Supporting Pupils with Medical Conditions *and* Children with Health Needs Who Cannot Attend School Policy

This policy is effective for all schools within The Mead Educational Trust, the Teaching School, the SCITT and all other activities under the control of the Trust and reporting to the Trust Board.

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Version	Date	Author	Summary of Changes:
1.0	November 2025	TMET	Unified policy replacing the standalone policies previously titled: • *Supporting Pupils with Medical Conditions and Administration of Medicines* • *Children with Health Needs Who Cannot Attend School*

Supporting Pupils with Medical Conditions *and*
Children with Health Needs Who Cannot Attend School Policy

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1. Introduction

The Mead Educational Trust (TMET) is committed to ensuring that all pupils with medical needs — including those with long-term, short-term or fluctuating health conditions — are properly supported to access a full and meaningful education. We recognise that medical conditions may significantly impact a pupil's attendance, emotional wellbeing, and academic progress.

This policy sets out how TMET Schools will:

- Support pupils with medical conditions in school
- Administer medication safely and appropriately
- Make educational arrangements for pupils who cannot attend school due to health needs
- Work with families, health professionals and Local Authorities to secure statutory provision

This unified policy replaces the standalone policies previously titled:

- *Supporting Pupils with Medical Conditions and Administration of Medicines*
- *Children with Health Needs Who Cannot Attend School*

2. Scope

This policy is effective for all schools within The Mead Educational Trust, the Teaching School, the SCITT and all other activities under the control of the Trust and reporting to the Trust Board, including apprenticeships.

3. Aims

This policy aims to ensure that:

- Pupils with medical conditions are supported to access the same education as their peers
- Medicines and healthcare procedures are safely and effectively managed
- Pupils who cannot attend school due to health needs receive suitable education, in line with statutory duties
- Staff, pupils and parents/carers understand their respective responsibilities

4. Statutory and Regulatory Framework

This policy reflects statutory requirements and guidance including:

- Equality Act 2010
- Section 100, Children and Families Act 2014
- Section 19, Education Act 1996
- Supporting pupils at school with medical conditions (2015)
- Arranging education for children who cannot attend school because of health needs (2023)
- Guidance on the use of adrenaline auto-injectors in schools (2017)
- Guidance on the use of emergency salbutamol inhalers in schools (2015)

5. Roles and Responsibilities

5.1 The Trust Board

The TMET Trust Board has overarching responsibility for ensuring that arrangements are in place to support pupils with medical conditions and health needs.

5.2 The Principal

Each School Principal is responsible for implementing this policy, including ensuring that:

- Staff understand their roles
- Adequate numbers of staff are trained
- Relevant staff are made aware of children's conditions, including cover and supply staff where applicable
- Medical details are collected, recorded and stored safely
- IHPs (Individual Healthcare Plans) are developed and reviewed
- An Asthma register and Allergy register are maintained as per the details within this policy
- The administration of medicine is regularly monitored, including the storage of medicine and medical equipment
- Suitable arrangements are made for school trips, visits and after school activities
- The school liaises with healthcare providers and Local Authorities

The Principal may wish to delegate responsibilities but will maintain overall responsibility for implementation of the policy.

5.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and must follow this policy and the Individual Healthcare Plans (IHPs).

Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.4 Parents

Parents/carers must:

- Provide up-to-date medical information
- Supply required medication/equipment and provide replacements when required
- Participate in IHP development and review

5.5 Pupils

Pupils will be encouraged to share information about their condition and to safely manage their medicines where appropriate.

5.6 Healthcare Professionals

School will liaise with school nursing teams, specialists and clinicians to receive advice on individual medical needs, training requirements and emergency planning.

6. Being Notified of a Medical Condition

6.1 Informing School

It is essential that schools have accurate and sufficient information about any pupil with a medical condition, particularly those with long-term or complex health needs. Schools should be informed of any medical needs before a pupil is admitted or as soon as a condition develops during their time on roll. For pupils who attend hospital appointments regularly or who have significant medical needs, additional arrangements may be required in advance. This may include the sharing and safe storage of plans such as Resuscitation Plans or ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms, which set out agreed emergency responses.

6.2 Working with parents and carers

School admissions processes must request information about any existing medical conditions. Parents/carers can notify the school at any point in the year if a new diagnosis is made or if a condition emerges or changes. The school should work with parents/carers and relevant healthcare professionals to gather information that is sufficiently detailed to understand the pupil's needs and the level of support required.

6.3 Individual Healthcare Plans (IHPs)

Once the school is notified that a pupil has a medical condition, the school will determine whether an **Individual Healthcare Plan (IHP)** is required, following the advice detailed in Annex A of the DFE Guidance, Supporting pupils at school with medical conditions. The school does not need to wait for a formal diagnosis before providing support; however, reasonable medical evidence should be sought so the school can act in line with professional recommendations.

The school will make every effort to ensure that any necessary arrangements, including the development of an IHP where required, are put in place within two weeks of being notified, or by the start of the relevant term for pupils new to the school. Early planning enables the pupil to access their education safely and with minimal disruption.

7. Individual Healthcare Plans (IHPs)

IHPs will be developed for pupils with significant, long-term or complex medical needs. Plans will:

- Be developed by the school, parent/carer, school nurse/health professional, and the pupil (where appropriate)
- Describe triggers, symptoms, treatment and required support
- Set out responsibilities, emergency arrangements and medication management
- Be reviewed at least annually or sooner if needs change
- Be linked to any existing SEND provision.

8. Managing Medicines

TMET Schools will follow safe, consistent practice including:

8.1 Prescription medication

Schools will only administer medication when:

- It is necessary during the school day
- It is provided in its original packaging, clearly labelled
- A written request is completed by parents/carers (see Appendix A)

Written records will be kept of all medicine administered to children.

8.2 Non-prescription medication

At Rowlatts Mead Primary Academy we agree to administer non-prescription medicines, such as Calpol, when it would be detrimental to a child's health or school attendance not to do so. Parental consent will be obtained and a written record made. Medication, e.g. for pain relief, should never be administered without first checking the maximum dosages and when the previous dose was taken. Parents will be informed of the dose given and the time at which it was administered.

Medication containing aspirin will never be administered unless prescribed by a doctor.

8.3 Storing medicines

All medicines and medical equipment will be kept securely and in accordance with the product instructions i.e. not in direct sunlight, in the fridge, secured (for controlled drugs). Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto injectors (AAI) will always be readily available to pupils and not locked away. A record is kept of pupils receiving medicine.

8.4 Self-management

Pupils capable of managing their own medication will be encouraged to do so. Wherever possible, children should be allowed to carry their own medicines, e.g. older children carrying asthma inhalers.

9. Auto Adrenaline Injectors (AAIs)

9.1 Supply of AAIs

TMET Schools should hold spare adrenaline auto-injectors (AAIs) for use in emergencies. These devices provide potentially life-saving treatment for pupils at risk of anaphylaxis and must be managed safely and consistently.

Schools may purchase spare AAIs from a pharmaceutical supplier without a prescription. Requests must be made on School-headed paper, signed by the Principal, and must specify:

- the name of the school
- the purpose for which the AAI is required

Each school must include the action plan for its chosen brand in Appendix B.

9.2 Emergency AAI Kit

Each School must maintain an emergency anaphylaxis kit stored in an accessible central location. The kit must contain:

- one or more spare AAIs
- manufacturer's instructions and storage guidance
- instructions on how to use the device
- a monthly-updated checklist (batch number, expiry date, condition of device)
- clear arrangements for replacement
- a list of pupils who may be given the spare AAI
- an administration record

A spare AAI may only be used if:

- the pupil is known to be at risk of anaphylaxis, and
- their own AAI is unavailable or cannot be administered without delay, and
- both medical authorisation and written parental consent have been provided

Consent and authorisation must be included in the pupil's Individual Healthcare Plan (IHP) and updated at least annually. All pupils with a diagnosed allergy requiring an AAI must have a written Allergy Management Plan.

9.3 Recognising and Responding to Anaphylaxis
Anaphylaxis is a medical emergency. **999 must be called immediately** at the first sign of a severe allergic reaction.

Signs include:

- **Airway:** persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- **Breathing:** noisy or difficult breathing, wheeze
- **Consciousness:** dizziness, pale/floppy appearance, sudden sleepiness, collapse

The pupil's own AAI should be used first if available. If not, the spare AAI must be administered without delay. Devices may be used through clothing and must be injected into the upper outer thigh.

After administering adrenaline:

- keep the pupil **lying down** with legs raised (unless breathing is difficult — then allow them to sit)
- **do not move or stand the pupil**
- call an ambulance immediately and provide key information (known allergy, possible trigger, time of administration)

If symptoms do not improve within **5–10 minutes**, a **second dose** should be given, and a second 999 call made.

Pupils with mild-moderate allergic symptoms should be monitored closely for escalation.

9.4 Registers, Training and Record-Keeping
Schools must maintain:

- an allergy register, noting known allergens, risk factors for anaphylaxis and whether the pupil has been prescribed an AAI, and if so, the type and dose.
- written parental and medical consent for use of the spare AAI
- records of every use of an AAI (own device or spare), with parents/carers informed the same day

The school may wish to consider including photographs of pupils, to allow a visual check to be made.

Schools must ensure:

- a named individual oversees the spare AAI protocol and maintains the allergy register
- at least two trained staff members are responsible for supply, storage, checks and disposal
- staff receive appropriate training in recognising anaphylaxis and administering AAIs

9.5 Storage
AAIs must be:

- stored centrally in an unlocked but monitored location (e.g., office or staff room)
- accessible within **five minutes** from any part of the school
- kept at room temperature, away from direct sunlight or extreme temperatures
- stored separately from pupils' personal devices, with clear labelling

Monthly checks must be documented, and replacements ordered before expiry.

9.6 Disposal

AAIs cannot be reused. Used devices must be:

- handed to ambulance paramedics, **or**
- placed in a school sharps bin for council collection

10. Asthma

10.1 Asthma register

The school should keep a register of pupils that have been diagnosed with asthma or prescribed a reliever inhaler. The asthma register should be easy to access and designed to allow a quick check of whether a pupil is recorded as having asthma and consent has been given for an emergency inhaler to be administered. Consent should be updated regularly, ideally annually. The school may wish to consider including photographs of pupils, to allow a visual check to be made.

10.2 Access to inhaler

Pupils with asthma must always have access to their prescribed reliever inhaler. Wherever clinically appropriate and agreed with parents/carers, pupils will be encouraged and supported to self-manage their asthma, including carrying and using their own inhaler. Where a pupil is not yet able to self-manage safely, their inhaler must be stored in a location that is immediately accessible, known to the pupil, and easy for staff to reach without delay.

Each School must maintain clear arrangements to ensure:

- every pupil with asthma has access to their prescribed inhaler when needed
- inhalers kept in school are labelled, in-date, and stored safely but not locked away
- staff know where inhalers are located and who is responsible for monitoring them

10.3 Emergency Salbutamol Inhaler Kit

Schools should keep an emergency salbutamol inhaler, which can be used if:

- a pupil has been diagnosed with asthma or prescribed a reliever inhaler and
- written parental consent has been provided via their IHP and
- their own inhaler is unavailable, empty, lost, or not working

The emergency kit should include:

- a salbutamol metered-dose inhaler
- at least two compatible single-use spacers
- manufacturer's instructions and user guidance
- a checklist of batch numbers and expiry dates with documented monthly checks
- clear arrangements for replacing inhalers and spacers
- the school's asthma register, listing pupils permitted to use the emergency inhaler
- an administration record outlining when and by whom the inhaler was used

The emergency salbutamol inhaler and spacers must be:

- kept in a central, unlocked, accessible location known to all staff
- stored at room temperature, away from direct sunlight or heat
- separate from pupils' own inhalers and clearly labelled

Used spacers must not be re-used and should be given to the pupil to take home. The inhaler device must be cleaned after each use or replaced if there is any risk of contamination.

10.4 Recognising and Responding to Symptoms

Staff should be trained to recognise the signs of an asthma attack and respond quickly. During an asthma episode, staff should:

- stay calm and reassure the pupil
- encourage the pupil to sit up and slightly forward
- prompt the pupil to take **two separate puffs** of their own reliever inhaler via a spacer (if not available, use the emergency inhaler)
- if no improvement, continue administering two puffs every two minutes, up to a maximum of ten puffs, or until their symptoms improve.
- call **999 immediately** if the pupil shows signs of a severe attack (e.g., exhaustion, blue lips, inability to speak in full sentences, collapse) or if there is no improvement after ten puffs
- contact the pupil's parents or carers after the ambulance has been called
- give another 10 puffs in the same way if an ambulance does not arrive in 10 minutes
- accompany any pupil taken to hospital by an ambulance and stay with them until a parent or carer arrives

11. Pupils with Health Needs Who Cannot Attend School

TMET is committed to ensuring pupils absent for medical reasons continue to access suitable education.

12.1 School responsibility

Schools will:

- Work with families and health professionals to understand the pupil's needs
- Ensure work is provided that is meaningful, accessible and appropriately challenging, including when a child is in hospital
- Put in place temporary or adjusted timetables where medical evidence recommends this
- Keep contact with the pupil and family to support reintegration
- Refer to the Local Authority where absence exceeds 15 days because of health needs, or earlier where appropriate (whether consecutive or cumulative across the school year).

12.2 Local Authority involvement (Section 19 duties)

When it is clear that a pupil will be, or has been, away from school for more than 15 days because of health needs, the school will work alongside the relevant Local Authority (see links below), healthcare partners and family to establish suitable ongoing provision. Work will continue to be provided during this period.

Schools in Leicester City should use the referral process that sits alongside the Policy for Supporting the Education of Children with Medical Needs (leicester.gov.uk/educationmedicalpolicy). Where appropriate, children's cases will be considered by a Medical Education Panel to identify appropriate provision.

Schools in Leicestershire should contact the Inclusion service to request support: Get advice or make a referral to the Inclusion service | Leicestershire County Council

Schools will cooperate fully with LA arrangements and reintegration planning.

12.3 Reintegration Planning

When pupils are ready to return to school following a period of medical absence, the following arrangements will take place:

- A reintegration plan will be agreed with parents, healthcare professionals and the LA (if involved)
- Risk assessments will be reviewed and updated
- A phased timetable may be used where appropriate
- Pupils will be supported socially and academically

12. Trips and Off-Site Activities, including work experience

The school will make reasonable adjustments to ensure that pupils with medical needs can safely participate in trips, visits, off-site learning and work experience. A risk assessment will be completed for any pupil with medical needs, including those at risk of anaphylaxis, and will inform planning, staffing, emergency arrangements and access to medication. Staff supervising off-site activities must be aware of pupils' medical conditions, IHPs and emergency procedures, and parents/carers must provide up-to-date medical information on consent forms. Pupils should carry their own inhalers, AAIs or other medication wherever possible; where this is not appropriate, a named member of staff will manage and administer medication as required. Copies of relevant IHPs will accompany the pupil, and additional arrangements may be required for residential or overseas trips (e.g., notes in the local language or consideration of spare AAIs).

For work experience placements and off-site provision, the school retains responsibility for ensuring that settings are suitable and that risk assessments reflect the pupil's medical needs. Medical information will be shared with providers on a confidential basis only with the consent of parents/carers and the pupil.

13. Training

The school will ensure that staff supporting pupils with medical conditions receive appropriate training to carry out their roles safely and confidently, including the administration of medicines and emergency interventions such as the use of AAIs and asthma inhalers.

Training requirements will be identified through Individual Healthcare Plans and reviewed regularly, with healthcare professionals providing specialist input where needed. All staff will receive general awareness training so they understand the school's responsibilities, the basics of managing medical conditions, and how to respond in an emergency.

Training records will be maintained, and staff who volunteer to administer medication or undertake healthcare procedures will only do so once they are suitably trained.

14. Emergency Procedures

All staff must know how to respond to medical emergencies, including:

- When to call 999
- How to administer AAIs and emergency inhalers (where trained)
- How to follow procedures in IHPs

A member of staff will always stay with a pupil until their parent/carer arrives, including accompanying them to hospital if required.

15. Liability and indemnity

Teachers and other School staff responsible for pupils have a common law duty to act as any reasonably prudent parent would, to ensure that pupils are healthy and safe while on School premises. In exceptional circumstances, this duty may extend to administering medicine and/or taking action in an emergency.

This duty also applies to teachers leading activities off the school site, such as educational visits, School outings or field trips. Section 3(5) of the Children Act 1989 provides scope for teachers to do what is reasonable in all the circumstances for the purpose of safeguarding or promoting a child's welfare. This provision offers legal protection to staff acting reasonably in emergency situations, including when off-site.

The Trust Board will ensure that appropriate insurance arrangements are in place to cover staff who support pupils with medical conditions, including liability cover for the administration of medication. The level of insurance will reflect the school's level of risk.

16. Unacceptable Practice

School staff should use their professional judgement and consider each case individually, with reference to the pupil's IHP. However, it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers or other medication, or from administering their medication when and where it is needed.
- Assume that all pupils with the same condition require identical treatment.
- Ignore the views of the pupil or their parents/carers.
- Disregard medical evidence or professional advice (although this may be questioned where appropriate).
- Send pupils with medical conditions home frequently or prevent them from taking part in normal school activities—including lunch—unless this is clearly outlined in their IHP.
- Send a pupil who becomes unwell to the office or medical room alone or accompanied by an unsuitable person.
- Penalise pupils for absence related to their medical condition (for example, hospital appointments).
- Prevent pupils from drinking, eating or taking toilet or other breaks when required to manage their condition.
- Require, or make parents/carers feel obliged, to come into school to administer medication or provide medical support, including toileting. No parent/carer should be expected to give up work because the school is failing to meet a pupil's medical needs.
- Restrict participation in aspects of school life, including trips or activities, or create unnecessary barriers such as requiring a parent to accompany the pupil.
- Administer, or ask pupils to administer, medication in school toilets.

17. Complaints

Should parents or pupils be dissatisfied with the support provided to them in relation to their medical condition, they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure.

18. Monitoring arrangements

This unified policy will be reviewed and approved every two years by the TMET Executive Team and approved by the Trust's Education Committee, or earlier if required by changes in legislation or statutory guidance. Schools must review their local arrangements annually.

19. APPENDIX A Administration of Medicines Request Form

To: The Principal of the School

From: The parent/guardian of Click or tap here to enter text. *(insert full name of child)*

My child has been diagnosed as having Click or tap here to enter text. *(insert name of illness)*. They are considered fit to attend school but require the following prescribed medicine to be administered during School hours Click or tap here to enter text. *(insert name of medication)*

I allow/do not allow for my child to carry out self-administration. *(delete as appropriate)*

I allow/do not allow for my child to carry the medication upon themselves *(delete as appropriate)*

Could you please therefore administer the medication as indicated below?
Click or tap here to enter text. *(insert dosage)* at Click or tap here to enter text. *(insert time)* with effect from Click or tap here to enter text. (*insert date)* to* Click or tap here to enter text. *(insert date)* (* delete if long term medication)*
The medicine should be administered by mouth/ in the ear/nasally/other: Click or tap here to enter text. *(delete as appropriate)*
I understand that the school cannot administer a spare adrenaline auto injector without the consent of a medical practitioner and parent/carer.

I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self-administered medication of that carried by the child and that the school is not responsible for any loss of/or damage to any medication.
I understand that if I do not allow my child to carry the medication it will be stored by the school and administered by staff with the exception of emergency medication which will be near the child at all times.
I understand that staff may be acting voluntarily in administering medicines to children.

Signed: Click or tap here to enter text. Date: Click or tap here to enter text.
Name of Parent/Guardian: Click or tap here to enter text. *(please print)*

Contact Details: Home: Click or tap here to enter text. Mobile: Click or tap here to enter text.

Work: Click or tap here to enter text.

20. APPENDIX B AAI Action Plan

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response:
Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where “spare” adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

21. APPENDIX C - ADRENALINE AUTO INJECTOR ADMINISTRATION REPORT FORM

NAME OF CHILD:	**DOB:**
DATE OF ALLERGIC REACTION:	
TIME REACTION STARTED: **TRIGGER:** **DESCRIPTION OF SYMPTOMS OF REACTION:**	
TIME ADRENALINE INJECTION GIVEN: **DEVICE USED (please circle): EPIPEN / EPIPEN JUNIOR / ANAPEN / ANAPEN JUNIOR** **SITE OF INJECTION:** **GIVEN BY:** **ANY DIFFICULTIES IN ADMINISTRATION:**	
TIME AMBULANCE CALLED: **TIME AMBULANCE ARRIVED:** **ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child):-** **WITNESSES:**	
FORM COMPLETED BY: **NAME (print):** **SIGNATURE:** **JOB TITLE:** **CONTACT TEL. NO:** **DATE:**	

Original to Child's School Record

c.c. Hospital with child (where possible)

c.c. Parent

22. APPENDIX D – Checklist

The following checklist has been provided to help monitor the requirements of this policy.

Requirement	Notes
IHPs: A current IHP is in place for each pupil requiring one	
IHP includes medical diagnosis/information from healthcare professionals	
Roles, responsibilities and emergency arrangements clearly recorded	
Medication details (dose, timings, storage) included	
IHP reviewed at least annually or when needs change	
Signed by parent/carer and relevant healthcare professional	
Copies stored securely but accessible to relevant staff	
IHP taken on trips/off-site activities	
Sufficient staff are trained to support the conditions present in school, availability of trained staff is appropriate	
Staff running after school activities are aware of IHPs and have access to medication and records	
Where needed, there is a sharps bin for disposal of needles	
Medication Administration: Parental/carer consent obtained for any medication taken in school (Appendix A)	
Call made home to check last dose if delivering pain relieving meds	
Medicines supplied in original, labelled packaging	
Record completed for each dose administered	
Expiry dates monitored; replacements requested as required	
Controlled drugs recorded in line with legal requirements	
Medicines stored safely and according to instructions	
Allergy Register / AAI requirements: Up-to-date allergy register maintained, including details of pupils who carry their own medication	
Pupil photographs included (recommended)	
Allergens, risk factors and prescribed AAIs recorded	
Written parental consent for use of spare AAI	
Records kept of all AAI administrations (own or spare)	
Medication checks recorded (expiry, batch numbers, condition)	
Training log shows sufficient staff trained and dates	
Spare AAIs stored in accessible, unlocked location with copy of allergy register	
Where personal AAIs are stored for children (e.g. primary aged, or older children requiring support), these are in date, accessible and stored safely.	
Asthma Register / emergency inhaler: Up-to-date asthma register maintained	
Consent recorded for use of emergency salbutamol inhaler	
Emergency inhaler kit stored in accessible, unlocked location with copy of asthma register	
Monthly inhaler kit checks recorded (expiry, batch, condition)	
Two or more single-use spacers available and logged	
Records kept of emergency inhaler use	
Pupil-owned inhalers checked termly for expiry	