

# **MAGDALEN COLLEGE SCHOOL**

## **SUPPORTING STUDENTS WITH MEDICAL NEEDS IN SCHOOL POLICY INCLUDING ASTHMA POLICY**

## School Context

The staff at Magdalen College School 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.

## 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; and that
- 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.

As a school we will not engage in unacceptable practice, as follows:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if a child becomes ill, send them to the First Aid room unaccompanied or with someone unsuitable;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- 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; nor

- 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 their child.

### **Definition of health needs**

For the purpose of this policy, students with health needs 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 children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

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

Some children 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 this school 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.

### **Responsibility for medical policy implementation**

The named person in school with responsibility for medical policy implementation is Mrs Tudor Price.

The member of staff responsible for ensuring that students with health needs have proper access to education is Mrs Davies (SENCO). She 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.

### **Parents/carers and students**

Parents hold key information and knowledge and have a crucial role to play. Both parents and students will be involved in the process of making decisions. Parents 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 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. The school may provide parents/carers with details of when medication has or has not been administered to their child.

### **The Headteacher**

The headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The headteacher will ensure that all staff who need to know are aware of a child's condition. 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. The headteacher has overall responsibility for the development of individual healthcare plans. He will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. He will contact the school nursing service in the case of any child 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.

### **The Governing Body**

The governing body is responsible for making arrangements to support students with medical conditions in school, including ensuring that this policy is developed and implemented. 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. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. 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.

### **School health teams**

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

### **Other healthcare professionals**

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Hospital and Outreach Education works with schools to support students with medical conditions to attend full time.

## **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 or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service/St John Ambulance Service. 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 to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

## **School 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 which lists the children class by class. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The Pastoral Support Manager has a termly meeting with the SENCo/Inclusion Manager at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a student will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

It is illegal to recycle any drugs or to give one persons' medication to another, no matter what the circumstances. Medication can only be given to the person for whom it is prescribed.

## **Record Keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked for information regarding medical conditions, including asthma, on their enrolment form.

Parents/carers will be expected to complete a new Health Care Plan and the appropriate medication forms at the start of the new academic year. These will be returned to school with the appropriate medication. Parents/carers are responsible for ensuring expiry dates are appropriate.

Prescribed medications including epipens and completed paperwork will be returned to parents/carers at the end of the academic year. Parents/carers will be contacted to arrange collection of medication.

## **Individual Healthcare Plans**

Not all children 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 headteacher will take a final view.

Individual healthcare plans will often 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 child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children 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 child. 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 child. Students will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to

ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

### **Students too ill to attend school**

When students are too ill to attend, the school will establish, where possible, the amount of time a student may be absent and identify ways in which the school can support the student in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the Inclusion Co-ordinator as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Outreach tutor and the relevant medical professionals.

### **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 should make a referral to The Complimentary Education Academy. 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 students**

#### **Non-Prescription Medications**

- Where it is appropriate to do so, students of secondary school age are encouraged to administer their own medication. Parents/carers will be asked to complete a 'request to carry own medication' form if they wish their child to carry and administer their own medications while in school (if requested a member of Student Services will witness the administration of the students' own medication then sign the planner or form of consent.). The 'Request to carry own medication' form will be filed in Student Services. A separate form should be completed for each different medication (appendix 4)
- Students should only carry enough medication for one day, bearing in mind the safety of the other students.
- Parents/carers should be advised that if their child self-administers medication and this is lost, stolen or broken, the school will follow standard emergency procedures if an emergency arises.
- If a child refuses to take medicine or carry out a medical procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

#### **Managing prescribed medication 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 child's health or school attendance not to do so.

No child 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 child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

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.

All medicines are stored safely. Children 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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

A child 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 child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and carry the appropriate completed paperwork, but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a student securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. See appendices 4 and 5.

School staff may administer a controlled drug to the child 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 children, 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.

### **Procedures for prescribed medication**

Medication will only be accepted in school if it has been prescribed by a doctor. The school will inform the trained Pastoral Support Assistants of any pupil, who has been prescribed a controlled medication e.g. Methylphenidate (e.g. Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drugs Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym). Insulin must be in date and will generally be available inside an insulin pen or pump, rather than in its original container.

Medication will not be accepted anywhere in school without complete written and signed instructions from parents. A form for this is available from the school website, main reception or Student Services.

Only reasonable quantities of medication should be supplied to the school by a responsible person and recorded in the Medication Administration Records File. GP's can be asked to issue "split prescriptions". These provide medication for use in school to be issued in separate packages from that used at home.

Each item of medication must be delivered in its original container with instructions for administration and handed directly to the trained Pastoral Support Assistants or to a nominated person authorised by the Headteacher.

The school will not accept items of medication which are in unlabelled containers or out of date.

Epipens and asthmatic inhalers are lifesaving medication; therefore these should be carried by the pupil throughout the day. All epipen and inhaler users must supply the school with two labelled spares which will be stored in Student Services on the Waynflete site and in administration offices at St Johns.

Each item of medication must be clearly labelled with the following information:

- Pupil's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements
- Expiry date (if available)

Unless stated otherwise, all medication to be administered in school will be kept in a designated clearly identified locked cupboard.

It is illegal to recycle any drugs or to give one person's medication to another, no matter what the circumstances. Medication can only be given to the person for whom it is prescribed.

The school may provide parents/carers with details of when medication has or has not been administered to their child.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements or the discontinuation of the pupil's need for medication.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service/St John Ambulance Service.

## **Emergency Situations**

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

## **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 child'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 child's best interests. Separate formally agreed arrangements are acceptable on educational visits that involve an overnight stay. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

## **Liability and Indemnity**

The school'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 school's insurance policies.

## **Complaints**

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

## **Asthma Policy**

### **Background**

This policy has been written with advice from the Department for Education, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers and the governing body.

MCS recognises that asthma is a widespread, serious but controlled condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. The school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy. This policy will be kept in Student Services and the staff shared area. MCS has a number of trained first aiders. Training for all relevant staff is updated on a regular basis.

### **Asthma Medicines**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler at all times.

If a pupil has a severe asthmatic attack and has been prescribed Ventolin via a nebuliser, then they should be escorted to Student Services where treatment will be commenced immediately, assuming the school has been provided with a nebuliser. The school does not hold a nebuliser unless it has been given to the school by the parents/carers of the asthmatic child.

Parents/carers are asked to ensure that the school is provided with two labelled spare reliever inhalers in case the pupils own inhaler runs out or is lost or forgotten which will be kept in Student Services at Waynflete and in the administration offices at St Johns.

All inhalers must be labelled with the child's name, found inhalers are handed into Students Services, but without a name we cannot return in to the owner.

School staff are not required to administer asthma medicines to pupils (except in an emergency). Pupils will be allowed to take their own medicines when required and staff will assist where necessary and in agreement with this policy.

### **Record Keeping**

At the beginning of each school year, or when a child joins the school, parents/carers are asked for information regarding medical conditions, including asthma, on their enrolment form.

The school keeps an asthma register which is available to all school staff. This information provides us with individual care plans and these are held in Students Services.

### **Exercise and Activity – PE and Games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Pupils whose asthma is triggered by exercise are responsible for taking their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. It is the pupil's responsibility to place their clearly labelled inhaler in the valuables box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

### **Out-of-hours Sport**

There has been a large emphasis in recent years in increasing the number of children and young people involved in exercise and sport in and out of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and out-of-hours sports coaches are aware of the potential triggers for pupils with asthma when exercising. Teachers/coaches should have information on how to minimise these triggers and what to do in the event of an asthma attack.

## **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma.

MCS has a definite no-smoking policy.

As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Specific experiments are always carried out in the fume cupboard with external extraction.

Pupils with asthma are encouraged to leave the room and go and sit in Student Services or an area designated by the class teacher if particular fumes trigger their asthma.

### **When a pupil is falling behind in lessons**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Leader of Learning and special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

## **School Procedures**

### **Asthma Attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack (see below).

## **What to do in asthma attack**

- ❖ Keep calm
- ❖ Encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- ❖ Make sure the pupil takes two puffs of reliever inhaler (usually blue) immediately, preferably through a spacer
- ❖ Ensure tight clothing is loosened
- ❖ Reassure the pupil

## **If there is no immediate improvement**

- ❖ Continue to make sure the pupil takes one puff on reliever inhaler every minute for five minutes or until their symptoms improve

## **Call 999 or a doctor urgently if:**

- ❖ The pupil's symptoms do not improve in 5 – 10 minutes
- ❖ The pupil is too breathless or exhausted to talk
- ❖ The pupil's lips are blue
- ❖ You are in doubt

***Ensure the pupil or young person take one puff of their reliever inhaler every minute until the ambulance or doctor arrives***

### **Common signs of an asthma attack are:**

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty in speaking full sentences
- Sometimes younger students express feeling tight in the chest as a tummy ache

### **After a minor asthma attack:**

- Minor attacks should not interrupt the involvement of pupil with asthma in school
- When the pupil feels better they can return to normal school activities
- Parents/carers must always be told if their child has had an asthma attack

## **Important things to remember in asthma attack**

- ❖ Never leave a pupil having an asthma attack
- ❖ If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer
- ❖ In an emergency situation school staff are required under common law, duty of care, to act like any reasonable prudent parent

- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- ❖ Send another pupil to get another teacher/adult if an ambulance needs to be called
- ❖ Contact the pupil's parents/carers immediately after calling the ambulance/doctor
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives
- ❖ Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action
- ❖ Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

<b>Appendix 1:</b>
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Dear parent/carer,

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting student at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that a decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for \_\_\_\_\_. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: \_\_\_\_\_. Please let me know if you would like is to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

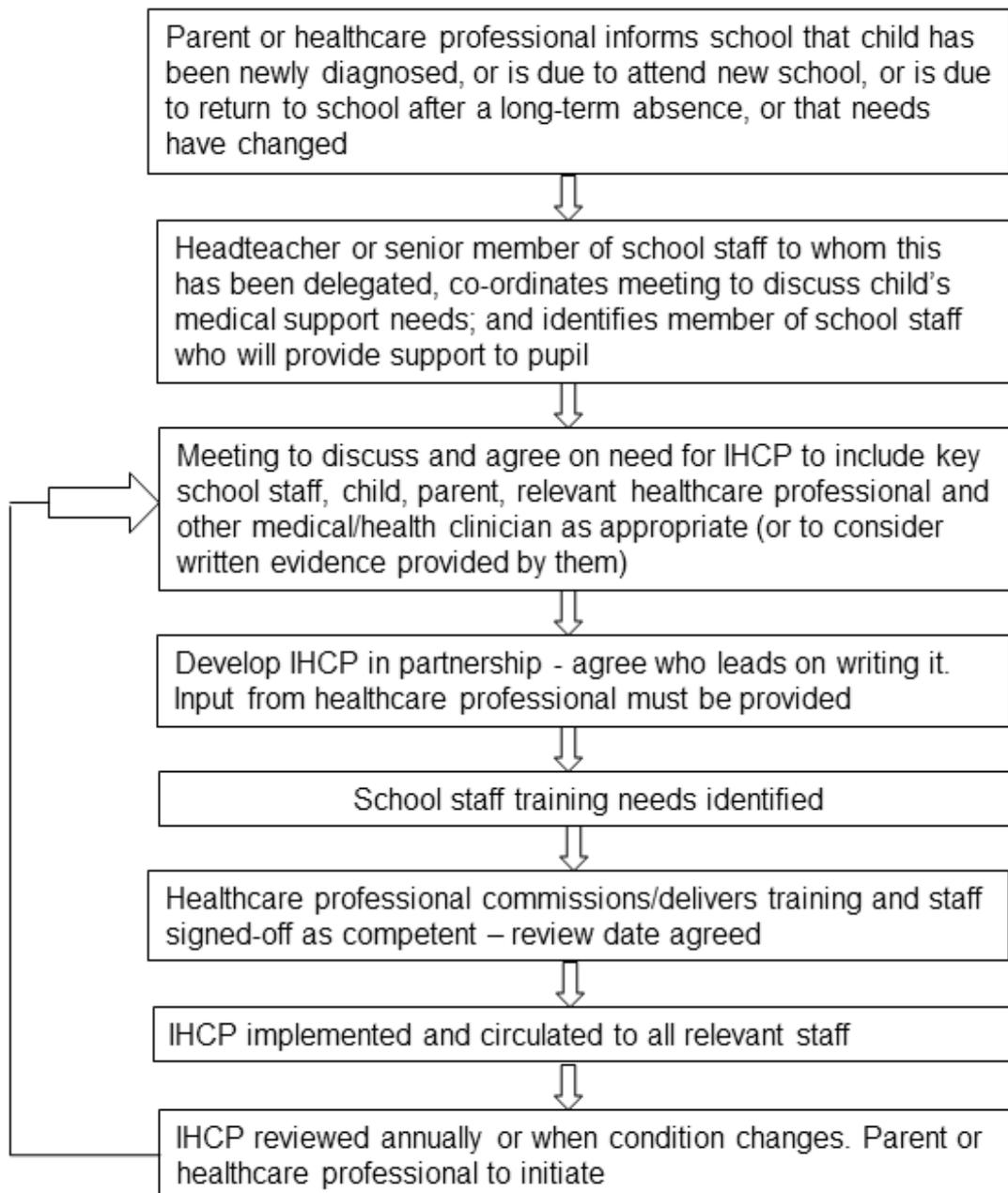
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

**Appendix 2: Flow chart for developing an individual healthcare plan**



**Appendix 3: Individual healthcare template**

**Magdalen College School Individual Healthcare Plan**

Student's name	
Group/class/form	
Date of birth	
Student's address	
Medical diagnosis or condition	
Date	
Review date	

**Family contact information**

First contact name	
Relationship to student	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second contact name	
Relationship to student	
Phone no (mobile)	

Phone no (home)	
Phone no (work)	

**Clinic/Hospital contact**

Name	
Phone no	

**GP**

Name	
Phone no	
Person(s) responsible for providing support in school	

Describe the medical needs of the student

--

Give details of the student's symptoms

--

What are the triggers and signs?

--

What treatment is required?

--

Name of medication and storage instructions (if applicable)

--

Can student administer their own medication: YES/NO

Does student 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 student's educational needs

Specific support for the student's social needs

Specific support for the student'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 off site activities:

Does student have emergency healthcare plan? YES/NO

Staff training required/undertaken

Who:

What:

When

Cover arrangements

(see separate staff training form)

People involved in development of plan

--

Form to be copied to

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**Appendix 4: Request for child to carry own medication**

**This form must be completed to parents/carers**

Child's Name	
Tutor Group	
Address	
Name of Medicine	
Procedure to be taken in an emergency	

**Contact Information**

Name	
Daytime Tel. No.	
Relationship to child	

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

Signed: .....

Date: .....

*If more than one medicine is to be given, a separate form should be completed for each one*

**Appendix 5: Parental agreement for school to administer medicine**

Parental agreement for school to administer prescribed medicine. Please supply clearly labelled medication with this form

The school will not give your child prescribed medicine unless you complete and sign this form. The school has a policy that trained staff can administer medicine.

**Prescription medicines must be in the original container as dispensed by the pharmacy**

Name of School	Magdalen College School
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Student's Name	
----------------	--

Date of Birth	
---------------	--

Tutor Group	
-------------	--

Medical Condition or illness	
------------------------------	--

**MEDICINE**

Name/type of medicine as described on container	
---	--

Date dispensed	
----------------	--

Expiry Date	
-------------	--

Dosage and method	
-------------------	--

Timing	
--------	--

Special precautions	
---------------------	--

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

Self administration	Yes/No (delete as appropriate)
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Procedures to take in an	
--------------------------	--

emergency	
-----------	--

**CONTACT DETAILS**

Name	
------	--

Daytime telephone no	
----------------------	--

Relationship to student	
-------------------------	--

Address	
---------	--

I understand that I must deliver the prescribed medicine personally to Student Services and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: ..... Date: .....





**Appendix 6: Staff training record**

**Magdalen College School Staff Training Record**

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

I confirm that \_\_\_\_\_ (*insert staff members name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated \_\_\_\_\_

Trainer signature: \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that I have received the training detailed above:

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_