ACHIEVING TOGETHER

FOUR STONES GATEWAY TRUST

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

DATE POLICY WAS APPROVED	01.09.2026
DATE POLICY WILL BE REVIEWED	Summer 2027
MEMBER OF STAFF WITH RESPONSIBILTY FOR REVIEW	Head of Estates

Key Definitions

All policies incorporate the following schools or organisations within Four Stones Gateway Trust ('the Trust'):

- Clee Hill Community Academy
- Cleobury Mortimer Primary School
- Haybridge High School and Sixth Form
- Haybridge Teaching School Hub
- Haybridge SCITT
- King Charles I School
- Lacon Childe School
- SHaW (Shropshire, Herefordshire and Wolverhampton) Maths Hub
- Stottesdon CofE Primary School
- TDMS (The De Montfort School)
- Any other schools or organisations that may join the Trust from time to time and not listed above.

The terms Academy, School, Organisation and Trust are considered interchangeable in the context of all Trust policies.

Where appropriate, in this Policy the term:

"CEO" includes the Chief Executive Officer

"CFOO" includes the Chief Financial Officer

"Trust Senior Leadership Team" includes Executive Headteachers, Headteachers, strategic operational leads and Teaching School/SCITT Directors.

"Headteacher" includes the appropriate School Headteacher.

"Trustees or Trust Board" are appointed Trustees who oversee the business of Four Stones Gateway Trust, agreeing the overarching strategic direction and ensuring robust governance.

"Local Academy Boards (LAB)" are appointed Governors at a local level. LAB Governors act as advocates for their school's Safeguarding, SEND, Standards and Stakeholder engagement.

"Chair" responsible for leading the board and ensuring its effectiveness

"Stakeholders" are any individuals or companies who are invested in the welfare and success of the Trust and/or School and its students, including staff members, students, parents, community members, LAB or Trust members, trade unions, local business leaders etc.

Contents

1.0 Aims 4
2.0 Legislation and Statutory Responsibilities 4
3.0 Introduction 4
4.0 Arrangements of Implementation of the Policy 5
5.0 Individual Healthcare Plan (IHP) 6
7.0 Staff Training 7
8.0 Managing Medicines on School Premises 7
9.4 Unacceptable Practice 10
10.0 Complaints 10
Appendix 1- Templates 12
Template A: Individual Healthcare Plan (IHP) 13
Template B: Parental Agreement to Administer Medicine 15
Template C: Parental Agreement to Administer Stock Medicine 16
Template D: Record of Medicine Administered to an Individual Child 17
....19
Template E: Consent Form/Asthma Care Plan & Use of Emergency Salbutamol Inhaler 19
....21
Template F: Consent Form for Use of Emergency Adrenaline Auto-Injector 21
Appendix 2 – Useful Contacts 22

1.0 Aims
We are committed to:

- Ensuring that students with medical needs are properly supported so that they have full access to education, including school trips and physical education.
- Ensuring that no student is excluded unreasonably from any school activity because of their medical needs.
- Ensuring the needs of the individual are considered.
- Providing specialist training for staff.
- Ensuring students and parents/carers are confident in the school's ability to provide effective support to their child.
- Ensuring procedures for supporting students with medical needs are in place and reviewed at least annually.

We will:

- Ensure all staff are aware of this Policy and that sufficient trained staff are available to implement the Policy and deliver against all Individual Health Care Plans (IHPs), including in contingency and emergency situations.
- Ensure that every school is appropriately insured, and that staff are aware that they are insured to provide first aid and other medical support to students.

The school will seek parents/carers' written agreement about sharing information about their child's needs, where information needs to be shared outside the school. However, in cases of confidentiality the health & safety of the child must take precedence.

2.0 Legislation and Statutory Responsibilities
This Policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

3.0 Introduction
Supporting students with medical needs is not the sole responsibility of one person. The Trust's ability to effectively support students with medical needs will require the schools to work collectively with other agencies, parents/carers, and students. Schools are encouraged to seek additional advice and information from a wider range of people if considered appropriate.

Students and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. However, in line with safeguarding, a student's health should not be put at risk.

All schools should ensure that medical information is collected from all new students entering the school so that the school can assist with the appropriate management of any medical condition or administration of medication.

- Under section 100 of the Children and Families Act 2014, schools have a duty to support students at their school with medical conditions.

- The Food Information Regulations 2014 requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that students with allergies can and cannot eat.

- As of October 2021, the Food Information Regulations will include new requirements for the labelling of allergens on PPDS foods. These are foods which are packaged on the premises before the consumer orders them. Read the Food Standards Agency advice for schools, colleges, and nurseries.

3.1 Individual health care plans are plans developed in partnership between the school, parent/carers,

students, and the relevant healthcare professional who can advise on a student's case. The aim is to ensure that schools know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

3.2 Asthma and Allergy action plan is a written plan that you create with your child's doctor to help control your child's asthma. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits. Your action plan may be in the format of your IHP.

4.0 Arrangements of Implementation of the Policy

4.1 Headteachers
Headteachers are responsible for ensuring that:

- All staff are aware of the Policy for supporting students with medical needs.
- Sufficient resources are in place in terms of leadership on this area at SLT level.
- That there are sufficient trained personnel to be able to support all the medical and healthcare needs of students and staff in the school.
- A member of staff is appointed to have the lead role in ensuring students with medical conditions are identified and properly supported in the school, and to support staff who are implementing a student's Individual Health Care Plan.
- Ensure staff obtain updated students' information from parents/carers on an annual basis as a minimum.
- Ensure there is a space to store and administer medication.
- Ensure the assigned staff member coordinates (with support) IHPs for students with medical conditions or allergens.
- Ensure there are sufficiently trained staff to administer medication.

4.2 Lead First Aider
The school appointed lead first aider is responsible for:

- Monitoring Individual Health Care Plans and students with medical conditions.
- Assessing the training needs of staff.
- Ensuring that suitable and sufficient training is provided to enable staff to administer medication and support where required.
- Arranging whole-school awareness training on supporting students with medical conditions.

4.3 Staff
Supporting students 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 students with medical conditions. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

4.4 Parents/Carers

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

4.5 Students
Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4.6 Healthcare Professionals
Health Care professionals are responsible for notifying the school when a child has been diagnosed with a condition that requires support in school. Specialist Local Health Care Teams may be able to provide support with students who have been diagnosed with conditions such as Diabetes, Epilepsy etc.

Further advice on the roles of Local Authorities, Clinical Commissioning Groups, Providers of Health Services and Ofsted can be found on the following link: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

5.0 Individual Healthcare Plan (IHP)
Asthma and Allergens will need to be covered within the individual health care plans.

- IHP provide clarity to the school on what needs to be done for students with medical conditions and by whom. IHP will be prepared to help identify the necessary measures to support students with medical needs and ensure that they are not put at risk.
- IHP are often issued in cases where emergency intervention is required, or for medical conditions that require daily management, are complex and long-term, or for medical conditions which fluctuate.
- Not all children require an IHP, it is for the staff member with assigned responsibility, parent/carers, the students (where able), school and Health Care Professionals to decide if a IHP is necessary. Students with the same medical condition do not necessarily require the same treatment. Where treatment differs from the norm an IHP should be written to support that student.
- Some students have medical conditions that, if not properly managed, could limit their access to education.
- Conditions include but are not limited to:
  - Epilepsy
  - Asthma
  - Severe allergies, which may result in anaphylactic shock
  - Diabetes

5.1 The school should ensure that when completing Individual Health Care Plans the following information is recorded:
The medical condition

- Triggers, signs, and symptoms.
- Allergies.
- Treatment required.
- Emergency arrangements: a) Who to contact b) Contingency arrangements c) Personal Emergency Evacuation Plan (PEEP) required?
- Resulting needs of the student: a) Medication (dosage, effects and storage, use of emergency inhaler?) b) Other treatments c) Is time required for students to recover/recoup? d) Are additional facilities required e) Is any additional equipment needed f) Access to food/drink where this is used to manage their condition g) Use of toileting facilities h) Dietary requirements i) Environmental (mobility/crowded areas/corridors)
- Provision of support (by whom?): a) Their training needs b) Expectations of their role c) Confirmation of proficiency by a health care professional d) Cover if they are sick or absent.
- Who in the school needs to be aware of their condition.
- Arrangements and permission from parents/carers for administration of medication.
- Arrangements for school trips/ out of school activities.
- Confidentiality issues – designated individuals to be entrusted with information.

All IHPs should be reviewed at least annually, or sooner if there are any changes (it is the parent's responsibility to keep the school informed of any changes) and should be readily available to staff for quick

reference, whilst preserving confidentiality.

6.0 Educational Visits
Each school will consider what reasonable adjustments it might make to enable students with special medical needs to participate fully and safely on school visits. A risk assessment for each trip will take into account any additional steps needed to ensure that students with special medical conditions are fully included. The trip leader must liaise with the appropriate person in school and consider what reasonable adjustments can be made to enable the student to participate fully and safely.

Students with medical needs should be included on the educational visit risk assessment, and where it is considered appropriate a separate risk assessment should be written to document specific arrangements, hazards, risks, and the controls implemented.

7.0 Staff Training
The type of training required to support students with specific medical needs will usually be determined during the development of the IHP. In cases where care plans are already in place and additional training is required, the lead first aider will be responsible for arranging the necessary training.
Specific training will often be required for specific medical needs such as epi pen training or diabetes training.

8.0 Managing Medicines on School Premises

8.1 Taking possession of medication
- The school must only take possession of medication when a written permission slip is filled in by the parent/carer.
- **Where possible medication should be administered at home by the parents/carers.**

8.2 Storage and access
- Each school must designate a safe, lockable place to store students' medication and allocate a member of staff to control access. Where medication is stored, this should be locked away at all times.
- Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own medication on them at all times (in a suitable bag/container). For younger children or those not ready to take responsibility for their own medication, emergency medication they will be **accessible to all staff.**

8.3 In the event of medication being stored in a fridge, this will be a dedicated medical fridge with no perishable items stored in the same location.
- The medication should be quick to access in an emergency but should be secure to prevent unauthorised and undocumented access to the medication.
- Students should be aware of the location of their medication at all times and where necessary be able to access their medication immediately.
- Medication and devices such as asthma inhalers, blood glucose meters, auto-injectors should always be readily available **(not locked away) but still be secure from mis use**.
- If students with asthma are able to manage their condition, they should be encouraged to carry their inhaler (this may not be suitable for our younger students).
- Spares of emergency medication should be readily available for use in case of loss or failure of the required device. Further information about emergency asthma inhaler and emergency auto-injectors can be found later in this document.
- All medication must be logged with clear expiry dates in place. Any prescribed medication without an expiry date must be sent back to parents/carers to obtain new medication. (Temporary measures will be permitted)
- Any medication out of date or no longer required should be returned to the parents/carers for safe disposal. When parents/carers are asked to collect medication, they should be advised that medication not collected within 1 month will be disposed of by the school. Medication not collected thereafter should be returned to the school's local pharmacy for safe controlled disposal. Sharps boxes should be

used for disposal of needles and other sharps. Medication should not be disposed of in the general rubbish.

8.4 Administration of Medication

- Medication should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- Prescribed or not prescribed medicine should never be given to a child under 16 without the consent of their parents/carers. In exceptional circumstances, medicine can be administered to a student without the consent of parents/carers ONLY if the medicine has been prescribed by a doctor (without the knowledge of the parents/carers). In cases such as this, every effort should be made to encourage the child or young person to involve their parents/carers, whilst respecting their right to confidentiality.
- Where possible and considered appropriate to do so, students should be allowed to carry their own medicines and relevant devices for self-medication such as: epi-pens and inhalers. Students who self-manage and administer their own medication may require an appropriate level of supervision. If not appropriate, relevant staff should assist with administration and manage procedures for them. If a child refuses to take medication, staff should not force them to do so but refer to the Individual Health Care Plan if they have one and contact the parents/carers so alternative options can be agreed.
- Children under 16 should not be given medicine containing Aspirin, unless prescribed by a doctor.
- Staff administering medication should have a witness in place who counter signs the administration of medication.

8.5 Medication should only be accepted into the school if:

- Medication is in date.
- A permission slip is in place. (consent)
- In its original container/box/bottle.
- Un damaged.
- Named.
- Includes instructions for administration, dosage, and storage.

The exception to this is Insulin, which must still be in date, although unlikely to be in its original container, but contained within an insulin pen or pump.

8.6 Stock Medication

School may hold a small amount of stock medication (medication purchased and held by the school, such as paracetamol and antihistamines) for dispensing to students as required. This can only be dispensed if there is written consent, and the parent/carer has been called to confirm that no other medicine has already been given to the student. This must then be recorded on individual students record of medication (Appendix 2C).

8.7 Short term or non-prescribed Medication

Where medication or treatment is not part of a long-term medical condition, but is only required for a finite period, for example the completion of a course of antibiotics, or for pain relief, the student's parents/carers will be required to sign a Parental Consent for the administration of medication form.

8.8 Controlled Medication

- A child who has been prescribed a controlled drug may legally have it in their possession if they are considered competent by the school to do so. Passing that medication, however, to another student is an offence.
- It is therefore Policy that all controlled medication is secured on site in a secure non-portable container, with named staff given access. Controlled drugs should be easily accessible in an emergency. Controlled medication on school trips should be held securely by the appropriate person.
- Staff may administer a controlled drug to the child for whom it is prescribed. All controlled medication should be administered by staff in accordance with prescribed instructions.
- Or staff should facilitate self-administration by the student. In effect the school is used for storage and security.

- Records should be kept of any doses used and the amount of drug held. Schools are encouraged to count-in and count-out controlled medication. This list should be updated each time medication is taken or administered.

8.9 Alternative Medicine

- Alternative medicine is used along with standard medical treatment but is not considered by itself to be standard treatment. One example is using acupuncture to help lessen some side effects of cancer treatment. Less research has been done for most types of alternative medicine.
- Due to their active ingredients, alternative medicines cannot be administered by staff unless they are trained to do so.

8.10 Emergency Salbutamol Inhalers

- Emergency Salbutamol inhalers should only be used by children who have been diagnosed with asthma and prescribed with an inhaler, and where parental consent has been sought. Use of this inhaler is for use when the student's prescribed inhaler is not available.
- Arrangements for storage and care of the emergency inhaler should be followed to ensure the inhaler is in working order and always ready for use and accessible. The school must ensure:
    - Spacers and inhaler are checked regularly and noted to be present and in working order.
    - Replacements inhalers and spaces are obtained when expiry dates of existing inhalers approach.
    - They hold a register of students diagnosed with asthma (copies to be held with the emergency inhaler).
    - Have written parental consent for use of the emergency inhaler.
    - Ensure staff are aware that only students where consent have been received can use the emergency inhaler.
    - The school have appropriate support and training for staff in the use of the emergency inhaler.
    - Staff keep a record of the use of the emergency inhaler.
    - Parents/carers are notified when the inhaler is used.
    - Two staff are responsible for ensuring the above is followed.

To minimize cross-infection spacers should only be used once, whereas the inhaler, if cleaned can be re-used. Inhalers that may come into contact with blood should not be re-used but disposed of.
Further guidance can be found here: https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

8.11 Allergy Safety and Emergency Auto-injectors

Please see the Trust's Allergy Safety Policy

9.0 Asthma

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.

There is currently no cure, but there are simple treatments that can help keep the symptoms under control.

9.1 Symptoms of asthma

The main symptoms of asthma are:

- a whistling sound when breathing (wheezing)
- breathlessness
- a tight chest, which may feel like a band is tightening around it.
- coughing

The symptoms can sometimes get temporarily worse. This is known as an asthma attack.

9.2 Causes and triggers of asthma.

Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.

It may happen randomly or after exposure to a trigger.

Common asthma triggers include:

- allergies (to house dust mites, animal fur or pollen, for example)
- smoke, pollution, and cold air
- exercise
- infections like colds or flu

Identifying and avoiding your asthma triggers can help you keep your symptoms under control.

9.3 Record Keeping

The school must keep a record of all medication administered, when and by whom. Any side effects of medication administered in school should also be noted and shared with the parents/carers.

Student medical records should be placed on the student's medical file.

9.4 Unacceptable Practice

All school staff should use their discretion and judge each case on its merits. It is generally not acceptable to:

- Prevent a student from accessing their medication as required.
- Treat each student with the same conditions in the same way.
- Ignore the views of a student or their parents/carers, or medical opinion.
- Send students home unnecessarily or prevent them from staying in school and participating in normal school activities, including lunch.
- If a student is ill, send them to the medical room unaccompanied or with someone unsuitable.
- Penalise students for their attendance if absence is related to their medical condition.
- Prevent students from eating and drinking or taking toilet breaks whenever they need to, to manage their medical condition.
- Prevent a student from participating or creating necessary barriers to student in any aspect of school life, including school trips. For example, by requiring parents/carers to attend school trips.
- Administer, or ask students to administer, medicine in school toilets.

10.0 Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the lead first aider in the first instance. If the lead first aider cannot resolve the matter, they will direct the parent/carer to the Trust's Complaints Policy & Procedure.

Intentionally Blank Page

Appendix 1- Templates

Name of school	
Student's name	
Year Group/Class	
Date of birth	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

Specific support for the student's educational, social, and emotional needs

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the information provided above. I will inform the school/setting immediately, in writing, if there are any changes.

Parent/Carer signature(s)_____ Date _____

Print name _____

School representative signature(s)_____ Date _____

Print name _____

Parental Agreement to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Year group/Class	
Medical condition or illness	

Medicine

Name/type of medicine. *(As described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____ Date _____

Print name _____

Parental Agreement to Administer Stock Medicine
Paracetamol / Antihistamine

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed, we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Name of school	
Name of child	
Date of birth	
Year group	
Medical condition or illness	

Medicine

The Supporting Students with Medical Conditions Policy permits TDMS to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Students will be given a standard dose suitable to their age.
Parents/Carers will be called beforehand to ensure no medicine has been given within the preceding 4 hours.

The school holds a small stock of the following medicines:

☐ Paracetamol

☐ Antihistamine

Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.

Parent/Carer Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

Signature(s) _____ Date _____

Print name _____

Record of Medicine Administered to an Individual Child

Name of school	
Name of child	
Date medicine provided by parent/carer	
Year group/Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____ Name _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Template D: Record of Medicine Administered to an Individual Child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			

Consent Form/Asthma Care Plan & Use of Emergency Salbutamol Inhaler

Student's name: …….. Tutor group/class: ……

Date Asthma diagnosed ……

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

……

……

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose *(E.g. once or twice a day, just when they have asthma symptoms, before sport)*

……..…

……..…
Who is to be contacted in an emergency? Give three contact telephone numbers

……

……

Child showing symptoms of asthma / having asthma attack.

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is un-usable, I consent for them to receive salbutamol from an emergency inhaler held by the school for such emergencies.

4. It is the parent/carers responsibility to ensure that the school is keep informed about changes to your child's medicine, including how much they should take and when.

5. I agree that a school inhaler can be used in an emergency, if available.

6. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my child) administering medicine in accordance with the school/setting Policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Signature: …….. Date: …….

Name (print): ……...

Parents/Carer's address and contact details:

……

……

Telephone: …….

E-mail: …….

Consent Form:
Use of Emergency Adrenaline Auto-Injector

Student's name: …… Tutor group: ……

Child showing symptoms of allergic reaction / anaphylaxis.

1. I can confirm that my child has been diagnosed with allergies and has been prescribed an adrenaline auto-injector.

2. I will ensure my child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which will be present in school every day.

3. In the event of my child displaying symptoms of anaphylaxis and their adrenaline auto-injector is not available or is un-usable, **I consent for them to receive an adrenaline from an emergency adrenaline auto-injector held by the school for such emergencies**.

Signature: …… Date: ……..

Name (print): ……...

Parents/Carer's address and contact details:

……

……

……

Telephone: ……

E-mail: ……

Appendix 2 – Useful Contacts

Allergy UK
Website:https://www.allergyuk.org/

The Anaphylaxis Campaign
Website: https://www.anaphylaxis.org.uk/

Shine - Spina Bifida and Hydrocephalus
Website: https://www.shinecharity.org.uk/

Asthma UK (formerly the National Asthma Campaign) Website:
https://www.asthma.org.uk/

Council for Disabled Children
Website: https://councilfordisabledchildren.org.uk/

Cystic Fibrosis Trust
Website: https://www.cysticfibrosis.org.uk/

Diabetes UK
Website: https://www.diabetes.org.uk/

Department for Education
Website: https://www.gov.uk/government/organisations/department-for-education

Department of Health
Website: https://www.gov.uk/government/organisations/department-of-health

Disability Rights
Website: https://www.gov.uk/rights-disabled-person

Epilepsy Action Freephone Helpline:0808 800 5050 (Mon–Thurs,9am-4.30pm, Fri 9am- 4pm) Website:
https://www.epilepsy.org.uk/

Health and Safety Executive (HSE)
Website: http://www.hse.gov.uk/

Health Education Trust
Website: http://healtheducationtrust.org.uk/

Hyperactive Children's Support Group
Website: http://www.hacsg.org.uk/

MENCAP
Website : https://www.mencap.org.uk/

National Eczema Society
Website: http://www.eczema.org/

National Society for Epilepsy
Website: https://www.epilepsysociety.org.uk/

Psoriasis Association Tel:01604 251 620 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)
Website: