

The Levett School



The Levett School

Positivity | Determination | Reflection | Integrity

Medical Support in School Policy

Policy agreed by Management Committee on:	
Review date for Management Committee:	January 2026
Allocated Group/Person to Review:	Emma Place
Agreed frequency of Review, by allocated person:	Every Two Year
Last Review Date:	December 2025

Lower School, Melton Road, Sprotbrough, Doncaster, DN5

Supporting Pupils with Medical Conditions

1. Policy Statement

This policy outlines the arrangements for supporting pupils with medical conditions at The Levett School, in line with:

- Children and Families Act 2014 – Section 100;
- DfE Statutory Guidance: Supporting Pupils with Medical Conditions;
- 0–25 SEND Code of Practice;
- Equalities Act 2010;
- Doncaster LA recommended procedures for managing medical conditions in schools.

This policy should be read alongside: SEN Policy; Safeguarding Policy; Off-site Visits Policy; Complaints Policy.

2. Purpose

- Ensure pupils with medical conditions receive appropriate support and reasonable adjustments.
- Clarify roles and responsibilities for staff, parents/carers, and healthcare professionals.
- Establish robust procedures for medicines management, emergencies, and risk assessment.

3. Definitions

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their pupil's medical condition and that pupils feel safe.

Some pupils with medical conditions may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0–25 SEND Code of Practice and the school's SEND policy and the individual healthcare plan will become part of the EHCP.

Reasonable adjustments will be made for pupils considered disabled under the Equality Act 2010. SEND provision will be coordinated with the pupil's EHCP and SEN policy.

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4. Common Medical Conditions

Asthma

Asthma is the most common chronic childhood condition, affecting one in eleven pupils. On average, there are two pupils with asthma in every classroom in the UK and this results in over 25,000 emergency hospital admissions a year.

By educating our staff around asthma and its treatment, we aim to enable pupils to medicate effectively in school and for asthma to have as little an impact as possible on their learning.

We will ensure that all pupils who suffer from asthma:

- be linked with specified staff members who know them, their condition, their parents/guardians and their individual health care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.

At each half term, staff will check the dates and contents of each inhaler to ensure they are still safe to be used and inform parents/guardians if replacements are required.

Our staff will liaise with parents/guardians about the health of their pupils who suffer with asthma and any requirements while they are in school (medical appointments, spacers etc.).

A pupil should not require a second salbutamol inhaler in an academic year; if the canister requires replacing, it should be replaced, yet this would indicate the pupil's asthma is poorly controlled and they need to see their GP Practice Nurses or Asthma Specialist.

Medical Registers and health care plans will be amended by the Admin Team.

Primary School Asthma Action Plan

Do I have signs of

- Wheezing
- Shortness of breath
- Coughing
- Or complaining that my chest hurts (I may express this as my tummy hurts)

Stay with me and call for help if necessary. Give me 2-4 puffs of my rescue (blue) inhaler with my spacer following the guidance in the green box

- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps

If my rescue (blue) inhaler has had little or no effect:

- I have difficulty walking
- I am coughing and wheezing a lot more
- I am unable to talk or complete sentences
- I am breathing hard and fast
- I may go very quiet
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHYLAXIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

Call 999 for an ambulance [School Postcode]

- If there is little or **NO IMPROVEMENT** Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.
- If I am **EXHAUSTED**
- If I am **going BLUE**
- You are **WORRIED OR UNSURE**
- If I have **COLLAPSED**

ALLERGIES

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction making it difficult for me to breathe
- **IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND *INJECT**
- Call an ambulance and state you suspect I am having an **ANAPHYLACTIC REACTION**

If my own inhaler/spacer or adrenaline pen is not available or expired, use the Schools emergency inhaler/spacer and adrenaline pen.

Adapted from London Healthy Lung partnership plan

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5. Epilepsy

On average, epilepsy affects one young person in every primary school and five in every secondary school. It is one of the most common long-term conditions in childhood and can have a significant impact on a young person, even if seizures are controlled.

Here at The Levett School, we will ensure that sufficient numbers of staff have training in seizure first aid and (where needed) administering emergency medication. By educating our staff around Epilepsy and its treatment, we aim for the pupil's Epilepsy to have as little an impact as possible on the pupil's learning.

We will ensure that all pupils who suffer from epilepsy will:

- be linked with specified staff members who know them, their condition, their parents/guardians and their individual health care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.

Any/all seizures occurring within the school day will be recorded on form 6 and information will be passed to parents/carers.

6. Roles and responsibilities

We can refer to the School Nursing Team for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians should notify the School Nursing Team when a pupil has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for pupils with particular conditions (e.g., asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their pupil's medical needs. They may in some cases be the first to notify the school that their pupil has a medical condition. Parents are key partners and should be involved in the development and review of their pupil's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

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Providers of health services should co-operate with schools that are supporting pupils with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support pupil with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children's Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled pupils and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

7. Staff Training and Development

All staff who are required to provide support to pupils for specific medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting pupils with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Headteacher, will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a pupil will often be key in providing relevant information to school staff about how their pupil's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The First Aiders in School are:

Xena Needham

Supporting Pupils with Medical Conditions

Lydia Shipley
Stacey Holmes
Rachel Kelly
Amanda Brown
Amanda Jones

8. The Pupils role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible pupils will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other pupils is not compromised. The Levett School does also recognise that pupils who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them. Paperwork needs to be completed by parents/ carers to request that their pupil carries their own medication.

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

9. Managing medicines on school premises and record keeping

At The Levett School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so;
- No pupil under 16 should be given prescription or non-prescription medicines without their parents written consent (see form 2) - except in exceptional circumstances where the medicine has been prescribed to the pupil without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil or young person to involve their parents while respecting their right to confidentiality;
- With parental written consent (form 2) we will administer non-prescription medicines (except aspirin or containing aspirin except prescribed by a doctor). Medication, e.g., for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed and the administration of the medicine logged on form 4.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- The Levett School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools

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- inside an insulin pen or a pump, rather than its original container;
- All medicines must be signed in and out of school using form 3.
- Most pupil medicines will be stored safely in the Main Office. Pupils should know where their medications are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be readily available, state where and not locked away. Asthma inhalers should be marked with the pupil's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- A pupil who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so (parents must complete form 5), but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. Otherwise, we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses (form 4) used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. The Levett School will keep a record (see form 4) of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to pupils. These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed (appendix 2 talks staff through the school procedure for administering medications);
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

10. Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For pupils being admitted to The Levett School for the first time, with sufficient notification being given, the arrangements will be in place for the start date. In cases other cases, such as a new diagnosis, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual pupil and how their medical condition impacts on their

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school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the pupil's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no pupil with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a pupil in school at times where it would be detrimental to the health of that pupil or others.

The Levett School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers.

Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Senior Leaders and following these discussions an individual healthcare plan will be written by the SENCO, in conjunction with the parent/carers.

11. Intimate Care

All intimate care will be carried out in a manner that respects the pupil's privacy, dignity and independence, and in line with safeguarding best practice. Pupils will never be made to feel embarrassed, distressed or at fault.

The Governing Board recognises its duties under the Equality Act 2010 to ensure pupils with disabilities or medical needs are not discriminated against and are supported to access education safely.

Definition of Intimate Care

Intimate care refers to any support involving personal care tasks that require direct or indirect contact with a pupil's body, including but not limited to:

- Assisting with toileting
- Changing soiled or wet clothing
- Changing nappies or incontinence pads
- Supporting menstrual hygiene

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- Washing intimate body parts
- Supporting medical care such as changing medical bags
- Providing comfort where physical contact is required

All intimate care is considered regulated activity and will only be undertaken by appropriately vetted staff.

Health and Safety

- Staff will wear disposable gloves and aprons when providing intimate care.
- All waste will be disposed of safely and hygienically in line with health and safety guidance.
- Changing areas will be cleaned after use.
- Staff will wash hands thoroughly after providing care.
- Staff supporting medical procedures will be appropriately trained.

Staff and Facilities

- Only trained staff with enhanced DBS clearance will provide intimate care.
- Staff will only carry out intimate care where this forms part of their role.
- The Levett School provides suitable toilet and changing facilities, including disabled toilet access where required.
- Pupils will be supported in ways appropriate to their age, development and individual needs.

School Responsibilities

- Individual Intimate Care Plans will be created where required, in consultation with parents/carers and relevant professionals.
- Pupils will be encouraged to develop independence wherever possible.
- Intimate care will be delivered calmly, respectfully and discreetly.
- Accurate records of intimate care interventions will be maintained.
- Same-sex care will be provided wherever possible.
- Parents will be contacted if a pupil becomes distressed or refuses care.

Parental Responsibilities

- Parents should ensure pupils attend school clean and appropriately dressed.
- Parents will provide spare clothing, nappies, pads or medical items as required.
- Parents must inform the school of any medical concerns, rashes or marks.
- Parents will work collaboratively with staff to support consistent care.

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Safeguarding

- All staff receive safeguarding training as part of induction and ongoing CPD.
- Any concerns regarding marks, bruising, or changes in presentation will be reported immediately to the DSL.
- Privacy will be respected, and the minimum number of staff required will be present.

Two-Staff and Recording Procedure

- Where intimate care is required, it will be provided by two members of staff wherever practicable to safeguard both pupils and staff.
- All intimate care interventions will be recorded on CPOMS and logged as a Record of Physical Intervention (RPI), detailing the date, time, staff involved, reason for care, and any observations or concerns.
- These records will be monitored by the Designated Safeguarding Lead.

Offsite Visits and Swimming

- Intimate care arrangements for offsite visits will be planned in advance and documented.
- Parental consent will be obtained where support with changing is required.
- Safeguarding procedures apply at all times during visits.

Toilet Training

- Staff will follow agreed toilet training plans sensitively and consistently.
- Pupils will be supported positively, without shame or negative language.
- Pupils will be encouraged to develop independence at an appropriate pace.

12. Roles & Responsibilities

Governing Body

- Ensure arrangements are in place to meet statutory duties.
- Ensure staff training, risk assessments, and individual healthcare plans (IHPs) are implemented.
- Ensure reasonable adjustments and inclusion for all pupils.

Headteacher

- Operational delivery of this policy.
- Ensure sufficient staff training and cover arrangements.

SENDCo

- Develop and review IHPs with parents/carers and healthcare professionals.
- Share IHPs with relevant staff.

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All Staff

- Awareness of pupils' medical conditions and policy requirements.
- Participate in training as required.

13. Medical Registers and Individual Healthcare Plans (IHPs)

- IHPs are developed for pupils with long-term or complex medical needs.
- IHPs include condition details, support needs, staff responsibilities, emergency procedures, and arrangements for trips.
- Agreed with parents/carers and healthcare professionals.
- Reviewed annually or sooner if needs change.
- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents/carer and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g. risk assessment;
- Where confidentiality issues are raised by the parent/pupil, the designated individual to be entrusted with information about the pupil's condition; and

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- What to do in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

14. Common Medical Conditions

Asthma

- Linked to designated staff who know the pupil and IHP.
- Inhalers stored in school and carried by responsible adults on trips.
- Staff trained in recognition and response.
- Termly checks of inhalers and spacers.
- Liaison with parents/carers regarding control and GP review.

Epilepsy

- Staff trained in seizure first aid and condition-specific requirements.
- Emergency medication administered per IHP.
- All seizures recorded and communicated to parents/carers.

(Other conditions to be added as relevant.)

15. Medicines & Record-Keeping

- Medicines administered only when necessary for health or attendance.
- Written parental consent required for pupils under 16.
- Medicines must be in original packaging with instructions, signed in/out, and stored safely.
- Controlled drugs securely stored with records maintained.
- Administration logged with time, dose, and staff involved.

16. Emergency Procedures

- Headteacher ensures emergency arrangements for all school activities.
- IHPs define emergencies and steps including staff response, contacting services, and communicating with parents/carers.
- Staff trained to respond appropriately.

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17. Trips, Visits & Physical Activities

- Risk assessments consider pupils' medical needs.
- Reasonable adjustments planned in consultation with parents/carers and healthcare professionals.

18. Self-Management & Independence

- Competent pupils may self-manage medication per IHP.
- Appropriate supervision provided where necessary.

19. Training

- All staff briefed on policy and duties.
- Condition-specific training as identified in IHPs.
- Records of training and competency maintained.

20. Unacceptable Practice

Includes: preventing access to medication, assuming same treatment for all, ignoring views or medical evidence, penalising attendance, requiring parents to administer medication, restricting participation without evidence.

21. Complaints

- Should parents\carers be unhappy with any aspect of their pupil's care at The Levett School, they must discuss their concerns with the school. This will be with the pupil's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the The Levett School Complaints Procedure.
- Formal complaints follow the school Complaints Policy.

22. Links to Legislation & Guidance

- Children and Families Act 2014 – Section 100
- Supporting Pupils with Medical Conditions (DfE)
- 0–25 SEND Code of Practice
- Equalities Act 2010
- Doncaster LA guidance on medical conditions in schools

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Appendices & Forms

Form 1 – Individual Healthcare Plan (IHP) **INSERT**

Pupil Details

Name: _____ Class: _____ DOB: _____

Address: _____

Medical diagnosis/condition: _____

Contacts

Parent/Carer 1: Name _____ Tel _____ Relationship _____

Parent/Carer 2: Name _____ Tel _____ Relationship _____

GP: Name _____ Tel _____

Clinic/Hospital: Name _____ Tel _____

Medical Needs & Daily Care

• Symptoms, triggers, signs: _____

• Medication (dose, administration, side effects): _____

• Daily requirements: _____

• Emergency procedure: _____

• Responsible staff (including off-site): _____

• Responsible staff (including off-site): _____

• Date: _____

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Form 2 – Parental Consent for Medication

Pupil Name: _____ DOB: _____ Class: _____

Medication: _____ Dose: _____ Time(s) _____

Self-administration? Yes No

Parent/Carer Signature: _____ Date: _____

GP Contact: _____ Tel: _____

Instructions for emergencies: _____

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Form 3 – Medicine Sign In/Out

Date	Pupil Name	Medication In/Out	Type	Staff Name	Returned Y/N

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Form 4 – Record of Medicine Administered

Date	Time	Medicine	Dose	Administered by	Witness	Amount Left	Comments

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Form 5 – Request for Pupil to Carry Medication

Pupil Name: _____ Class: _____ Medication: _____

Emergency procedures: _____

Parent/Carer Name & Contact: _____

Signed: _____ Date: _____

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Form 6 – Seizure Record

Date: _____ Time: _____ Duration: _____

Description of seizure, triggers, injuries, first aid, post-seizure condition:

Action taken & staff involved: _____

Parent contacted? Y/N: _____

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Form 7 – Staff Training Record

Staff Name: _____ Training Type: _____ Date: _____

Trainer: _____ Profession: _____

Competency confirmed? Y/N: _____ Next review: _____

Staff Signature: _____ Date: _____

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Record of Intimate Care Intervention

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Contacting Emergency Services

- Dial 999, give location (The Levett School Lower – Melton Road DN5 7SB)
- Pupil's name
- Brief description
- Best entrance.
- Staff to meet ambulance.

Procedures for Trips / Residential Visits

- Parental authorisation prior to trip
- Designated staff to administer medicines
- Medicines checked, logged, securely stored
- Risk assessment includes medical needs
- Return medicines to parents at trip end

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