The Russell School Supporting Medical Need Policy

Policy Author	SLT
Policy Status	Statutory Policy
Review Cycle	Annually
Date last review	November 2026
Date of next review	September 2027

This information is to accompany existing Health and Safety Information kept in the Health and Safety and Medical files kept in the medical room.

Responsibilities

Parents / Carers are responsible for ensuring that the school is provided with up to date and all relevant information about their child's medical condition(s), on admission or at any other time as appropriate.

Children must be kept at home if they are acutely unwell.

Parents / Carers must complete a Medical Care Plan form from the school office before any medications can be administered. Children can only be given medication prescribed by their doctor.

For shorter term medication, a temporary medication form must be filled out.

Only staff who volunteer to do so or staff who have a specific requirement in their job description should administer medication.

Parents / Carers are responsible for collecting their child if they become unwell during school hours.

If Children have an episode of sickness or diarrhoea they must not return to school until 48 hours after the last bout of illness.

Parents / Carers are responsible for collecting their child if they become unwell during school hours. Anything above 38 degrees C is considered a fever. Once a child has recovered from a fever without the support of medication such as Calpol or the equivalent and is no longer unwell they can return to school.

Parents / Carers of children who have suffered a concussion must notify the teacher if they have been taken to hospital, when they return to school, so that a qualified first aider can monitor them throughout the school day.

Children taking medication at school

All medicines are stored safely in the medical room. Children can be given medication in school only if it has been prescribed by a doctor. The medicine

must be handed into the office, or a named First Aider with a Medical consent form. This gives clear instructions on the medical need and when medication should be administered. It must be signed by the adult responsible for the child. The name of the Doctor prescribing the medication should also be included in this written information.

Parents / Carers remain responsible for collecting the temporary medication at the end of the school day, and for ensuring that longer term medication is available in school and within the expiry date.

Parents / Carers remain responsible for keeping the school updated with current medical needs and their associated medication requirements. The school admin team will use this information to update Arbor, our management information system.

If a child presents with a temperature above 38 degrees and Parents / Carers are unable to collect promptly, a member of the school admin team will phone Parents / Carers and ask if they give permission for Calpol to be administered to assist in lowering the temperature. Upon collection of the child, Parents / Carers will sign a consent form noting that Calpol has been given. A small store of Calpol is kept in school for these occasions.

Children with Asthma

Children's inhalers must be in a container clearly labelled with their name. All inhalers will be held in the Medical room.

Children who are off-site, e.g. on a school trip or residential trip should have their inhalers available from the accompanying First Aider.

Information is shared at the beginning of every academic year, and care plans are held in a folder in the medical room. Medication is checked before it is administered.

Pre-printed slips will be sent home with your child if inhalers have had to be administered.

We hold an additional ventolin inhaler on-site.

Children with Anaphylaxis – Benedict's Law

Parents / Carers are expected to inform Teachers about their child's needs when they join the school. Detailed care plans will need to be completed. A copy of this will be held in the Care Plan file in the medical room.

Auto-Adrenaline Injectors will be held in the medical room. If a child is going off site, EpiPens should be held by the accompanying First Aider. Parents and carers should ensure that we hold two EpiPens in school. Parents / Carers are expected to ensure that these are in-date. For children in Nursery or Reception, an EpiPen will be kept in a safe place in the EYFS kitchen.
We hold 2 x 0.15ml and 2 x 0.3ml EpiPens on-site.

We provide annual training for all staff to administer Auto Adrenaline Injectors. We endeavour to offer a catch-up training session for new joiners. All staff will follow instructions on the Auto-Adrenaline Injectors when administering.

An ambulance will be called in order to support the child in Anaphylaxis. Parents / Carers will also be called. All information will be recorded: Child's name, symptoms, time medication administered and EpiPen used. If advised to do so, a second Epipen it will be administered 10 mins after the first if necessary.

Children with chronic medical conditions

Teachers are consulted if a child with a chronic condition is placed in their class. All staff in the class will be made aware of the child's needs and what to do if there is an emergency. The school considers confidentiality very carefully. Each individual case is looked at particularly regarding participation in physical activities and educational visits

Recording

Minor injuries are recorded in the books in the first aid playground boxes. All children sent to the medical room will be seen by a First Aider and injuries recorded in the blue file. If a child has a head injury a parent or carer will

always be called. Children with more serious injuries (broken bones etc) will have their injuries recorded and reported to the relevant body via the Headteacher.

The Russell School refers to guidance recommended by the NHS. Parents / Carers can seek extra support at;

https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/

For children with long term medical needs, a plan will be agreed for how to best support in ensuring their access to education and wellbeing.