



Davenant Foundation School

Supporting Students with Medical Conditions

Last Reviewed: January 2025

Next Review: January 2026

This policy has been reviewed and to the best of our knowledge we do not feel that it impacts on any group or individuals' equality rights within our school community

POLICY DETAILS

Policy Name	Supporting Students with Medical Conditions	Committee Responsible	Standing
Status	Statutory	Committee Person i/c	JDN
Produced by	DHL	First Agreed	September 2014
Date Produced	September 2014	Last Review Date	January 2025
References	Allergen and Anaphylaxis Policy	Next Review Date	January 2026

This policy should be read in conjunction with the Allergen and Anaphylaxis Policy.

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Statement of intent

The governing board of Davenant Foundation School has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents/carers of students with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that students feel safe in the school environment.

Some students with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these students, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents/carers.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971

- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting students at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- First Aid Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equality Policy
- Attendance Policy
- Admissions Policy

2. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support students with medical conditions.
- Ensuring that students with medical conditions can access and enjoy the same opportunities at school as any other child
- Working with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each student and what support is required to support their individual needs.
- Instilling confidence in parents/carers and students in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective students are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students and sets out the procedures to be followed whenever a school is notified that a student has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the Medical Officer where a student with a medical condition requires support that has not yet been identified.

Parents/carers will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Notifying the Medical Officer when a child has been identified as having a medical condition that will require support at school.

Students will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of students with medical conditions.

School staff will be responsible for:

- Providing support to students with medical conditions, where requested, including the administering of medicines, but are not required to do so.

- Taking into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.

The Medical Officer will be responsible for:

- Notifying the school at the earliest opportunity when a student has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians on appropriate support for students with medical conditions.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to students' needs, and that health services are able to cooperate with schools supporting students with medical conditions.
- Making joint commissioning arrangements for EHC provision for students with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for students who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the Medical Officer and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning Medical Officers for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for students with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that students with medical conditions can attend school full-time.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a student has a medical condition that requires support in school, the Medical Officer will inform the headteacher. Following this, the school will arrange a meeting with parents/carers, healthcare professionals and the student, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to students. Where a students' medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents/carers.

For a student starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a student joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

Any staff member providing support to a student with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer controlled medication without appropriate training. First Aid training needs will be assessed by the Medical Officer through the development and review of IHPs, on an ongoing basis for all school staff, and when a new staff member arrives.

Through training, staff will have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members.

The Medical Officer will identify suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the Headteacher and provided by the following bodies:

- Commercial training provider
- The Medical Officer
- The parents/carers/carers of students with medical conditions

The parents/carers of students with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting students with medical conditions.

Supply teachers will be:

- Able to access this policy on the Davenant Foundation School website
- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Following discussion with parents/carers, students who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, students will be allowed to carry their own medicines and relevant devices. Where it is not possible for students to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the students' IHP will be followed. Following such an event, parents/carers/carers will be informed so that alternative options can be considered.

If a student with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

7. IHPs

The school, healthcare professionals and parents/carers agree, based on evidence, whether an IHP will be required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents/carers and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the student will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The students' needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Who needs to be made aware of the students' condition and the support required

- Arrangements for obtaining written permission from parents/carers for medicine to be administered by school staff or self-administered by the student
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents/carers or student, the designated individual to be entrusted with information about the students' medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a student has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a student has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. Managing medicines

In accordance with the school's First Aid Policy, medicines will only be administered at school when it would be detrimental to a students' health or school attendance not to do so.

Students under 16 years old will not be given prescription or non-prescription medicines without their parents/carers' written consent, except where the medicine has been prescribed to the student without the parents/carers' knowledge. In such cases, the school will encourage the student to involve their parents/carers, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the students' health not to do so
- When instructed by a medical professional
- When parents/carers have given written consent (or verbal consent if unable to give written consent)

No student under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents/carers will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Students will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, students will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents/carers for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only specific staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Two staff members may administer a controlled drug to a student for whom it has been prescribed, in accordance with the prescriber's instructions. A double witness and signature will be required at the time the controlled drug is administered.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in Student Reception and their use will be recorded. Inhalers will be used in line with the school's Allergen and Anaphylaxis Policy.

Records will be kept of all medicines administered to individual students, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

10. Record keeping

Written records will be kept of all medicines administered to students. Proper record keeping will protect both staff and students, and provide evidence that agreed procedures have been followed. Appropriate form for record keeping can be found in [Appendix 5](#).

11. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it will detail:

- What constitutes an emergency.
- What to do in an emergency.

Students will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents/carers arrive. When transporting students with medical conditions to medical

facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

12. Day trips, residential visits and sporting activities

Students with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice will be sought from students, parents/carers and relevant medical professionals. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13. Unacceptable practice

The school will not:

- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their ~~inhalers and~~ medication.
- Ignore the views of the student or their parents/carers.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell student to the medical room or school office alone or with an unsuitable escort.
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to students participating in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to students with medical conditions.

The school holds an insurance policy with the RPA (Membership No: 136625) covering liability relating to the administration of medication. The policy has the following requirements:

- First Aid staff must have undertaken appropriate training

The school holds an insurance policy with the RPA covering healthcare procedures. The policy has the following requirements:

- All staff must have undertaken appropriate training.

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

15. Complaints

Parents/carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16. Home-to-school transport

Arranging home-to-school transport for students with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

17. Defibrillators

The school has two Cardiac Science G3 and one Heart on A15 automated external defibrillator (AED). The AEDs are stored in reception and in the sports hall.

All staff members and students will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

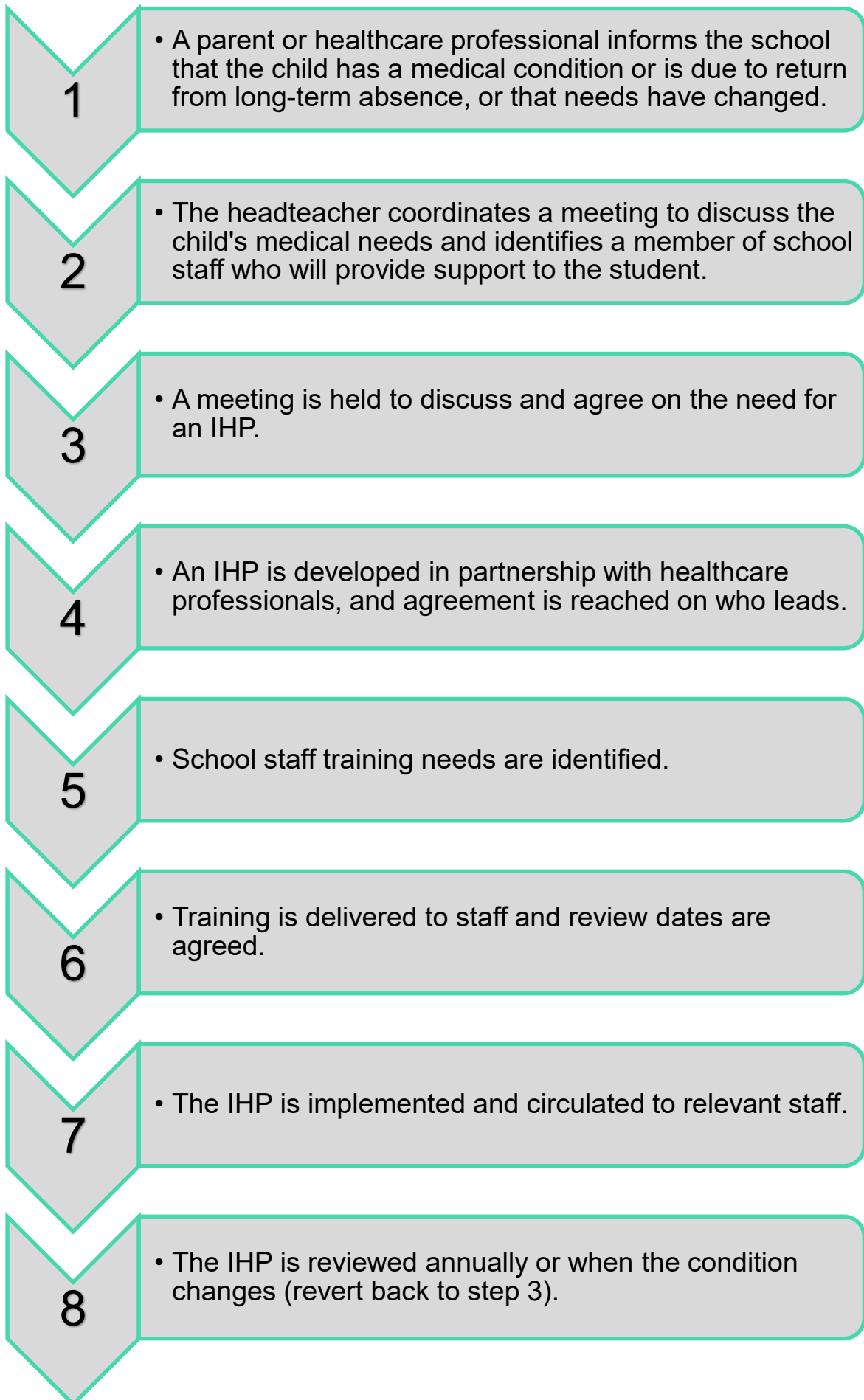
Maintenance checks will be undertaken on AEDs on a termly basis by the Medical Officer and the Compliance Officer, who will also keep an up-to-date record of all checks and maintenance work.

18. Monitoring and review

This policy is reviewed on an annual basis by the governing board, Medical Officer and headteacher. Any changes to this policy will be communicated to all staff, parents/carers and relevant stakeholders.

The next scheduled review date for this policy is January 2026.

1. Individual Healthcare Plan Implementation Procedure





Appendix 1 – Healthcare Plan

DAVENANT FOUNDATION SCHOOL

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

Davenant Foundation School - Healthcare Plan

Name of school/Setting: _____

Child's Name: _____

Group/Class/Form: _____

Date of Birth: _____

Child's Address: _____

Medical diagnosis or condition: _____

Date: _____

Review Date: _____

FAMILY CONTACT INFORMATION

Family contact 1

Family contact 2

Name: _____

Name: _____

Phone No: (Work) _____

Phone No: (Work) _____

(home): _____

(home): _____

(mobile): _____

(mobile): _____

CLINIC/HOSPITAL CONTACT

Name: _____

Phone No: _____

GP

Name: _____

Phone No: _____

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environment issues etc:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Arrangements for school visits/trips etc (is a 1:1 1st aider required to accommodate students on trips & visits) _____

Other information: _____

Describe what constitutes an emergency, and the action to take if this occurs: _____

Who takes responsibility in an emergency (state if different for off-site activities):

Named First Aider
Head Teacher

Offsite First Aider: _____

Signature of Parent: _____

Date: _____

For the full details on how we use your personal information please see the school's website or call 0208 508 0404 if you are unable to access the internet.

Appendix 2 – Asthma Procedures

Training and Education:

Davenant Foundation School provides **training and education on asthma**, for relevant staff including:

- The risks associated with asthma.
- How to manage the risks and prevent the symptoms of an asthma attack.
- The early warning symptoms of asthma and the signs of an asthma attack.
- How to manage asthma in students.
- What to do in the event of a severe asthma episode.

Diagnosis & Medication:

Davenant Foundation School maintains a confidential list of students who suffer from asthma.

- Relevant staff immediately update this list, when a student is newly identified as being asthmatic.
- The asthma register is easy for staff to access and allows a quick check of whether a student is recorded as having asthma, and if there is consent for an emergency inhaler to be administered.
- All staff members can summon the assistance of a designated first aider; however, staff will not delay in administering asthma treatment (if required)
- Spare student inhalers and associated medications are kept in a secure cupboard, within the school reception area. Staff know where inhalers are kept and how to use them.
- Salbutamol inhalers are only administered to students who have asthma, or who have been prescribed a reliever inhaler and written parental consent has been given.

Educational Trips & Visits and/or Off-Site Fixtures:

Davenant Foundation School requires students to carry two inhalers on their person/school bag at all times. See Allergen and Anaphylaxis Policy and Educational Trips and Visits Policy.

Storage and Care:

Davenant Foundation School keeps non-prescription emergency salbutamol inhalers in a secure drawer, within the school reception area.

- Parents/carers/Carers must ensure that their child always carries two spare inhalers on their person or in their school bag
- Expired spare asthma inhalers are returned to students for appropriate disposal.
- Whenever the non-prescription emergency inhaler is used, the incident **must** be recorded, indicating where the attack took place, how much medication

was given, and by whom; the students' parents/carers must be informed in writing.

- Expired non-prescription emergency inhalers are returned to local pharmacy to be recycled.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- **Keep** calm and reassure the child
- Encourage the child to sit up and slightly forward
- **Use** the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- **Immediately** help the child to take two separate puffs of salbutamol via the spacer (if required)
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another two puffs at a time every two minutes, up to a maximum of 10 puffs
- **If the child becomes unresponsive at any point, prepare to give CPR**

Appendix 3 - Emergency inhaler consent form

Please complete this form to provide consent for your child to receive salbutamol from an emergency inhaler in a medical emergency.

1. I can confirm that my child **has been diagnosed with asthma/has been prescribed an inhaler** (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler (and spare) are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:	Date:
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Name (print):	Child's name:
Class Teacher:	

Parent's address:	
Parent's telephone:	Parent's email

Second emergency contact name:	
Address:	
Telephone:	Email:

Davenant Foundation School fully complies with information legislation. For the full details on how we use your personal information please see the school's website, or call 020 8508 0404 if you are unable to access the internet.

Appendix 4 - Emergency adrenaline auto-injector (AAI) consent form

As of 1 October 2017, new guidance from the Department of Health – “Guidance on the use of adrenaline auto-injectors in schools” – states that schools are allowed to keep spare AAI’s for emergency use on students who have been assessed as being at risk of a severe allergic reaction (anaphylaxis).

Schools may need to administer emergency AAI’s if a student does not have their medication on them, if the prescribed AAI is out of date, or if it is not working.

The AAI’s we store in school are: Epipen (0.3 milligrams). Please ensure your child can be administered with these AAI’s before completing this consent form.

Davenant Foundation School will not administer emergency AAI’s unless you complete and return this form.

I can confirm:

1. My child has been assessed by a medical professional as being at risk of anaphylaxis.
2. I consent to my child being administered an emergency AAI if my child does not have an AAI with them, if theirs is out of date, or it is not working.
3. I understand that, in the event of a severe allergic reaction where an AAI needs to be administered as soon as possible, a trained first-aider may not be available to administer the medication. In this instance, the nearest member of staff with access to an AAI is able to administer the medication.
4. In the event that my child is administered an AAI, I will be notified as soon as it is possible.
5. I understand that any medication administered to my child is in line with **Davenant Foundation School’s Supporting Students with Medical Conditions Policy**.
6. I understand I am able to withdraw my consent at any time.

Signed:	Date:
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Name of parent:	
Mobile phone number:	Home phone number:
Child’s name:	Child’s year group

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Describe medical needs and give details of child's symptoms

Anaphylaxis is a severe systemic allergic reaction

The whole body is affected usually within minutes of exposure to the allergen

It can occur within minutes of exposure to an allergen, although it can take several hours.

Signs and symptoms

- Swelling of the mouth or throat
- Difficulty in swallowing or speaking
- Alterations in the heart rate
- Hives (nettle rash) anywhere in the body
- Abdominal cramps, nausea and vomiting
- Sudden weakness
- Difficulty breathing
- Collapse and unconsciousness
- Sense of impending doom.

Daily care requirements (e.g. before sports/at lunchtime)

- Allergen avoidance
- Risk assessment
- Kitchen and dining areas kept clean of food allergens
- Knowledge of food ingredients at meal times
- Discouragement of food sharing
- Easy access to emergency medication
- Annual staff training

Describe what constitutes an emergency for the child, and the action to take if this occurs

Not all of the above symptoms need to be present before giving treatment and seeking help. Any of these symptoms may be present, although most students with anaphylaxis would not necessarily experience all of them.

In a mild anaphylaxis reaction:- such as hives (nettle rash)

- Give antihistamine (if prescribed for child)
- Monitor child closely
- Ring parents/carers

In a severe anaphylaxis reaction (see above for signs and symptoms):

- Stay calm
- Dial 999
- Using the care plan, assess the reaction
- Administer prescribed Epipen and monitor the result, if no improvement or condition gets worse give the second prescribed Epipen between 5 and 15 minutes. (NB Not everyone may be prescribed second Epipen).
- Only use prescribed Epipen
- Make a note of the time
- If unconscious place child in recovery position, and monitor child's airway. Monitor closely until the ambulance arrive.

Appendix 5 Medicines Register

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

Davenant Foundation School Medicine Administering Form Medicines Register

Name: _____ Form: _____ D.O.B: _____

Address: _____ Postcode: _____

G.P : _____ Allergies: _____

Medical Conditions: _____

Date	Name of person who brought it in	Name of Medicine	Amount Supplied	Expiry date	Dosage regime

N.B: Medicines must be in the original container as dispensed by the pharmacy

Name: _____

Daytime telephone no.: _____

Relationship to child: _____

Address: _____

I understand that I must deliver the medicine personally to:

MEDICAL WELFARE OFFICER

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

Signature(s) _____ Date: _____