



Supporting Pupils with Medical Conditions.

Part 2

**See CIT policy: Supporting Pupils with Medical Conditions
Policy**

Date of Policy	Review Date	Policy Written by:	Date Shared with Staff	Date Shared with Local School Board
September 2026	No later than one year following publication of the policy	Mrs Katie Gray (Assistant Headteacher / SENDCO)	September 2026	September 2026

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1. School Context

Spalding St Paul's Primary School is an inclusive primary school committed to supporting pupils with medical conditions so that they can access education safely and successfully. The school currently supports pupils with a range of medical needs, including:

- Asthma
- Allergies and anaphylaxis
- Epilepsy
- Diabetes
- Eczema and skin conditions
- Gastrointestinal conditions
- Neurodevelopmental conditions requiring medication, including ADHD
- Physical disabilities and mobility needs
- Complex medical needs requiring regular monitoring and liaison with health professionals
- Temporary medical conditions resulting from injury or illness

The school recognises that medical needs can change over time and is committed to responding appropriately to the individual needs of each pupil.

2. Inclusion and Participation

The school will ensure that pupils with medical conditions are fully included in all aspects of school life wherever reasonably practicable.

This includes:

- Access to a broad and balanced curriculum.
- Full participation in educational visits and residential experiences following appropriate risk assessment.
- Inclusion in PE, sports activities and enrichment opportunities, with reasonable adjustments where required.
- Access to school clubs and extracurricular activities.
- Individualised support arrangements to minimise disruption to learning.
- Appropriate adaptations to routines, environments and activities where necessary.

No pupil with a medical condition will be denied admission or prevented from taking part in activities unless this is supported by clear clinical evidence or it is not safe to do so.

3. Working with Partners and Agencies

Effective support for pupils with medical conditions depends on strong partnership working between the school, pupils, parents and carers, healthcare professionals, and other relevant services.

The school may work with:

- Parents and carers
- General Practitioners (GPs)
- Community nursing teams
- School Nursing Service
- Paediatricians
- Diabetes Specialist Nurses
- Epilepsy Specialist Nurses
- Allergy specialists
- CAMHS
- Occupational Therapists
- Physiotherapists
- Speech and Language Therapists

- Local Authority SEND Team
- Educational Psychologists
- Emergency services where required

Parents/Carers are responsible for:

- Providing accurate medical information.
- Supplying prescribed medication that is clearly labelled with the child's name and has been prescribed specifically for them.
- Updating the school regarding changes to medical conditions.
- Participating in the development and review of Individual Healthcare Plans (IHPs) where needed.
- Monitoring expiry dates of medication alongside SENCo.

The school will maintain regular communication with families and relevant professionals to ensure needs remain appropriately identified and supported.

4. Record Keeping

Accurate and thorough record keeping is an essential part of school practice.

4.1 Initial Information Gathering

Medical information may be gathered through:

- Admission forms
- Annual data collection updates
- Medical information forms
- Discussions with parents/carers
- Healthcare professionals
- EHCP reviews and annual reviews

4.2 Recording Information

Medical information will be recorded on:

- Bromcom (School Management Information System)
- Individual Healthcare Plans where appropriate
- Medical consent forms
- Risk assessments where appropriate
- Emergency care plans where applicable

4.3 Monitoring and Review

The SENDCo will oversee medical records.

Responsibilities include:

- Ensuring records are updated annually.
- Reviewing information following diagnosis changes.
- Monitoring expiry dates of medication.
- Ensuring staff are aware of relevant medical information.

4.4 Incident Recording

All medical incidents will be recorded promptly using:

- CPOMS (School Management Information System)

Records are be stored securely in accordance with GDPR requirements

5. Individual Healthcare Plans (IHPs)

An Individual Healthcare Plan will be developed where:

- Medical advice indicates this is necessary.
- The condition may impact on school attendance or participation.
- Emergency procedures are required.

The SENDCo will coordinate the development of IHPs alongside:

- Parents/carers
- Relevant health professionals
- Appropriate school staff

IHPs will include:

- Medical diagnosis
- Signs and symptoms
- Medication requirements
- Emergency procedures
- Staff responsibilities
- Educational implications
- Contact information

Reviews will occur:

- At least annually.
- Following any change in medical need.
- Following a medical emergency or significant incident.

Relevant staff will receive training before supporting pupils whose needs require specialist procedures.

6. Wider Staff Training

The school will ensure that staff receive appropriate training to fulfil their responsibilities confidently and safely in line with government guidance.

All staff will receive awareness training regarding:

- Asthma
- Allergies and anaphylaxis
- First Aid procedures

Additional training may be delivered for:

- Epilepsy
- Diabetes
- Administration of emergency medication
- Use of medical equipment
- Condition-specific support identified within IHPs

Training records will be maintained by the school and monitored by the SENDCo and Headteacher.

7. Administration of Medication and MAR Procedures

All medication administered in school must be recorded using the school's Medication Administration Record (MAR).

7.1 Procedure

Before administering medication, staff must:

- Check the pupil's identity.
- Check parental consent.
- Check dosage instructions.
- Check administration time.
- Check expiry date.
- Record administration immediately.
- Ensure medication is administered by 2 members of staff

Do

- Follow written instructions.
- Record administration immediately.
- Use the MAR form every time medication is given and sign off by both members of staff.
- Report concerns immediately.

7.2 Monitoring

MAR records will be checked regularly by the SENDCo to ensure compliance.

7.3 Disposal

Expired or discontinued medication:

- Must be collected by parents.
- Will not be disposed of by school staff except under specific pharmacy guidance.
- Will be safely stored until collection.

Sharps:

Will be disposed of safely in an appropriate, clearly labelled sharps disposal container.

8. Storage and Use of Emergency Medication

8.1 Emergency Medication

Spalding St Paul's Community Primary School maintains emergency salbutamol inhalers and adrenaline auto-injectors (AAIs) in line with Department for Education guidance.

Emergency medication held by the school includes:

- Salbutamol inhalers for use in an emergency where a pupil is experiencing symptoms of asthma.
- Adrenaline auto-injectors (AAIs) for use in an emergency where a pupil is experiencing a severe allergic reaction (anaphylaxis).

Emergency medication may only be used where:

- The pupil has a diagnosed with the condition
- Written parental consent has been received.
- The pupil's medication is unavailable, empty or ineffective during an emergency.

8.2 Storage

Emergency medication will:

- Be clearly labelled.
- Be readily accessible in the school medical room.
- Be securely stored.
- Remain available for immediate access during emergencies.
- Checked regular to ensure it is in date.

9. Over-the-Counter Medication (OCM)

The school does not routinely administer over-the-counter medication.

In exceptional circumstances, medicines such as Paracetamol or Ibuprofen may be administered where:

- Written parental consent has been provided.
- The medication is supplied by the parent in the original packaging.
- Dosage instructions are clearly stated.
- Administration is recorded on the MAR form.

The school will not administer:

- Medicines exceeding the labelled dose.
- Medicines supplied without parental consent.
- Medicines not appropriate for the pupil's age.

10. Transfer of Medication Between Home and School

Parents/carers are responsible for delivering medication to the school office and collecting medication from school when no longer required.

The school will not accept medication transported independently by pupils unless this has been agreed as part of an Individual Healthcare Plan (IHP) and is appropriate to the pupil's age, understanding and medical needs (e.g. certain inhalers or adrenaline auto-injectors).

All medication received by school will:

- Be handed directly to a member of staff (preferably the Senior Leadership Team)
- Be clearly labelled with the pupil's name.
- Be in the original pharmacy packaging.
- Include current dosage instructions.
- Be checked and logged upon receipt.

When medication is returned home, this will be recorded on CPOMS.

11. Medication on Educational Visits and Off-Site Activities

No pupil will be excluded from an educational visit solely because of a medical condition unless supported by clear medical evidence.

For all visits:

- Relevant medical needs will be identified during planning.
- Risk assessments will be completed where required.
- Appropriate medication will accompany the pupil.
- Trained staff will be identified before travel.
- Emergency contact information will be readily available.
- Emergency procedures will be shared with accompanying staff.
- School Emergency Medication will not be taken on school trips as this is required in school.

A designated member of staff will be responsible for monitoring medication throughout the visit.

11.1 Risk Assessments for Off-Site Activities

Risk assessments will consider:

- Medical conditions and healthcare needs.
- Medication requirements.
- Emergency procedures.
- Staff training requirements.
- Distance from emergency services.
- Environmental risks.

Reasonable adjustments will be made to support participation wherever possible.

12. School Procedures for Medical Conditions

12.1 Basic Hygiene and Infection Control

The school will promote high standards of hygiene through:

- Regular handwashing routines.
- Availability of hand hygiene facilities.
- Appropriate use of PPE where required.
- Safe disposal of bodily fluids and contaminated materials.
- Cleaning of medical and first aid equipment after use.

- Adherence to UKHSA and Local Authority guidance during outbreaks of infectious illness.

12.2 Planned Hospital Admissions

Where parents notify the school of a planned admission:

- The school will liaise with parents/carers.
- A reintegration plan will be developed where appropriate.
- Educational materials may be provided during prolonged absence.
- Attendance and safeguarding procedures will continue to apply.
- The SENDCo will coordinate support where required.

12.3 Reintegration Following Hospital Admission

Following hospital treatment or prolonged absence, the school may provide:

- Graduated return arrangements.
- Adjustments to timetables.
- Additional pastoral support.
- Updated risk assessments.
- Review of IHPs and identified medical needs.
- Multi-agency planning where appropriate.

12.4 Supporting Pupil and Staff Welfare Following a Serious Incident

Following a significant medical incident, the school will:

- Provide immediate support to affected pupils and staff.
- Inform parents/carers promptly.
- Access professional support services where required.
- Utilise Trust and Local Authority wellbeing resources.
- Conduct a review of procedures and responses.

12.5 Child Death

In the event of the death of a pupil, the school will:

- Follow Trust and Local Authority critical incident procedures.
- Work closely with the family.
- Liaise with external agencies.
- Provide bereavement support for pupils and staff.
- Manage communications sensitively and appropriately.
- Review support arrangements following the incident.

12.6 Procedure When a Pupil With a Medical Condition Feels Unwell

If a pupil reports feeling unwell:

1. The pupil will be assessed by an appropriate adult.
2. Relevant medical information and IHPs will be checked.
3. First aid will be provided if appropriate.
4. Parents/carers will be contacted where required.
5. Emergency services will be contacted if symptoms indicate serious illness or deterioration.
6. The incident will be recorded appropriately.

Staff must always take pupil reports of illness seriously.

13. Supporting Pupils to Become Active Partners in Their Medical Care

Spalding St Paul's recognises the importance of encouraging pupils to develop independence appropriate to their age and stage of development.

Pupils will be supported to:

- Participate in discussions about their healthcare needs where appropriate.
- Understand their medical condition.
- Inform a trusted adult when feeling unwell.

- Inform staff if another pupil requires assistance.
- Treat medication respectfully and responsibly.
- Understand emergency procedures relevant to them.
- Develop self-management skills where appropriate.
- Access support quickly when needed.

Independence will always be developed safely and in partnership with parents/carers and healthcare professionals.

13.1 Carrying Medication

The school recognises that some pupils may be developmentally and medically appropriate to carry their own medication, including:

- Inhalers, stored in Green Bags
- Adrenaline Auto-Injectors (AIs), stored in Orange Bags

This decision will be made jointly by:

- Parents or carers
- The Senior Leadership Team
- Relevant healthcare professionals, where appropriate

Where agreed as appropriate, pupils will carry their medication with them throughout the school day, including when attending the playground, participating in outdoor learning or taking part in other activities away from their usual classroom. This ensures that their medication is immediately available should it be required.

Staff will remain responsible for supporting and administering medication in accordance with the pupil's Individual Healthcare Plan and the school's agreed procedures. The pupil carrying their medication does not remove the responsibility of staff to provide appropriate support and supervision.

14. Serious Incidents, Near Misses and Lessons Learned

All serious medical incidents and near misses will be reviewed to ensure continuous improvement.

Reviews will consider:

- What occurred.
- Contributing factors.
- Staff actions taken.
- Effectiveness of procedures.
- Training requirements.
- Necessary improvements.

Where appropriate:

- CPOMS records will be completed.
- Accident reporting procedures will be followed.
- Trust reporting procedures will be implemented.
- RIDDOR reports may need completing.
- Relevant external agencies will be informed.

Actions arising from reviews will be monitored by the Headteacher.

15. Reporting to the Local School Board and Trust Board

Medical provision compliance will be monitored through:

- Safeguarding and SEND reporting
- Health and Safety monitoring.
- Internal audits.

- Incident reviews.
- Training records.
- Medication administration records.

The Headteacher will provide updates to the Local School Board (LSB) regarding:

- Significant incidents.
- Compliance issues.
- Training completion.
- Emerging risks.
- Medical needs within the school population.

The Local School Board will provide assurance and escalation to the Trust Board through established governance arrangements.

Appendix 1 – School Agreed Medication Administration Record (MAR)

Child Name: _____

Medication: _____

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

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Time given	
Dosage	
Staff Signature 1	
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Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

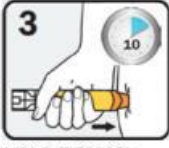
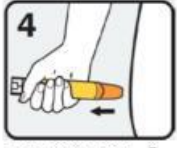
Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Date	
Time given	
Dosage	
Staff Signature 1	
Staff Signature 2	

Appendix 2: Individual Health Care Plan templates

Individual Health Care Plan Template - Allergy and Anaphylaxis

CHILD NAME										
Individual Healthcare Plan: Allergy and Anaphylaxis										
Date of birth:		CHILD PHOTO								
Year / class:										
Emergency contacts:										
<table border="1"><thead><tr><th>Name</th><th>Relationship</th><th>Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Name			Relationship	Number					
Name	Relationship	Number								
<u>Known Allergies</u> - -										
<u>Emergency Response:</u> Severe Reactions Anaphylaxis										
Symptoms: Mouth - Swelling of lips, tongue or mouth Throat - Tight or Hoarse throat, difficulty breathing or swallowing Skin - Widespread hives or swelling, Pale or bluish skin Stomach - Vomiting or diarrhoea Lungs - Wheezing or persistent coughing Heart - Dizziness, weakness or collapse		Medication Administer MEDICATION/ DOSEAGE (WHERE LOCATED)								
First Aid & Emergency Response 1. Administer MEDICATION, DOSEAGE, WHERE LOCATED) 2. Call 999 immediately. 3. Remove allergen if possible. 4. Lay child flat. 5. Monitor breathing and pulse. 6. Commence CPR if required. 7. Remain with child until emergency services arrive. 8. Inform parents as soon as it is safe to do so.		How to Give an EpiPen  1 Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP  2 SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard  3 HOLD FIRMLY in place for 10 seconds  4 REMOVE EpiPen®. Massage injection site for 10 seconds								

CHILD NAME



Individual Healthcare Plan: Allergy and Anaphylaxis

Date of birth:

Year / class:

Emergency contacts:

Name	Relationship	Number

CHILD PHOTO

Known Allergies

-
-
-

Emergency Response:

Mild or Moderate Reaction

Symptoms:

Nose - Itchy or runny nose, sneezing
Mouth – Itchy mouth
Skin - A few hives, mild itch
Stomach - Mild nausea or discomfort

Medication

Administer
MEDICATION/ DOSEAGE
(WHERE LOCATED)

First Aid

- Keep calm and provide reassurance to child
- Remove any 'trigger' if possible, for example carefully remove any bee or wasp sting stuck in the skin.
- Administer antihistamines / medication that have been provided for child, carefully following instructions.
- Contact parents / Alert emergency contacts.
- Observe child closely for changes, see emergency response below if symptoms worsen.
- Stay with child until symptoms subside / parents arrive to collect. Allow child time to rest and recover.

How the Allergy is Managed:

Medication available:

Treatment protocol:

Impact on Education:

.

Arrangements for Support:

The school will:

-

Visits and Trips:

-

Emergency Response:**Severe Reactions / Anaphylaxis**

Symptoms may include:

- Swelling of lips, tongue or mouth
- Difficulty breathing or swallowing
- Tight or hoarse throat
- Widespread hives or swelling
- Vomiting or diarrhoea
- Wheezing or persistent coughing
- Pale or bluish skin
- Dizziness, weakness or collapse

Action

1. **Administer MEDICATION, DOSEAGE, WHERE LOCATED**
2. Call 999 immediately.
3. Remove allergen if possible.
4. Lay child flat.
5. Monitor breathing and pulse.
6. Commence CPR if required.
7. Remain with child until emergency services arrive.
8. Inform parents as soon as it is safe to do so.

Mild / Moderate Reactions

Symptoms may include:

- Itchy or runny nose
- Sneezing
- Itchy mouth
- Mild hives
- Mild itching
- Mild nausea or stomach discomfort

Action:

- **Administer MEDICATION, DOSEAGE, WHERE LOCATED**
- Contact parents.
- Observe closely for worsening symptoms.
- Stay with child until symptoms resolve or parents arrive.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review: Recommended at least every 6 months or sooner if there are changes to allergies, medication or treatment.	Date:

CHILD NAME - Individual Healthcare Plan for Allergy

Annex: Medication needed while in school

Non-prescription medication:

Parental consent:	Date:
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Prescription Medication:

NAME OF MEDICATION

- Emergency medication:
- Dose:
- When required:
- Storage:
- Administration by school staff:

Prescribed by:	Date:
Parental consent:	Date:

Prescription Medication

MEDICATION

- Emergency medication:
- Dose:
- Use according to instructions supplied with device
- Administration by school staff:
- Required for suspected anaphylaxis or severe allergic reaction
- Storage:
- Prescribed by:

Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: <i>Parental consent has been obtained for XXX to receive adrenaline treatment in an emergency, including the administration of a school-held spare adrenaline auto-injector if required.</i>	
Parental consent:	Date:
Use of “spare” salbutamol inhaler:	
Parental consent:	Date:

CHILD NAME– Individual Healthcare Plan for Allergy Annex: Care or Action Plans issued by Healthcare Professionals	
Allergy / Asthma Action Plan:	
Issued by:	Date:
Care Plan:	
Date:	Date:

Individual Intimate Health Care Plan Template

CHILD NAME

Individual Intimate Healthcare Plan



Date of birth:

Year / class:

Emergency contacts:

Name	Relationship	Number

Nature of Intimate Care Required

Please describe the pupil's current intimate care needs.

- Incontinence (urinary and/or bowel)
- Medical or developmental need affecting toileting
- Constipation or other bowel concerns
- Delayed or emerging toilet training
- Sensory or physical difficulties
- Communication needs relating to intimate care
- Changing continence products
- Support with cleaning after toileting
- Support with dressing/undressing or clothing fastenings
- Menstrual/personal hygiene support
- Other:

Child's Independence and Participation

Level of independence:

- ☐ Independent
- ☐ Prompting required
- ☐ Some assistance required
- ☐ Full support required

Personal Care Support

The child may require support with:

- Prompting to use the toilet
- Clothing fastenings
- Changing soiled clothing
- Cleaning after toileting
- Handwashing
- Changing continence products (if applicable)

Staff will encourage independence wherever possible whilst ensuring dignity, privacy and safety are maintained

Communication

Preferred communication method(s):

Hygiene and Infection Control

School staff will:

- Follow handwashing procedures before and after care.
- Safely dispose of waste materials.
- Clean and disinfect any contaminated surfaces.

Intimate Care Arrangements

Support will be provided by:

- Staff known to the child where possible.
- A second adult will be present where this is identified as necessary, safeguarding arrangements or circumstances at the time.
- Staff will inform an appropriate colleague when providing intimate care alone, in accordance with school procedures.

The child's dignity and privacy will be maintained at all times by:

- Care will be provided in an appropriate private area.
- The pupil will be covered/exposed only to the extent necessary.
- Staff will explain what they are doing before and during care.
- The pupil will be encouraged to participate wherever possible.
- Staff will respect the pupil's wishes, communication and individual needs.
- Intimate care will be provided by authorised staff in accordance with the pupil's needs and this plan

How the Condition/Need is Managed

- Parents will provide spare clothing and any required continence products,
- School staff will follow agreed intimate care policy,
- Any concerns regarding toileting patterns, skin irritation, constipation or wellbeing will be reported to parents,
- Records will be maintained of support provided.

Visits and Trips

- Toileting supplies and spare clothing will accompany the child on educational visits.
- Suitable changing facilities will be identified ahead of the trip
- Risk assessments will consider intimate care requirements.
- Staff will be available to provide appropriate support.
- The pupil's dignity, privacy, safety and communication needs will be considered.

Health Concerns and Escalation

Parents/carers will be contacted if:

- There is a significant change in toileting patterns.
- The child appears unwell.
- There is evidence of pain, bleeding, infection or severe constipation.
- Supplies of continence products or spare clothing are exhausted.
- Medical assistance will be sought where appropriate.

Supplies Required in School by parents/carers

- Spare underwear
- Spare clothing
- Wet wipes
- Continence products (if required)
- Cream/barrier cream (if prescribed)
- Other:

Safeguarding and Distress Arrangements

Any unusual distress, injury, disclosure, allegation or safeguarding concern must be reported to the DSL/Deputy DSL without delay in accordance with the school's safeguarding procedures.

Recording and Information Sharing

Routine care will be recorded proportionately in accordance with school procedures. Significant changes, unusual distress, injuries, incidents, disclosures or safeguarding concerns must be recorded and reported through the appropriate school system.

Where parents/carers need to be informed, information will be shared confidentially and in accordance with safeguarding and data protection arrangements.

Staff Reminder

Intimate care must always be provided with dignity, privacy, respect and appropriate professional boundaries. Staff must follow this plan, the school's Intimate Care Policy and relevant healthcare arrangements. Any safeguarding concern must be reported to the DSL or Deputy DSL without delay.

Consent:

I consent to staff supporting my child with their toileting and intimate care needs in accordance with this plan.

Print Name:**Sign:****Relationship:****Issued by:****Date:****Next planned review:**

This plan will be reviewed at least annually and sooner if the pupil's needs, medical advice, staffing arrangements or circumstances change.

Individual Care Plan – Seizures

CHILD NAME

Individual Healthcare Plan: Epilepsy/Seizure



Date of birth:

Year / class:

Emergency contacts:

Name	Relationship	Number

Known Medical Condition

-
-

Emergency Response:

Symptoms:

A seizure may include one or more of the following:

- Eye blinking
- Staring
- Arm Movement
- Loss of Bladder Control
- Spacing out
- Leg
- Falling Down
- Breathing going shallow movement
- Froth at the mouth

WHAT HAPPENS DURING SEIZURE

WHAT TO DO DURING SEIZURE.

Medication location:

- Available in child's medical bag.

Medication

First Aid & Emergency Response

During a Seizure

- Stay calm and reassure other pupils.
- Note the time the seizure starts.
- Protect the child from injury by moving nearby objects.
- If standing or seated, gently assist the child to the floor if possible.
- Loosen tight clothing around the neck.
- Do not restrain movements.
- Do not put anything in the child's mouth.
- If possible, place the child in the recovery position once the seizure has stopped.
- Remain with the child throughout the seizure and recovery period.

Call 999 immediately if:

- The seizure lasts longer than 5 minutes.
- Another seizure begins soon after the first.
- Breathing does not return to normal.
- The child suffers an injury.
- The seizure occurs in water.
- The child appears blue or unusually pale.
- The seizure is different from their normal seizure pattern.
- Emergency rescue medication has been administered and medical advice requires emergency attendance.

After the Seizure

- Monitor breathing and responsiveness.
- Allow the child to rest and recover.
- Provide reassurance.
- Contact parents/carers as soon as it is safe to do so.
- Record details of the seizure and actions taken.

How the Condition is Managed:

- Staff will follow the child's Individual Healthcare Plan and medical advice.
- Emergency seizure medication will be kept accessible at all times.
- Relevant staff will receive epilepsy awareness training.
- Seizure triggers will be monitored and minimised.
- Parents will notify the school of any changes to medication, seizure patterns or treatment.
- A record will be kept of all seizure activity occurring in school.

Impact on Education:**Arrangements for Support:**

The school will:

- .

Visits and Trips:

-

Emergency Response:**Action Following a Seizure**

- Time the seizure.
- Protect from injury.
- Do not restrain.
- Do not put anything in the mouth.
- Place in recovery position after seizure activity has stopped.
- Administer prescribed rescue medication if required.
- Call 999 if emergency criteria are met.
- Notify parents.
- Complete incident documentation.

Last discussed with parents:**Date****Issued by:****Date:****Next planned review:** Recommended at least every 6 months or sooner if there are changes to allergies, medication or treatment.**Date:**

CHILD NAME - Individual Healthcare Plan for Seizure**Annex: Medication needed while in school****Non-prescription medication:****Parental consent:****Date:****Prescription Medication:****Emergency Rescue MEDICATION**

- Emergency medication:
- Dose:
- Route:
- When required:
- Administration by school staff:
- Storage:

Prescribed by:**Date:****Parental consent:****Date:****Use of "spare" adrenaline devices:****Parental consent:****Date:****Use of "spare" salbutamol inhaler:****Parental consent:****Date:****CHILD NAME- Individual Healthcare Plan for Seizure****Annex: Care or Action Plans issued by Healthcare Professionals****Allergy / Asthma Action Plan:****Issued by:****Date:****Care Plan:****Date:****Date:**

Parental Consent

Parental consent has been obtained for appropriately trained school staff to administer prescribed emergency seizure medication in accordance with the child's Individual Healthcare Plan and medical guidance.

Use of Spare Medication

Not applicable unless specifically authorised and supplied in accordance with healthcare professional guidance.