



Irlam and Cadishead Academy

The best in everyone™

Part of United Learning

UNITED LEARNING

Supporting Students with Medical Conditions Policy 2025-26

Document Owner	Matthew Passey - Operations Manager
Last Review	Autumn Term 2025
Next Review	Autumn Term 2026



United Learning

Supporting students with medical needs policy

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our students. The policy covers all statutory elements and focuses on maintaining the highest expectations for all students and bringing out the 'best from everyone'.

Rationale

The number of students attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school, can take part in the normal school activities. However some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Introduction

The United Learning Trust is committed to ensuring that the necessary provision is made for every student within their schools' communities. The Trust celebrates the inclusive nature of their schools and strives to meet the needs of all students including those with medical needs and conditions.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Students with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Each school will ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Students with Medical Needs document.

All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Supporting Students with Medical Needs and Medications Policy

Context
This policy was developed in consultation with parents/carers, staff and students and has regard to: <ul style="list-style-type: none">• Statutory Guidance: Supporting students at school with medical conditions – DfE – December 2015• Section 100 of the Children and Families Act 2014 and associated regulations• The Equality Act 2010• The SEND Code of Practice (updated 2020)
Principal: Mr C. Leader
The named member of school staff responsible for this medical condition policy and its implementation is: Name: Mr M. Passey Role: Health and Safety Coordinator
Governor with responsibility for Medical Needs: Mr C. Wright (H&S).
This policy will be reviewed annually
Agreed by Governing Body: TBC
Review date: TBC

This policy is to be read in conjunction with our:

- SEND Policy
- Inclusion Policy
- Safeguarding policy
- Equality Policy
- Behaviour and Anti Bullying policies
- Curriculum and Teaching and Learning policies
- Health and Safety Policy/ Emergency Policy
- School Visits Policy
- Complaints Policy

Aims and Objectives

Aim

To ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and students to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our students' education as possible
- To develop staff knowledge and training in all areas necessary for our students
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

Roles and Responsibilities

The Governing Body

- The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of Irlam and Cadishead Academy
- Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual students and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Principal

- The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of Irlam and Cadishead Academy Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.

- Ensure that all supply staff are aware of the policy and are briefed on individual student needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support students in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff Members

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

There is no legal duty which requires staff members to administer medication; this is a voluntary role.

School Nurses

- Notify the school when a child has been identified as requiring support in school due to a medical condition.
- Support staff on implementing a child's individual healthcare plan and provide advice where appropriate
- Liaising locally with lead clinicians on appropriate support.

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school. See Annex 1
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

The Student

- Students are often best placed to provide information about how their condition affects them.
- Students should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, students will be encouraged to take their own medication under the supervision of a teacher.

Local Authorities

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support students with medical conditions to attend full-time.
- Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Individual Health Care Plans

Example in Annex 2

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the 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 may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.
- Parents will receive a copy of the Health Care Plan with the originals kept by the School. Medical notices, including pictures and information on symptoms and treatment are stored on Arbor and given to the child's class teacher for quick identification, together with details of what to do in an emergency.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- All medications are kept inside a cupboard in a locked room which is only accessible to staff. A generic supply of paracetamol is kept in this cupboard and administered only with the permission of the primary guardian.
- Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and autoinjectors should be carried by the student or be readily accessible to them.
- Any medications left over at the end of the course will be returned to the child's parents.
- Students with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the school office or classroom. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.

- Written records will be kept of any medication administered to children. This will be kept digitally so that the information can be quickly and easily shared with relevant parties. This will include:
 - Date
 - Time
 - Student's name
 - Name and amount of medication
 - Name of the person giving the medication

For ad hoc medication, such as paracetamol, the reason must also be recorded.

- Students will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- There is an AED (Automated External Defibrillator) at visitor reception and the PE office.
- Irlam and Cadishead Academy cannot be held responsible for side effects that occur when medication is taken.

Educational Visits

- We actively support students with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure students with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the school nurse or other healthcare professional that are responsible for ensuring that students can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and autoinjectors are taken on all educational visits and given to the responsible adult that works alongside the student throughout the day. A First Aid kit must be taken on all school trips. The visit Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.

Staff Training

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a student with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual

healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, autoinjector, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.

Emergency Procedures

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
 - What constitutes an emergency
 - What to do in an emergency
 - Ensure all members of staff are aware of emergency symptoms and procedures
 - Other children in school should know to inform a teacher if they think help is needed
- If a student needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

Unacceptable Practice

As outlined in the DfE statutory guidance.

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

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the child.

Complaints

Please refer to the school's complaint's policy.

Other Considerations

Defibrillators

The governing body will ensure the local NHS ambulance service has been notified of its location.

Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

Ad-Hod Medication

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol, ibuprofen or Loratadine to students. If a student complains as soon as they arrive at the academy and asks for painkillers, it is not advisable to give paracetamol straightaway. Always consider whether the student may have been given a dose of paracetamol or other medications before coming to school. Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of medications that contain paracetamol. No more than four doses of any remedy containing paracetamol should be taken in 24 hours. Always ask the student what other medication they take and what has been taken recently before doing anything.

Before giving the student medication:

1. The student is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and medication is only considered if these actions do not work.
2. There must be written parental consent, with verbal consent received from the parent on the day if written consent has not been provided.
 - a. Ask the student and the parent if they are allergic to the medication.
3. When administering paracetamol only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.
4. Students are to be provided with only one type of medication and should not mix ibuprofen, paracetamol or loratadine.
5. When giving loratadine, ask the student if they have any known allergies, if there are allergies in the family or if they have hayfever. It is important to establish the reason for giving the medication and deciding if this is appropriate.
6. Serious allergic reactions, anaphylaxis and those needing a more specialised response will not be treated with loratadine. Appropriate first aid shall be given instead.

7. Staff WILL read information about the medication carefully before providing it to students.

Administering paracetamol or ibuprofen:

1. The staff administering should ensure that parents have first authorised the academy, to provide paracetamol or ibuprofen.
2. Students can only be given one dose every four hours. If this does not relieve the pain, contact the primary guardian. The member of staff responsible for giving medicines must witness the student taking the paracetamol. Refer to dosage instructions on the packaging.
3. The student should be made aware that medication should only be taken when necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.
4. The written record must be completed. Any frequently recurring doses must be reported directly to primary guardians.

Administering loratadine:

1. The staff administering should ensure that parents have first authorised the academy, to provide loratadine.
2. Students can only be given one dose of loratadine each day. If this does not relieve symptoms, contact the primary guardian. The member of staff responsible for giving medicines must witness the student taking the loratadine. Refer to dosage instructions on the packaging.
3. The student should be made aware that loratadine may cause drowsiness in some individuals and that they should take care not to accidentally overdose if they take other allergy medications in the near future.
4. The written record must be completed. Any frequently recurring doses must be reported directly to primary guardians.

Routine Medications

Prescribed medications, medications in support of a care plan or over-the-counter medications to alleviate a short/long term condition must be managed by the academy. Doing so enables us to have a full understanding of what medication a student has taken during the course of the day and helps to prevent overdosing or underdosing.

Primary guardians are required to advise the academy of their child's need for medication by completing the academy's medication notification form in full.

Before giving the student medication:

1. There must be written parental consent and details of the medication recorded on Arbor.
2. Only the medication for the named student should be given. The same or similar medication for other individuals must not be shared or substituted.

Administering medication:

1. The staff administering should ensure that parents have first authorised for this medication to be administered.
2. Students must take the given dose as stated on Arbor and on the attached label.
3. The student should be reminded of any requirements or side-effects of taking the medication.
4. The written record must be completed.

Disposal of Medications

When medication become out-of-date, a student leaves or the student no longer takes the medication, an attempt will be made to return this to the student for them to pass on to their primary guardian. After this, the medication will be securely disposed of.

Reasonable Adjustments

Where a person requires additional support or a change to working practises we will make reasonable adjustments to accommodate them. For example, conditions that require the use of an elevator rather than a staircase or where a risk assessment has identified that ordinary and routine practises may not be in the individual's best interest. These reasonable adjustments are recorded on the individual's personal record and shared with relevant parties. Students may also benefit from a pass which is provided by the Principal because these are visual indicators of a reasonable adjustment and can be quickly communicated to others for assistance and validation of a reasonable adjustment. These can be requested by completing an [online application](#).

Relevant Documents

Supporting students with medical conditions – DfE – December 2015

<https://www.gov.uk/government/publications/supporting-students-at-school-with-medical-conditions--3>

Section 100 – Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The SEND Code of Practice – 2015 (updated 2020)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

<http://medicalconditionsatschool.org.uk/>

Annex 1. Medication Request Form



The Academy will not administer medication to your child unless this form is completed. Please complete this form fully for each medication and ensure that it is included with the medication.

Student Details

Surname		Forename(s)	
Address		Form	
		Male/Female?	
		Date of Birth:	
Condition or Illness			

Medication Details

Name of Medication		How long will they take this for?	
Dosage and Method		Timing	
Expiry Date		Self Administered?	
Special information or instructions			
Possible side effects			
Procedures to take in an emergency:			

I understand that this is a service which the academy is not obliged to undertake and that the academy will not be held responsible for any adverse conditions that my child may develop as a result of medication being administered by the academy.

Signature		Date	
Surname		Forename (s)	
Relationship to Child			



Pupil Medical Care Information

Parents to complete sections 1 – 4 with help from school if needed, School to complete section 5.

Section 1 – contact details

Pupil's name:			
Pupil's form:			
Name of medical condition:			
Is this a permanent condition? <i>I.e. will it last throughout the pupil's school life or is it short term?</i>	Yes / No	The approximate date that the condition was diagnosed:	
First emergency contact <i>(include name, phone number and relation to the pupil).</i>			
Second emergency contact <i>(include name, phone number and relation to the pupil).</i>			
Has the pupil got a specialist NHS medical carer who will contact the school and if so, what is their name?			
Please indicate the level of risk that your child would have in school.	High / Medium / Low		

Section 2 – medications

The following section should be completed if the pupil requires medication whilst in school. By signing the form, you are giving permission for the staff to administer / supervise the taking of the medicine in line we agreed arrangements.

<p>For most conditions such as asthma and anaphylaxis the child will always need to carry their medication on them. If this is the case, it is essential that the parents / carers ensure that they bring their medication to school each day and it is carried in an accessible place, usually in their blazer. Please confirm below what medicine they will be carrying and where it will be carried.</p>			
Name of medication	When should it be taken?	Will the medicine be carried by the pupil each day?	Does the medication need to be stored in school?
	When needed	Yes / No	Yes / No
	When needed	Yes / No	Yes / No
	When needed	Yes / No	Yes / No
	When needed	Yes / No	Yes / No
<p>Additional comments including, if appropriate, where will the medication be carried by the pupil? <i>E.g. in their blazer pocket.</i></p>			

Section 3 – Triggers, Signs, symptoms and Treatments

It is important that the pupil and staff are aware of any trigger factors that may bring on a medical episode e.g., an asthma attack / anaphylactic response. Please complete the table below in as much detail as possible.

Trigger	Signs and Symptoms that the pupil will feel or exhibit	Emergency treatment needed.
<p><i>E.g., bee sting, nut allergy, exercise, hot/cold weather, tiredness, stress, pain, etc.</i></p> <p><i>You may state no trigger since the episode can happen at any time.</i></p>	<p><i>E.g., breathing difficulties, a rash, lack of consciousness, increased heart rate, visual disturbance, sickness, head ache etc.</i></p>	<p><i>E.g., 2'puffs from Ventolin inhaler, 1 or 2 EpiPen injections, specific medicine, etc.</i></p> <p><i>If we call 999, is there any vital information that we must share with the emergency operator.</i></p>

Is there a need for additional staff training to manage the medical condition of the pupil?	Yes / No
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Section 4 – School visits

The school’s definition of an educational visit is “any occasion when your child leaves the school premises under the direct supervision of a member of staff”. This includes regular, local visits such as sports fixtures, orchestra rehearsals etc and more adventurous overnight / foreign visits.

If your child is going on a school visit, it is essential that **all involved** are fully informed as to what is needed to keep them safe. It will be the parent / carers responsibility to ensure that the school and visit leader have all relevant up to date medical information and the child is fully equipped with all any medicines / medical equipment needed for the duration of the visit.

Please list below any further comments that will help Irlam and Cadishead Academy to support your child in any aspect of their school life.

Parent / Carer’s name:

Parent / Carer’s signature:

Date:

School representative’s name:

School representative’s signature

Date:

If this form has been completed via a telephone conversation with school, it is important that parents / carers sign it and return it within a 7 day period. If the form is not returned within that period of time, it will be assumed that all of the information contained on the form is current and correct. It will also be assumed that permission has been granted for the school to supervise / administer the medication listed on the form.

Section 5 To be completed by the school.

Pupil name:			Date assessment completed:		Review Date:		
Medical condition:			Assessment completed by:		Signature:		
What are the medical hazards?	Who might be harmed and how?	What are you already doing to control the hazard?	What, if any, further action or additional controls are required	Risk rating (after control measures)	Action by who	Action by when	Date completed
		<ul style="list-style-type: none"> • Discussed medical issues with parents / Carers • FAIW qualified staff always available. • Parents/Carers aware of their responsibility to ensure that the school is fully informed of any changes to the care required. • Parents / Carers informed of their responsibilities to ensure that the child carries any emergency medicine needed should an emergency arise. • Parents / Carers informed of their responsibilities to ensure that any medicine stored in school is prescribed to the pupil with clear instructions for its use. 					

School Visits		<ul style="list-style-type: none">• Parents/Carers aware of their responsibility to ensure that the school is fully informed of any changes to the care required.• Parents / Carers informed of their responsibilities to ensure that the child carries any emergency medicine required for the visit.• The visit is fully risk assessed, has been added to the EVOLVE system and approved by the EVC on behalf of the headteacher.					
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CATEGORIES OF LIKELIHOOD	
Highly Likely	Expected to happen/reoccur, possibly frequently.
Possible	Might happen/reoccur at some time depends on circumstances.
Unlikely	Not expected to happen/reoccur but possible in certain circumstances.
Very Unlikely	Would only occur in very exceptional circumstances.

CATEGORIES OF CONSEQUENCE SEVERITY	
Catastrophic	Incident could result in <u>one or more fatalities</u> .
Major	Major injury resulting in incapacity, hospitalisation >24 hours.
Significant	Injury requires attention of a Doctor or Hospital treatment or hospitalisation <24 hours.
Minor	Small cut, bruise, abrasion, basic first aid treatment provided.
Negligible	Some discomfort, self help. No treatment required.

RISK RATING				
	Highly Likely	Possible	Unlikely	Very Unlikely
Catastrophic	A	A	B	E
Major	A	B	C	E
Significant	B	C	D	E
Minor	C	D	E	E
Negligible	E	E	E	E

RISK CLASSIFICATIONS	
A	Unacceptable risk , requires immediate attention. Work <u>should not be started or continued</u> until the level of risk has been reduced.
B	High risk , requires immediate attention. Control measures must be identified and put into place as soon as possible.
C	Medium risk , requires attention as soon as possible. The risk should be only be tolerated in the short term and only when further control measures are being planned and introduced, Timescales must be short.
D	Low risks , confirm that there are no low/no cost solutions which may eliminate/ reduce the risk further.
E	Trivial risk , no further action required but review at regular intervals to ensure controls remain effective.

