





## HEALTHCARE NEEDS POLICY

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## OUR PURPOSE, VISION AND VALUES

### PURPOSE

At Ysgol Bro Taf we are committed to harnessing the power of education to enrich our pupils' lives, ensuring that the communities of Pontypridd thrive now and for future generations.

Delivering equity and excellence is at the heart of our school, where there is a place and opportunity for everyone, every day, to discover their brilliance.

### VISION

- Foster a culture of aspiration where everyone strives to discover their brilliance
- Provide a dynamic and innovative curriculum which broadens our pupils' horizons through progressive learning experiences
- Enable consistently outstanding teaching and embrace every moment as an opportunity to learn
- Build **ONE** community characterised by fun, equity, and inclusivity, where everyone feels supported, trusted and valued
- Empower our community to realise that leadership is not confined to a select few but can be embraced by all.

### VALUES

Be <b>Brave</b>	We will not be afraid to take risks and will overcome challenges by being resilient.
Be <b>Respectful</b>	We will be kind and value everyone in our community.
Be <b>Optimistic</b>	We will embrace opportunities and challenges with a 'can-do' attitude.
Be <b>Trusting</b>	We will rely on each other's integrity and competence, fostering a collaborative and supportive culture.
Be <b>Aspirational</b>	We will set ambitious goals, strive for excellence and pursue personal growth to achieve our full potential.
Have <b>Fun</b>	We will promote enjoyment and seek fulfilment, celebrating both our individual and collective achievements.

## 1. INTRODUCTION

- 1.1. At Ysgol Bro Taf pupils with healthcare needs will be properly supported so that they have full access to education, including trips and physical education.
- 1.2. We will ensure that arrangements are in place to support pupils with healthcare needs and that staff consult the relevant professionals, pupils, and parents to ensure the needs of the pupil with healthcare needs are properly understood and effectively supported.
- 1.3. **Legal Requirements**
  - 1.3.1. Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting children with healthcare needs.
  - 1.3.2. Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the wellbeing of pupils at the school so as far as related to the matters mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional wellbeing, education, training and recreation and social wellbeing.

## 2. ROLES AND RESPONSIBILITIES

2.1. The Governing Body will oversee the development and implementation of arrangements, which include:

- complying with applicable statutory duties, including those under the Equality Act 2010 (e.g., the duty to make reasonable adjustments in respect of pupils with healthcare needs if they are disabled, as outlined above)
- having a statutory duty to promote the wellbeing of pupils. We will consider how we can meet these needs, including providing pupils access to information and material aimed at promoting spiritual and moral wellbeing and physical and mental health (Article 17 of the United Nations Convention on the Rights of the Child (UNCRC))
- considering how we can support pupils to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others
- ensuring the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of pupils are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to the Headteacher, a member of staff or professional as appropriate
- working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the pupil
- developing and implementing effective arrangements to support pupils with healthcare needs. This includes this policy on healthcare needs and where appropriate, Individual Healthcare Plans for particular pupils
- ensuring arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
- ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act, safeguarding measures and emergency procedures
- ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
- ensuring staff with responsibility for supporting pupils with healthcare needs are appropriately trained
- ensuring appropriate insurance cover is in place, any conditions are complied with, and staff are clear on what this means for them when supporting pupils.

2.2. The Headteacher will ensure arrangements meet the healthcare needs of their pupils are sufficiently developed and effectively implemented. These arrangements include:

- working with the Governing Body to ensure compliance with applicable statutory duties when supporting pupils with healthcare needs, including duties under the Equality Act 2010
- ensuring the arrangements in place to meet a pupil's healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained. If the Headteacher delegates the day-to-day management of a pupil's healthcare needs to another member of staff, they will directly supervise this arrangement as part of the regular reporting and supervision arrangements
- ensuring the support in place focuses on and meets the individual pupil's needs

- extending awareness of healthcare needs across the school in line with the pupil's right to privacy. This may include support, catering and supply staff, governors, parents and other pupils
- appointing a named member of staff who is responsible for pupils with healthcare needs, liaising with parents, pupils, the home tuition service, the local authority, the key worker and others involved in the pupil's care. At Ysgol Bro Taf, this is the Assistant Headteacher (ALN and inclusion).
- ensuring a sufficient number of trained staff are available to implement the arrangements set out in IHPs, including contingency plans for emergency situations and staff absence
- having the overall responsibility for the development of IHPs
- ensuring that pupils have an appropriate and dignified environment to carry out their healthcare needs e.g., disabled toilets and private medical rooms
- checking with the local authority whether particular activities for supporting pupils with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered
- ensuring all pupils with healthcare needs are appropriately linked with the school's health advice service
- ensuring when a pupil participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place
- providing annual reports to the Governing Body on the effectiveness of the arrangements in place to meet the healthcare needs of pupils
- ensuring all pupils with healthcare needs are not excluded from activities they would normally be entitled to take part in without a clear evidence-based reason
- notifying the local authority when a pupil is likely to be away from the education setting for a significant period e.g., three weeks (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the setting can provide suitable education for the pupil. Shorter periods of absence may be significant depending upon the circumstances
- being mindful of the Social Services and Wellbeing (Wales) Act 2014. The Headteacher is fully aware of this approach and will ensure assistance to pupils is provided using a holistic approach.

## 2.3. Teachers and Support Staff

- 2.3.1. Any staff member within Ysgol Bro Taf may be asked to provide support to pupils with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary. Staff members will receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. No staff member will be required to administer or supervise medication unless it forms part of their contract, terms and conditions or a mutually agreed job plan.
- 2.3.2. In addition to the training provided to staff that have volunteered or are contracted to support pupils with healthcare needs, we will ensure staff:
  - fully understand the school's healthcare needs policies and arrangements
  - are aware of which pupils have more serious or chronic healthcare needs, and, where appropriate, are familiar with these pupils' IHPs. This includes knowing how to communicate

- with parents and what the triggers for contacting them are, which as when the pupil is unwell, refuses to take medication or refuses certain activities because of their healthcare needs
- are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. This includes knowing who the first aiders are and seeking their assistance if a medical emergency takes place
  - fully understand the school's emergency procedures and be prepared to act in an emergency
  - ask and listen to the views of pupils and their parents, which should be taken into consideration when putting support in place
  - ensure pupils (or their friends) know who to tell if they feel ill, need support or changes to support
  - listen to concerns of pupils if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties)
  - make sure pupils with healthcare needs are not excluded from activities they wish to take part in without a clear evidence-based reason, including any external trips/visits. This includes ensuring pupils have access to their medication and that an appropriately trained member of the staff is present to assist where required
  - are aware of bullying issues and emotional wellbeing regarding pupils with healthcare needs, and are prepared to intervene in line with school policy
  - are aware that healthcare needs can impact on a pupil's ability to learn and provide extra help when needed
  - support pupils who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services
  - keep parents informed of how the healthcare need is affecting the pupil in the education setting. This may include reporting any deterioration, concerns or changes to pupil or staff routines.

## 2.4. Pupils and Parents/Carers

2.4.1. It is vital that pupils and parents are actively involved in the planning of support and management of healthcare needs. Meeting the individual's needs will be at the centre of decision making and processes.

### 2.4.2. Parents/Carers will:

- receive updates regarding healthcare issues/changes that occur within the school
- be involved in the creation, development and review of an IHP (if any). The parent/carer and pupil may be best placed to provide information about how their healthcare needs affect them. They will be fully involved in discussions about how the pupil's healthcare needs will be met in school, and contribute to the development of, and compliance with, their IHP
- provide the school with sufficient and up-to-date information about healthcare needs, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals. Where appropriate, pupils will be encouraged and enabled to manage their own healthcare needs
- inform the school of any changes such as type of medication, dosage or method of administration
- provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
- ensure a nominated adult is contactable at all times and all necessary forms are completed and signed
- inform the school if their child has/had an infectious disease or condition while in attendance.

### 2.4.3. Pupils will:

- inform their parent/carer or a staff member if feeling unwell
- inform the relevant member of staff of any medication or healthcare needs, or changes
- participate in drafting and agreeing IHP, where appropriate
- take care when carrying medicines to and from school, and not share with others
- take part in discussions around sharing/confidentiality of personal information.

## 2.5. Local Authority

Ysgol Bro Taf will work closely with the Local Authority in order to:

- make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers
- make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the wellbeing of children in relation to their physical and mental health, their education, training and recreation
- make reasonable provision of counselling services for pupils. This provision will complement the different approaches already in place to support the health, emotional and social needs of pupils



- work with schools to ensure pupils with healthcare needs receive a suitable education. Where a pupil of compulsory school age would not receive a suitable education for any period because of their health, the local authority has a duty to make arrangements to provide suitable education
- provide support, advice and guidance, including how to meet the training needs of school staff, so that governing bodies can ensure the support specified within the individual healthcare plan can be delivered effectively.

2.6. NHS Wales school health nursing service, health and other professionals, third sector organisations and other specialist services.

Ysgol Bro Taf will work with the health service in order to access support and advice. This may include:

- seeking advice on the development of IHPs
- requesting help in the identification of the training required for staff to successfully implement IHPs
- requesting support to implement a pupil's IHP through advice and liaison with other healthcare, social care and third sector professionals
- seeking health advice and support from specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses.

### 3. CREATING AN ACCESSIBLE ENVIRONMENT

3.1. The Governing Body will work with the Local Authority to ensure that Ysgol Bro Taf is inclusive and accessible in the fullest sense to pupils with healthcare needs. This includes the following:

3.1.1. Physical access to education setting buildings

We will carry out accessibility planning and prepare an accessibility plan to ensure full access to school buildings.

3.1.2. Reasonable adjustments – auxiliary aids or services

We will make reasonable adjustments for pupils who are disabled as defined by the Equality Act 2010. In regard to these pupils, auxiliary aids or services (with the appropriate number of trained staff) will be provided.

3.1.3. Day trips and residential visits

The Governing Body ensures the school actively supports all pupils with healthcare needs to participate in trips and visits. The Governing Body is aware of its legal requirements to make reasonable adjustments to trips and residential visits ensuring full participation from all pupils.

We aim to make all staff aware of how a pupil's healthcare needs may impact on participation and seek to accommodate any reasonable adjustments which would increase the level of participation by the pupil. Staff will consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the pupil's right to privacy). This may include information about the healthcare needs of pupils, what to do in an emergency and any additional support, medication or equipment needed.

3.1.4. Social interactions e.g., clubs and social activities

The Governing Body will ensure the involvement of pupils with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and residential visits.

The school will make all staff aware of the social barriers pupils with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach will be used to remove any barriers.

3.1.5. Exercise and physical activity

The school fully understands the importance of all pupils taking part in physical activities and staff will make reasonable adjustments to sports and other activities to make them accessible to all pupils, including after-hours clubs and team sports.

We aim to make all staff fully aware of pupils' healthcare needs and potential triggers, so they know how to respond appropriately and promptly if made aware that a pupil feels unwell. Staff will seek guidance when considering how participation in sporting or other activities may affect pupils with healthcare needs.

Separate 'special provisions' for particular activities will be avoided, with an emphasis instead on activities made accessible for all. Where this might not be possible, advice from healthcare or physical education professional and the pupil will be sought.

Staff understand that it may be appropriate for some pupils with healthcare needs to have medication or food with them during physical activity; such pupils will be encouraged to take the medication or food when needed.

#### 3.1.6. Food management

Consideration is given to dietary needs of pupils e.g., those who have diabetes, coeliac disease, allergies and intolerances.

Where a need occurs, the school will, in advance, provide menus to parents and pupils, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens will be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required.

Consideration is given to availability of snacks. Sugar and gluten-free alternatives will be made available. There will also be access to glucose-rich food and drinks for pupils with conditions that require high calorific intake.

Food provided for trips will reflect the dietary and treatment needs of the pupils taking part. While our Healthy schools Policy is recognised as important, pupils with healthcare needs will be exempt from this policy where needed. Pupils needing to eat or drink as part of their condition will not be excluded from the classroom or put in isolation.

#### 3.1.7. Risk assessments

We aim to ensure all staff understand when a risk assessment is required and make them aware of the risk assessments in place. Risk assessments will start from the premise of inclusion and have built into them a process of seeking adjustments or alternative activities rather than separate provision.

## 4. SHARING INFORMATION

- 4.1. The Governing Body ensures healthcare needs arrangements, school policies and IHPs, are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. All information is to be kept up to date. All information-sharing techniques such as staff noticeboards and school intranets will be agreed by the pupil and parent in advance of being used, to protect confidentiality.
- 4.2. Teachers, supply teachers and support staff (this may include catering staff and relevant contractors) have access to the relevant information, particularly if there is a possibility of an emergency situation arising. Information will be stored on the school's secure intranet including details of emergency procedures for pupils with healthcare needs. Lists of first aiders will be displayed around the school alongside first aid certificates displayed. Staff meetings will be utilised to help ensure staff are aware of the healthcare needs of pupils they have or may have contact with. At all times the pupil's right to privacy will be considered.
- 4.3. Parents and pupils will be active partners, and to achieve this the school will make parents fully aware of the care their children receive. Parents and pupils will also be made aware of their own rights and responsibilities. To help achieve this the school will:
  - make the Healthcare Needs Policy easily available and accessible, online and in hard copy
  - ask parents to sign a consent form which clearly details the bodies, individuals and methods through which their pupil's medical information will be shared. Sharing medical information can be a sensitive issue and the school will keep a list of what information has been shared with whom and why, for the pupil/parent to view on request
  - include a weblink to the healthcare needs policy in relevant communications sent to parents, and within the pupil's IHP
  - include Pupil Parliament, 'healthy schools' and other pupil groups in the development of the healthcare needs arrangements, where appropriate
  - consider how friendship groups and peers may be able to assist pupils e.g., they could be taught the triggers of signs of issues for a pupil, know what to do in an emergency and who to ask for help. The school will discuss with the pupil and parents first and decide if the information can be shared.

## 5. PROCEDURES AND RECORD KEEPING FOR THE MANAGEMENT OF PUPIL'S HEALTHCARE NEEDS

- 5.1. The school has procedures in place which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation will be collected and maintained, where appropriate:
- Contact details for emergency services
  - Parental agreement for the school to administer medicine
  - The Headteacher's and/or relevant member of staff's agreement to administer medicine
  - Record of medicine stored for and administered to an individual pupil
  - Record of medicines administered to all pupils by date
  - Request of the pupil to administer own medicine
  - Staff training record – administration of medicines
  - Medication incident report
- 5.2. New records will be completed when there are changes to medication or dosage. The school will ensure that old forms are clearly marked as being no longer relevant and stored in line with confidentiality guidelines. These forms/templates can be found in Appendix B.

## 6. STORAGE, ACCESS AND THE ADMINISTRATION OF MEDICATION AND DEVICES

6.1. The Governing Body ensures the school's policy is clear regarding the procedures to follow for managing medicine and devices. Storage, access and administration procedures will always be contextual to the requirements of the pupil. However, the following general principles will be reflected:

### 6.1.1. Supply of medication or devices

The school will not store surplus medication. Parents will be asked to provide appropriate supplies of medication. These should be in their original container, labelled with the name of the pupil, medicine name, dosage and frequency, and expiry date. The school will only accept prescribed medicines and devices that:

- are in date
- have contents correctly and clearly labelled
- are labelled with the pupil's name
- are accompanied with written instructions for administration, dosage and storage
- are in their original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or a pump).

Where non-prescribed medicine is held by the school e.g., liquid paracetamol, it will:

- be in date
- have its contents correctly and clearly labelled
- be labelled with the pupil's name
- be accompanied with written instructions for administration, dosage and storage – this can be from the parent
- be in its original container/packaging.

### 6.1.2. Storage, access and disposal

While all medicines are stored safely, the type and use of the medication will determine how this takes place. Pupils know where their medication is stored and how to access it.

### 6.1.3. Refrigeration

Some medicines need to be refrigerated. The refrigerator temperature will be regularly monitored to ensure it is in line with storage requirements. Medicines can be kept in a refrigerator containing food but will be in an airtight container and clearly labelled. A lockable medical refrigerator will be considered if there is a need to store large quantities of medicine.

### 6.1.4. Emergency medication

Emergency medication is readily available to pupils who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline auto-injectors (pens) are readily available to pupils and not locked away. These are stored in the Skills Centre (Lower School) or the Nurture Lead's office (Middle School and Upper School).

This is particularly important to consider when outside of the school's premises e.g., on trips. If the emergency medication is a controlled drug, it will be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys will not be held personally by a member of staff. A pupil who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another pupil or other unauthorised person. Monitoring may be necessary. Where staff administer emergency medication to a pupil, this will be recorded.

#### 6.1.5. Non-emergency medication

All non-emergency medication is kept in a secure place with appropriate temperature or light controls. If it is a controlled drug, additional security measures and controls will be taken.

#### 6.1.6. Disposal of medicines

When no longer required, medicines will be returned to parents to arrange safe disposal. Sharp boxes are always used for the disposal of needles and other sharp instruments and disposed of appropriately.

All medication at Ysgol Bro Taf is stored either in Wellbeing and FEO office, and/or Head of Year's offices.

## 7. ADMINISTRATION OF MEDICATION

- 7.1. When medicines are to be administered in school it is essential that safe procedures are established which are acceptable to appropriate school staff involved. It is essential that clear instructions are supplied by parents/carers when requesting that medication be administered to their child. Parents/carers should always complete the Parent/Carer Consent Form (Appendix C) provided by school giving the pupils name, class and clear instructions on the dose to be administered to the pupil, the time to be given and for what period.
- 7.2. Medication must be in its original packaging including the prescriber's instructions. Only the prescribed/recommended dose will be administered – this cannot be changed unless written instructions are given from a medical professional. Medicine will not be administered using a spoon as it is often provided with some medicines. All medicines are administered using 5ml oral syringes as this allows for accurate readings to be made. Syringes should be provided by the parent.
- 7.3. In cases where the child's medical needs may be greater than those of their peers, the Headteacher may request that an individual Healthcare Plan be prepared if applicable by the school Nurse. In such cases, consultations on the Plan will include the school, health service practitioners (i.e. school nurse) and the parents/carers. This will also clarify the extent of responsibility taken by the school.
- 7.4. The Headteacher will be responsible for managing the administration of medicines and drugs with the agreement of named members of staff. Staff should be able to act safely and promptly in an emergency situation, as well as with the routine administration of medicines.
- 7.5. Members of staff will be asked to volunteer to be involved in the administration of medication.
- 7.6. Only those members of staff who have current First Aid qualifications will be required to act in an emergency. Other members of staff who are willing to dispense medicines to pupils must receive training from the School Nurse before administering any medication.
- 7.7. It is the responsibility of the Headteacher to ensure that new members of staff receive appropriate training. Parents/carers and staff should be kept informed of the school's arrangements for the administration of medicines and drugs and will be informed of any changes in these procedures.

### Role of Staff

- 7.8. There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the Government. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.
- 7.9. Those members of staff who volunteer to administer medicines or administer medicines as part of their role within school must receive appropriate training. In all circumstances the Assistant Head



Teacher ALN and Inclusion will be the first point of contact regarding medicine administration. The Assistant Head Teacher ALN and Inclusion will make the ultimate decision on whether or not medication can be administered.

- 7.10. In the absence of the Assistant Head Teacher, administration of medicines will be undertaken by the school's trained staff only.

### Medications

- 7.11. Below is a description of medications that can and cannot be given. Please note that it is the responsibility of parents/carers to ensure that medication is in date and that they are replaced regularly.
- 7.12. The school accepts no liability for any medical issues or harm that arise from administering medication.

### Inhalers for Asthma

- 7.13. When appropriate, pupils in Key Stage 2 should assume responsibility for their own inhalers. Individually named inhalers are kept in classes, but parents/carers should complete the school's Medical Form before sending these in.
- 7.14. It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.
- 7.15. In the case of pupils in Foundation Phase, the school can supervise the child using the inhaler. The inhaler should be given to the class teacher or kept in the school office and written instructions given. As before, all inhalers should be regularly renewed and collected at the end of the school year. 'Blue' pumps should only be sent in and not steroid pumps (brown).

### Antibiotics

- 7.16. Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. The following should be noted:
- 7.17. Where dosage is less than 4 times a day the school will not administer antibiotics. In this case, dosage could be administered before school, after school and before bed. If it is essential that antibiotics is given during school day then you can arrange for a parent/guardian to come to the school to administer it.
- 7.18. Where dosage is 4 or more times a day the school will administer the medication at lunchtime. A Medical form must be completed giving full instructions for administration of the medicine.

- 7.19. It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.

#### **Diabetes**

- 7.20. The school will monitor pupils with Diabetes in accordance with their care plan. Blood sugar results will be recorded daily and noted accordingly. Pupils with diabetes must not be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents/carers from the child's GP or Paediatrician and returned to the parents / carers when full for replacement.

#### **Maintenance Drugs**

- 7.21. A child may be on daily medication for a medical condition that requires a dose during the school day. As with all other medicines a form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

#### **Other Medications**

- 7.22. In the case of unusual, prescribed medicines, i.e. use of an Epi pen, this will be at the discretion of the Headteacher. In all cases, proper training will be provided by the School Nurse and parents/carers will need to complete a Medication form accepting responsibility. In cases of eczema or skin conditions it will be expected that the child will be able to use the cream/lotion on their own.

#### **Allergies / Anaphylaxis (Epi Pens)**

- 7.23. Medication for the treatment of allergies will be kept in easily identifiable containers in individual classrooms. Each container should be clearly labelled with the child's name and class.
- 7.24. Where Epi Pens are prescribed to pupils these are kept within classes. Annual training is provided to staff in using these Pens and what to do in cases of emergency.

#### **Non-prescribed Medication**

- 7.25. The school will never administer medicine which is 'off the shelf' and not prescribed by a GP.
- 7.26. This includes paracetamol, Calpol, Nurofen etc.

#### **Procedures**

- 7.27. The Governing Body and school will ensure that the following procedures are adhered to:
- where the pupil is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication will be recorded

- where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g., before and after school and in the evening. There will be instances where this is not appropriate
- pupils under 16 will never be given aspirin or its derivatives unless prescribed to them
- unless there is an agreed plan for the pupil to self-medicate (16 years and above or Gillick competent), all medication should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP
- medication should only be administered by suitably trained staff. The movement and location of these trained staff should always be in conjuncture with the pupils they support
- staff will check the maximum dosage and the amount and time of any prior dosage administered
- certain medical procedures may require administration by an adult of the same gender as the pupil and may need to be witnessed by a second adult. The pupil's thoughts and feelings regarding the number and gender of those assisting will be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This will be agreed and reflected in the IHP and risk assessment
- the Governing Body and school will adopt an intimate care policy. It will be followed, unless alternative arrangements have been agreed, and recorded in the pupil's IHP
- if a pupil refuses their medication, staff will record this and follow their defined procedures informing parents as soon as possible. If a pupil misuses any medication, their parents will be informed as soon as possible. We will ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff will consider seeking immediate healthcare advice
- staff involved in the administration of medication will be familiar with how pupils' consent to treatment. Further information on this from the Welsh Government can be found in the Patient Consent to Examination and Treatment – Revised Guidance (NHS, 2008)
- all staff supporting off-site visits will be made aware of pupils who have healthcare needs. They will receive the required information to ensure they are able to facilitate an equal experience for the pupil. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the pupil requires, including medication and equipment.

## 8. EMERGENCY PROCEDURES

- 8.1. The Governing Body will ensure a policy is in place for handling emergency situations.
- 8.2. The school's trained first aiders deal with most emergency situations. Staff are aware of who are the nominated first aiders. In situations requiring emergency assistance, 999 will be called immediately. We will make the location of pupils' healthcare records and emergency contact details known to staff.
- 8.3. Where a pupil has an IHP, this will clearly define what constitutes an emergency and explain what to do. We will make staff aware of emergency symptoms and procedures.
- 8.4. Other pupils in the school are aware of what to do in general terms in an emergency, such as to inform a member of staff immediately. If a pupil needs to be taken to hospital, a staff member will stay with the pupil until a parent arrives. This includes accompanying them in an ambulance to hospital. The member of staff should have details of any known healthcare needs and medication.

## 9. EMERGENCY PROCEDURES

- 9.1. The Governing Body will ensure staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training. It will also ensure its policies clearly set out how a sufficient number of these staff will be identified and supported.
- 9.2. When assisting pupils with their healthcare needs, it is recognised that for many interventions no specialist training is required, and the role of staff is to facilitate the pupil to meet their own healthcare needs.
- 9.3. IHPs may reflect complex needs requiring staff to have specific information and training. This training may also be in the use of aids such as hearing aids (staff could be shown how to change batteries) and various adaptive technologies. If these have been instigated by health professionals, they can be asked to provide advice suitable for education settings as well as pupils and families.
- 9.4. Training provided will be sufficient to ensure staff are competent, have confidence in their ability to support pupils and fulfil IHP requirements. Crucially this training should involve input from the pupil and parents, who often play a major role in providing information on how needs can be met. However, parents will not be solely relied upon to provide training about the healthcare needs of their child.
- 9.5. If a pupil has complex needs, input may be needed from healthcare services and the local authority who will be able to advise and signpost to further training and support.
- 9.6. All staff, irrespective of whether they have volunteered to assist or support pupils with healthcare needs, may come into contact with pupils who have healthcare needs. We therefore ensure that all staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance.
- 9.7. Policies will include a procedure on how to raise awareness of common conditions, a Healthcare Needs Policy and staff roles in carrying out arrangements. New and temporary staff will be made aware of what preventative and emergency measures are in place so staff can recognise the need to intervention and react quickly.
- 9.8. If the trained staff who are usually responsible for administering medication are not available, the IHP will set out alternative arrangements. This will also be addressed in risk assessment and planning of off-site activities.

## 10. QUALIFICATIONS AND ASSESSMENTS

- 10.1. Efficient and effective liaison is imperative when pupils with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. The coursework element may help pupils to keep up with their peers. The home and hospital teachers may be able to arrange for concentration on this element to minimise the loss of learning while they are unable to attend. Liaison between the school and the hospital teacher or home teacher is most important, especially where the pupil is moving from school or home to the hospital on a regular basis.
- 10.2. Awarding bodies may make special arrangements for pupils with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations such as GCSEs or A levels. Applications for special arrangements will be submitted by the school to the awarding bodies as early as possible. Full guidance on the range of special arrangements available and the procedure for making applications is given in the Joint Council for Qualifications' circulars Adjustments for candidates with disabilities and learning difficulties (2016) and A guide to the special consideration process (2016), which are both accessible from the Joint Council for Qualifications' website.
- 10.3. Adjustments, adaptations or additional time for pupils taking the National Reading and Numeracy Tests will be based on normal classroom practice for particular needs. Teachers will use their professional judgement to support pupils. Guidance is provided in the current National Reading and Numeracy Tests – Test administration handbook.

### Education other than at school (EOTAS)

- 10.4. Where absences are anticipated or known in advance, close liaison between the school and local authority should enable the EOTAS service to be provided from the start of absence.

### School transport

- 10.5. Where necessary, we will work with the Local Authority to arrange home-to-school transport for a pupil or provide appropriately trained escorts for such journeys to facilitate the attendance of a pupil.

### Reviewing policies, arrangements and procedures

- 10.6. The Governing Body ensures all policies, arrangements and procedures are reviewed regularly. IHPs may require frequent reviews depending on the healthcare need – this will involve all key stakeholders including, where appropriate, the pupil, parents, education and health professionals and other relevant bodies.

### Insurance arrangements

- 10.7. The Governing Body will ensure an appropriate level of insurance is in place to cover the setting's activities in supporting pupils with healthcare needs. The level of insurance will appropriately reflect the level of risk. Additional cover may need to be arranged for some activities e.g., off-site activities for pupils with particular needs.

### **Complaints procedure**

- 10.8. If the pupil or parent is not satisfied with the school's health care arrangements, they are entitled to make a complaint.
- 10.9. To make a complaint the following procedure must be followed:
- Stage 1 – Informal Stage. The complaint should be referred to the Headteacher or other designated member of staff. An informal discussion is likely to resolve most complaints however if it does not, the complainant will be asked to submit the complaint in writing to the Headteacher for formal resolution under stage 2.
  - Stage 2 – Formal Stage. On receipt of the written complaint, the Headteacher will acknowledge the complaint and give a target date for providing a response to the complainant – usually 10 school days. The complainant will be given the opportunity to meet the Headteacher and a formal response will be made within 5 days of this meeting. If the complainant is dissatisfied with the ultimate written reply, there will be a right to register the formal complaint with the Governing Body.
- 10.10. A copy of the school's Complaints Policy is published on the website.
- 10.11. If the complaint is Equality Act 2010/disability-related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) can be made.

## 11. INDIVIDUAL HEALTHCARE PLAN (IHP)

- 11.1. IHPs set out what support is required by a pupil. They do not need to be long or complicated
- 11.2. The AHT (ALN and inclusion), has overall responsibility for the development of the IHPs.
- 11.3. IHPs are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed. However, not all pupils with healthcare needs require an IHP - the following diagram outlines the process for identifying whether an IHP is needed.

### Identify pupils with healthcare needs

- Pupil is identified from enrolment form or another route.
- Parent or pupil informs the school of healthcare need.
- Transition discussions are held in good time, e.g. eight weeks before either the end of term or moving to a new education setting.

### Gather Information

- If there is potential need for an IHP, the School will discuss this with the parent and pupil.

### Establish if an IHP should be made

- The School will organise a meeting with appropriate staff, the parents, the pupil and appropriate clinicians to determine if the pupil's healthcare needs require an IHP, or whether this would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take the final decision, which can be challenged through the complaint's procedure.

### If an IHP should be made

- The School, under the guidance of the appropriate healthcare professionals, parents and the pupil, will develop the IHP in partnership.
- The School will identify appropriate staff to support the pupil, including identifying any training needs and the source of training, and implement training.
- The School will circulate the IHP to all appropriate individuals.
- The School will set an appropriate review date and define any other triggers for review.



- 11.4. In most cases, especially concerning short-term illnesses such as those requiring a course of antibiotics, a detailed IHP may not be necessary. In such circumstances it may be sufficient to record the name of medication, dosage, time administered and any possible side effects. We will confirm the procedures in writing between the pupil (where appropriate), the parents and the education setting.
- 11.5. However, when a pupil has continual or episodic healthcare needs, then an IHP may be required. If these needs are complex and the pupil is changing settings, then preparation should start early to help ensure the IHP is in place at the start of the new term.

#### **Roles and responsibilities in the creation and management of IHPs**

- 11.6. IHPs do not need to be complex but they will explain how the pupil's needs can be met. An IHP will be easily accessible to all who need to refer to it, while maintaining the required levels of privacy.
- 11.7. Each plan will capture key information and actions required to support the pupil effectively. The development of detailed IHPs may involve:
- the pupil
  - the parents
  - input or information from previous education setting
  - appropriate healthcare professionals
  - social care professionals
  - the headteacher and/or delegated responsible individual for healthcare needs across the school
  - teachers and support staff, including catering staff
  - any individuals with relevant roles such as a first aid coordinator, a well-being officer, and additional learning needs coordinator (ALNCo).
- 11.8. While the plan will be tailored to each individual pupil, it may include:
- details of the healthcare need and a description of symptoms
  - specific requirements such as dietary requirements, pre-activity precautions (e.g., before physical education classes)
  - medication requirements, e.g., dosage, side effects, storage requirements, arrangements for administration
  - an impact statement (jointly produced by a healthcare professional and a teacher) on how the pupil's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects
  - actions required
  - emergency protocols and contact details
  - the role the education setting can play, e.g., a list of things to be aware of
  - review dates and review triggers
  - roles of particular staff, e.g., a contact point for parents, staff responsible for administering/supervising medication, and arrangements for cover in their absence
  - consent/privacy/sensitive information-sharing issues

- staff training needs, such as with regard to healthcare administration, aids and adaptive technologies
- record keeping – how it will be done, and what information is communicated to others
- home-to-school transport – this is the responsibility of the local authority, who may find it helpful to be aware of the pupil's IHP and what it contains, especially in respect of emergency situations.

- 11.9. The aim of the plan is to capture the steps which need to be taken to help a pupil manage their condition and overcome any potential barriers to participating fully in education. Whilst those devising the plan will agree who will take the lead, overall responsibility rests with the education setting.
- 11.10. The Governing Body will ensure the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the pupil have changed. IHPs will be developed with the best interests of the pupil in mind and ensure the school, with specialist services (if required), assess the risks to the pupil's education, health and social well-being.
- 11.11. Where a pupil has an additional learning need the IHP should be linked or attached to any individual education plan, Statement of SEN, or learning and skills plan.

#### **Coordinating information with healthcare professionals, the pupil and parents**

- 11.12. The pupil's healthcare needs may be shared with social and healthcare professionals. The IHP will explain how information is shared and who will do this.

#### **Confidentiality**

- 11.13. We aim to ensure that relevant staff (including temporary staff) are aware of the healthcare needs of their pupils, including changes to IHPs. IHPs will likely contain sensitive or confidential information. The sharing and storing of information will comply with the Data Protection Act 1998 and not breach the privacy rights of or duty of confidence owed to the individuals.

#### **The pupil's role in managing their own healthcare needs**

- 11.14. Pupils who are competent to do so will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within the pupil's IHP.
- 11.15. Where possible, pupils will be allowed to carry their own medication and relevant devices or be able to quickly access their medication. Some pupils may require an appropriate level of supervision.
- 11.16. If a pupil refuses to take their medicine or carry out a necessary procedure, staff will not force them to do so, but follow the school's defined arrangements, agreed in the IHP. Parents will be informed as soon as possible so that an alternative arrangement can be considered, and health advice will be sought where appropriate.

**Record keeping**

- 11.17. All administration of medication will be recorded on the appropriate forms. If a pupil refuses their medication, staff will record this and follow the defined procedures where parents will be informed of this non-compliance as soon as possible.
- 11.18. Where possible the pupil's healthcare needs records will be computerised to allow quick and easy access by the appropriate staff.
- 11.19. The operation of such systems will comply with the Data Protection Act 1998.

## 12. UNACCEPTABLE PRACTICE

It is not acceptable practice to:

- prevent pupils from attending school due to their healthcare needs, unless their attending the school would be likely to cause harm to the pupil or others
- prevent pupils from easily accessing their inhalers or other medication, and prevent them from taking their medication when and where necessary
- assume every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents, or ignore healthcare evidence or opinion (although these views may be queried with additional opinions sought promptly)
- send pupils with healthcare needs home frequently or prevent them from staying for normal activities, including lunch, unless this is suitably specified in their IHP
- send a pupil who becomes ill or needs assistance to Pupil Services, Reception or any other main office unaccompanied or with someone unable to properly monitor them
- penalise a pupil for their attendance record if the absence is related to their healthcare needs. 'Authorised absences' including healthcare appointments, time to travel to hospital or appointment, and recovery time from treatment or illness will not be used to penalise a pupil in any way. This includes, but is not limited to, participation in activities, trips or awards which are incentivised around attendance records
- request adjustments or additional time for a pupil at a late stage. They will be applied for in good time. Consideration will also be given to adjustments or additional time needed in mock examinations or other tests
- prevent pupils from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively
- require parents, or otherwise make them feel obliged, to attend school, trip or other off-site activity to administer medication or provide healthcare support to the pupil, including for toileting issues
- expect or cause a parent to give up work or other commitments because the school is failing to support a pupil's healthcare needs
- ask a pupil to leave the classroom or activity if they need to administer
- non-personal medication or consume food in line with their health needs
- prevent or create unnecessary barriers to a pupil's participation in any aspect of their education, including trips, e.g., by requiring a parent to accompany the pupil.

## APPENDIX A: FORMS

Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting pupils with healthcare needs.

- Form 1 – Contacting emergency services
- Form 2 – Parental agreement for education setting to administer medicine
- Form 3 – Headteacher/head of setting agreement to administer medicine
- Form 4 – Record of medicine stored for and administered to an individual pupil
- Form 5 – Record of medicines administered to all pupils – by date
- Form 6 – Request for pupil to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

These forms are downloadable as Word documents from

<https://www.gov.wales/sites/default/files/publications/2018-12/supporting-pupils-with-healthcare-needs.pdf>

to enable schools or settings to personalise them.

## APPENDIX B: USEFUL LINKS

### Asthma

1. Asthma UK Cymru  
Helpline: 0300 222 5800  
<https://www.asthmaandlung.org.uk/>
2. [Guidance on the use of emergency salbutamol inhalers in schools in Wales \(Welsh Government, 2014\)](#)

### Anaphylactic shock

3. Allergy UK  
Helpline: 01322 619898  
<https://www.allergyuk.org>
4. Anaphylaxis Campaign  
Helpline: 01252 542029  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

### Child support organisations

5. Action for Children  
Tel: 0300 123 2112  
[www.actionforchildren.org.uk](http://www.actionforchildren.org.uk)
6. Action for Sick Children  
Helpline: 0800 074 4519  
<https://councilfordisabledchildren.org.uk/work-us/membership/meet-our-members/action-sick-children>
7. Barnardo's Cymru  
Tel: 02920 493387  
[www.barnardos.org.uk/wales](http://www.barnardos.org.uk/wales)
8. Children in Wales  
Tel: 02920 342434  
[www.childreninwales.org.uk](http://www.childreninwales.org.uk)

### Diabetes

9. Diabetes UK Cymru  
Tel: 02920 668276  
[www.diabetes.org.uk](http://www.diabetes.org.uk)

[Diabetes IHP template](#)

[Diabetes UK school and parent resource packs](#)

### **Epilepsy**

10. Epilepsy Action Wales  
Tel: 01633 253407  
Helpline: 0808 800 5050  
<https://www.epilepsy.org.uk/support-for-you/epilepsy-action-cymru-wales>
11. Epilepsy Wales  
Helpline: 0800 228 9016  
<https://epilepsy.wales>
13. Young Epilepsy  
Helpline: 01342 831342  
<https://www.youngepilepsy.org.uk>

### **Learning difficulties**

14. Learning Disability Wales  
Tel: 02920 681160  
[www.ldw.org.uk](http://www.ldw.org.uk)
15. MENCAP Cymru  
Helpline: 0808 808 1111  
[www.mencap.org.uk](http://www.mencap.org.uk)
16. Special Needs Advisory Project (SNAP) Cymru  
Helpline: 0845 120 3730  
[www.snapcymru.org](http://www.snapcymru.org)

### **Medical-based support organisation**

17. The National Autistic Society Cymru  
Helpline: 0808 800 4104  
[www.autism.org.uk/?nation=wales&sc\\_lang=en-GB](http://www.autism.org.uk/?nation=wales&sc_lang=en-GB)
18. Cerebral Palsy Cymru  
Tel: 02920 522600  
<https://www.cerebralpalsycymru.org>

19. Cerebra – for brain-injured children and young people  
Tel: 01267 244200  
<https://cerebra.org.uk>
20. Crohn's in Childhood Research Association (CICRA) – for children with Crohn's and colitis  
Tel: 0208 949 6209  
[www.cicra.org](http://www.cicra.org)
21. CLIC Sargent – for children with cancer  
Helpline: 0300 330 0803  
<https://www.younglivesvcancer.org.uk>
22. Coeliac UK  
Helpline: 0333 332 2033  
[www.coeliac.org.uk/local-groups/?region=wales](http://www.coeliac.org.uk/local-groups/?region=wales)
23. Cystic Fibrosis Trust  
Helpline: 0300 373 1000  
[www.cysticfibrosis.org.uk](http://www.cysticfibrosis.org.uk)
24. Headway – the brain injury association  
Helpline: 0808 800 2244  
<https://www.headway.org.uk>
25. Migraine Action  
Tel: 08456 011 033  
[www.migraine.org.uk](http://www.migraine.org.uk)
26. Multiple Sclerosis Society  
Helpline: 0808 800 8000  
[www.mssociety.org.uk](http://www.mssociety.org.uk)
27. Muscular Dystrophy UK  
Helpline: 0800 652 6352  
[www.muscular dystrophyuk.org](http://www.muscular dystrophyuk.org)
28. National Attention Deficit Disorder Information and Support Service (ADDiSS)  
Tel: 0208 952 2800  
[www.addiss.co.uk](http://www.addiss.co.uk)
29. National Eczema Society  
Helpline: 0800 089 1122  
[www.eczema.org](http://www.eczema.org)
30. Prader-Willi Syndrome Association UK



Helpline: 01332 365676

[www.pwsa.co.uk](http://www.pwsa.co.uk)

31. Spina Bifida and Hydrocephalus Information (Shine)

Tel: 01733 555988

[www.shinecharity.org.uk](http://www.shinecharity.org.uk)

32. Welsh Association of ME and CFS Support

Helpline: 029 2051 5061

[www.wames.org.uk](http://www.wames.org.uk)

**Mental health**

33. Child and Adolescent Mental Health Service (CAMHS)

<https://www.youngminds.org.uk/young-person/your-guide-to-support/guide-to-camhs/>

34. Mind Cymru

Tel: 02920 395123

<https://www.mind.org.uk/about-us/mind-cymru-mind-in-wales/>

**Public bodies**

35. Contact a Family – for families with disabled children

Helpline: 0808 808 3555

<https://contact.org.uk>

36. Children's Commissioner for Wales

Tel: 01792 765600

[www.childcomwales.org.uk](http://www.childcomwales.org.uk)

37. Equality and Human Rights Commission

Helpline: 0808 800 0082

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

38. Health and Safety Executive

Tel: 02920 263120

[www.hse.gov.uk](http://www.hse.gov.uk)

39. National Children's Bureau Council for Disabled Children

Tel: 020 78436000

[www.ncb.org.uk](http://www.ncb.org.uk)

40. National Health Service 111 Wales

Tel: 0845 46 47

<https://111.wales.nhs.uk/?locale=en&term=A>

41. Information Commissioner's Office Wales

Tel: 029 2067 8400

Helpline: 0303 123 1113

<https://ico.org.uk/for-organisations/>

### Children's rights

42. Children's Rights Wales

The United Nations Convention on the Rights of the Child (UNCRC) is a list of rights for all children and young people, no matter who they are or where they live. These rights are the things that they need to be safe, healthy and happy.

<https://www.childcomwales.org.uk/uncrc-childrens-rights/>

### Sensory impairment

43. Action on Hearing Loss

Helpline: 0808 808 0123

Textphone: 0808 808 9000

<https://rnid.org.uk>

44. The National Deaf Children's Society (NDCS)

Tel: 0808 800 8880

<https://www.ndcs.org.uk>

45. Royal National Institute of Blind People (RNIB)

Helpline: 0303 123 9999

[www.rnib.org.uk/wales-cymru-1](http://www.rnib.org.uk/wales-cymru-1)

46. Sense Cymru – services across Wales for deafblind people and their families

Tel: 0300 330 9280

Textphone: 0300 330 9282

[www.sense.org.uk/content/sense-cymru-wales](http://www.sense.org.uk/content/sense-cymru-wales)

### Speech and language

47. Afasic Cymru – helping children who have difficulty speaking and understanding

Helpline: 0300 666 9410

[www.afasiccymru.org.uk](http://www.afasiccymru.org.uk)

## APPENDIX C: PARENT / CARER CONSENT FORM FOR SCHOOL TO ADMINISTER MEDICINES

In accordance with the school policy we will only be able to give your child medicine when you complete and sign this form.

<b>Pupils name</b>	
<b>Pupils date of birth</b>	
<b>Class / Teacher</b>	

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

<b>Name of medicine</b>	
<b>Expiry date of medicine</b>	
<b>Dosage needed</b>	
<b>Any other information \ (times, days etc)</b>	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine, who have received appropriate training. I undertake to ensure that the school has adequate supplies of the medication.

I undertake to ensure that the medicine(s) supplied by me and prescribed by my child's Doctor are labelled correctly, in date, with storage details attached, and will inform the school if there is any change in dosage or frequency of the medication or if the medicine is to be stopped.

<b>Parent / Carer name (PRINT)</b>	
<b>Parent / Carer signature</b>	
<b>Daytime phone number</b>	

Date	
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Name of medicine	Dose given	Name of person administrating medicine	Signature of person administrating medicine	Additional information