto-injectors will be kept in a clearly marked, unlocked and readily accessible location, separate from individual pupils' medication, and will be checked regularly to ensure they are within expiry date and fit for use.

A student under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another student for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a student securely stored. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual students, stating what, how

and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps. **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 secure LOCKED cupboards and only staff will 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.

Emergency Situations

Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance.

The Trust permits its schools to hold spare emergency adrenaline auto-injectors for use in accordance with statutory guidance. A spare AAI may be administered to any pupil at risk of anaphylaxis who has been prescribed an AAI and where written parental consent has been provided, if the pupil's own prescribed device is not available or is not working. These may also be used for Visitors and previously undiagnosed pupils and members of staff.

Spare emergency adrenaline auto-injectors will be kept in a clearly marked, unlocked and readily accessible location, separate from individual pupils' medication, and will be checked regularly to ensure they are within expiry date and fit for use.

Follow the clear instructions inside the Anaphylaxis Kit Box, administering either one or two age-appropriate doses.

Following the administration of an adrenaline auto-injector, emergency services (999) will be contacted immediately. Parents or carers/next of kin will be informed as soon as possible via telephone and followed up by a written record (use Arbor template), and a written record of the incident will be completed and retained on SMARTLOG in line with Trust procedures.

Day trips, Residential and Sporting Activities

Students with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a student's medical condition might impact on their participation. Arrangements for the inclusion of students in such activities, with any required adjustments, will be made by the school unless evidence from a clinician such as a GP states that this is not in the student's best interests.

Liability and Indemnity

The Trust's insurance arrangements are sufficient and appropriate to cover staff providing support to students with medical conditions. Staff providing such support are entitled to view the Trust's insurance policies.

Staff acting in good faith and in the best interests of the patient in administering AAI EpiPens in an emergency will also be covered in line exemption;

"[The] legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's "spare" ADs to be used for the purpose of saving a life for a pupil or other person not known by the school to be at risk of anaphylaxis (i.e., who does not have medical authorisation/consent in place for the spare device).

This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy, or an adult visiting the school premises. This provision should be reserved for exceptional circumstances only, that could not have been foreseen.

Unacceptable Practice

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- 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 individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child

Complaints

If parents or students are dissatisfied with the support provided, they should discuss their concerns directly with the Headteacher in the first instance. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust's complaints procedure.

Useful sites

Anaphylaxis UK; press@anaphylaxis.org.uk

Churchill Park Academy Local Arrangements

Headteacher

Ellie Weatherall has overall responsibility for ensuring that this policy is implemented effectively within Churchill Park Academy and that the school meets its statutory duties in relation to supporting pupils with medical conditions and allergies. The Headteacher will provide strategic oversight of medical provision and ensure appropriate systems, staffing and resources are in place to support pupils safely.

Medical Lead and Nominated Person for Pupils with Medical Conditions

Hannah Nicholas is the school's Medical Lead and Nominated Person for Supporting Pupils with Medical Conditions and Allergies.

Responsibilities include:

- Acting as the primary point of contact for parents, carers, healthcare professionals and external agencies regarding pupils' medical needs.
- Overseeing healthcare provision and medical procedures across the school.
- Coordinating, implementing and monitoring Individual Healthcare Plans (IHPs).
- Maintaining and reviewing the Medical Needs Register.
- Liaising with healthcare professionals, including school nursing, paediatric, therapy and specialist services.
- Ensuring relevant staff are informed of pupils' medical needs and required adjustments.
- Supporting the full inclusion of pupils with medical conditions in school life.
- Coordinating medical training programmes and ensuring sufficient numbers of staff are appropriately trained.
- Ensuring competency assessments are completed where staff undertake healthcare procedures.
- Monitoring medication management systems, medical records and associated documentation.
- Supporting risk assessments relating to medical needs, educational visits and clinical procedures.
- Ensuring appropriate resources, equipment and arrangements are in place to meet pupils' medical needs.
- Monitoring compliance with this policy and other associated medical procedures and guidance.

- Acting as the link professional between the school, families, healthcare professionals and external agencies.

Designated Allergy Lead

To meet the requirements of Benedict's Law and the Trust Allergy Policy, Hannah Nicholas is the school's Designated Allergy Lead.

Responsibilities include:

- Leading the implementation of allergy management procedures across the school.
- Maintaining oversight of pupils with diagnosed allergies.
- Ensuring allergy care plans and Individual Healthcare Plans are in place and reviewed regularly.
- Monitoring the availability and expiry dates of emergency adrenaline auto-injectors (AAIs).
- Coordinating mandatory allergy and anaphylaxis awareness training for staff.
- Supporting investigations and reviews following allergy-related incidents.
- Promoting awareness of allergy safety throughout the school community.
- Pupil-Specific Healthcare Plans and Training

Churchill Park Academy supports a significant number of pupils with complex medical needs and works closely with healthcare professionals to ensure that appropriate provision is in place.

All pupils with complex health needs will have a healthcare plan written in partnership with parents/carers, relevant healthcare professionals and the allocated School Nurse from East of England Community Health and Care NHS Trust.

Healthcare plans will clearly outline the pupil's medical needs, daily support requirements, signs and symptoms requiring intervention, medication requirements and emergency procedures.

Medical care plans will be reviewed whenever there is a significant change to a pupil's condition, treatment or support needs.

The allocated School Nurse from East of England Community Health and Care NHS Trust will complete, arrange or oversee all pupil-specific medical training required for school staff.

Relevant staff must receive training and be assessed as competent before undertaking any healthcare procedure independently.

Churchill Park Academy Specific Medical Training

Due to the complex medical needs of pupils attending Churchill Park Academy, staff may receive training in:

- Gastrostomy (PEG) care and feeding
- Jejunostomy care
- Nasogastric tube care
- Buccal Midazolam administration
- Epilepsy awareness
- Diabetes management
- Pump training delivered by Fresenius Kabi
- Suction procedures
- Stoma care
- Transdermal medication administration
- Allergy and anaphylaxis management
- Adrenaline auto-injector administration
- Pupil-specific medical interventions as required

Staff must have the appropriate training, instruction and support required for their role and the healthcare procedures they undertake. Where a specific healthcare procedure requires competency assessment, staff must be trained and assessed as competent before carrying out that procedure independently.

Buccal Midazolam Procedures

Churchill Park Academy requires all Buccal Midazolam Care Plans to be reviewed annually.

Where a Buccal Midazolam Care Plan has expired, staff must not administer Buccal Midazolam unless written authorisation has been received from the healthcare professional responsible for the care plan, for example the epilepsy nurse specialist, prescribing consultant or medical professional who issued the care plan.

Where written authorisation is not available, staff must:

Follow the pupil's emergency procedures.

Contact emergency services (999) where indicated.

Contact parents/carers immediately.

Record all actions taken.

Buccal Midazolam must not travel independently with pupils and must be handed directly between responsible adults in accordance with the school's medication procedures.

Transport of Medication Between Home and School

All medication must be handed directly between adults.

Medication must not travel in pupils' school bags.

Any medication transported daily between home and school must be covered by the appropriate consent and transportation arrangements.

At the end of each academic year all medication must be returned directly to parents/carers.

Expired medication must be returned to parents/carers for safe disposal.

Additional Procedures for Churchill Park Academy

Due to the complex medical profile of many pupils attending Churchill Park Academy, additional risk assessments, emergency healthcare procedures and staff competency assessments may be required. The school will work in partnership with parents, healthcare professionals and the allocated School Nurse to ensure safe and effective implementation of all healthcare procedures. Individual healthcare plans, risk assessments and training records will be maintained and reviewed as required to reflect pupils' current needs.

Please note that some of the appendices included within this policy have been adapted for use at Churchill Park Academy. Whilst based on recognised guidance and best practice, they have been amended to reflect the specific needs, procedures, systems and context of our school and pupils.

Appendix 1. Parental Agreement for School to Administer Medicine

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	
Cohort	
Medical condition or illness	
Medicine	

Name/type of medicine (as described on the container)	
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)

Appendix 2: Record of Medicine Administered to an Individual Child

School/Base:	
Name of child:	
Date of medicine provided:	
Group/Class:	
Name of medication:	
Strength of medication:	
Quantity Received:	
Expiry date:	
Dose of medication:	
Frequency of medication:	
GP Name and contact details:	
Emergency Contact Details:	

Date:			
Time Given:			
Dose Given:			
Any reactions?			
Name and Signature of staff administering medication:			
Name and signature of staff double checking:			

Date:			
Time Given:			
Dose Given:			
Any reactions?			
Name and Signature of staff			

administering medication:			
Name and signature of staff double checking:			

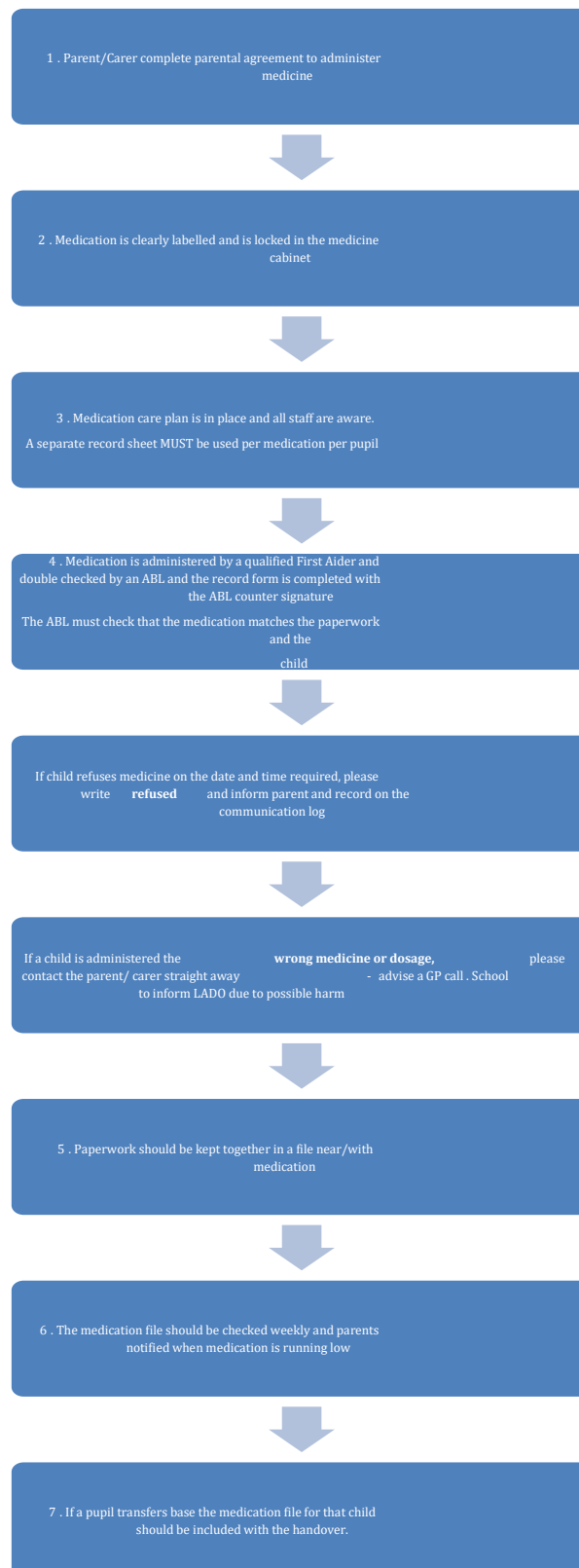
Date:			
Time Given:			
Dose Given:			
Any reactions?			
Name and Signature of staff administering medication:			
Name and signature of staff double checking:			

Date:			
Time Given:			
Dose Given:			
Any reactions?			
Name and Signature of staff administering medication:			
Name and signature of staff double checking:			

Date:			
Time Given:			
Dose Given:			
Any reactions?			
Name and Signature of staff			

administering medication:			
Name and signature of staff double checking:			

Appendix 3: Process for administering prescribed medication



Anaphylaxis Emergency Action Plan

Anaphylaxis can develop rapidly (within minutes).

Look for:

◇ Early signs

- Itching, hives, flushed skin
- Swelling (lips, face, eyes)
- Tingling in mouth or throat

◇ Severe symptoms (life-threatening)

- Difficulty breathing (wheezing, shortness of breath)
- Swelling of tongue or throat
- Hoarse voice or trouble speaking
- Dizziness, fainting, collapse
- Rapid pulse
- Nausea, vomiting

☞ If in doubt, treat it as anaphylaxis immediately.

2. Call for Help State: "Suspected anaphylaxis" (AN-A-PHA-LAX-IS)

- Do not move the casualty- lay them down with legs raised

Use an auto-injector either their own or from the school emergency kit,

☑ Steps:

1. Select the correct dose (if using the kit either adult or child dose)
2. Remove safety cap
3. Press firmly into outer thigh (can go through clothing)
4. Hold in place for ~5–10 seconds (depending on device)
5. Remove and massage injection area

☑ Important:

- Give **adrenaline first** — **do NOT delay**.
- Note the **time of injection**

4. Position the Person Properly

- **Lie flat with legs raised** (if possible)
- If breathing is difficult → allow them to **sit up slightly**
- If unconscious → place in **recovery position**
- **Do NOT let them stand or walk**

5. Monitor and Reassure

- Stay with the person
- Watch breathing and consciousness
- Keep them calm and still

6. Give Second Dose if Needed

- If symptoms persist after **5 minutes**, give a **second auto-injector** (if available)



7. Prepare for Emergency Services

When help arrives, provide:

- Time(s) adrenaline was given
- Known allergies (if any)
- What triggered the reaction (if known)

Contact parents/next of kin



8. Post-Incident Actions

After recovery:

- Ensure the person goes to hospital (important even if they improve)
- Replace used auto-injectors from the approved supplier asap
- Enter incident on SMARTLOG
- Send written notification home using ARBOR template
- Review what happened and update care plans if appropriate