



Norton Free C of E Primary School

Supporting Pupils at School with Medical conditions

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Notes	

Norton Free C of E Primary School
SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

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- For a list of qualified first aiders please refer to the “First aid, accidents and serious accidents” policy.*

Six Rights of Administering Medicine

1. **Right time and space:** *Ensure there is adequate space and avoid distractions.*
2. **Right pupil:** *Confirm the identity of the child.*
3. **Right route:** *Administer the medication correctly according to the prescribed method.*
4. **Right dose:** *Measure and administer the exact dosage specified.*
5. **Right medicine:** *Double-check that the correct medication is being given.*
6. **Right to refuse:** *If a child refuses medication, contact their parent immediately.*

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2. Policy Statement

2.1 This policy relates to supporting pupils at school with medical conditions.

2.2 It should be read in conjunction with the “First Aid, Accidents and Serious Accidents Policy” which covers aspects relating to all accidents and First Aid. Both policies are reviewed annually.

2.3 This policy adheres to DfE statutory guidance - “Supporting pupils at school with medical conditions” (December 2015).

2.4 Norton Free C of E Primary School is an inclusive community that aims to support and welcome pupils with medical conditions. This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

2.5 Norton Free C of E Primary School provides all children with any medical conditions the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

2.6 In line with “Every Child Matters” (2004) we will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

2.7 Norton Free C of E Primary School will make sure all staff understand their duty of care to pupils in the event of an emergency and feel confident in knowing what to do in an emergency.

All children with medical conditions will have an Individual Healthcare Plan (IHP). These are kept in room that houses the photocopier.

The following procedures in place at Norton Free C of E School aim to address the health needs of the school community which may arise as a result of accidents or be due to pre-existing medical conditions.

Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and Responsibilities

The School's Governing Body oversees the implementation of policies related to medicine management. They ensure that this policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support pupils at school with medical conditions.

The School's Governing Body ensures this policy is reviewed every two years and the information is readily available to staff and parents. Staff have annual refresher training at the start of each school year and information is given to parents as part of the induction pack as their child enters school, and is also published on the website.

The Governing Body of the school ensures that this policy and related plans, procedures and systems are effectively implemented.

3.1 Specific roles and responsibilities:

- The named member of staff responsible for this policy and its implementation, including informing parents and ensuring that sufficient staff are suitably trained, is **the Head Teacher**. The Head teacher holds overall responsibility for ensuring medication protocols are followed.

Key tasks and roles within this policy are outlined below and in the table shown in appendix 1

- Key staff receive ongoing training to maintain competence in medicines administration to support children with specific needs within school.

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- The trained members of staff contracted to administer prescribed medication to children attending school are Mrs Lee and Mrs S Hill.
- All staff have annual refresher training on this policy e.g. via dedicated INSET training or via staff meetings.
- All teaching assistants undertake first aid training.
- All staff in the Foundation Stage have paediatric first aid training.
- A member of staff in breakfast club has paediatric first aid training.
- A list of qualified first aiders is kept in the headteacher's office, is shown in appendix 1 of the "First aid, accidents and serious accidents" policy.
- All relevant staff are made aware of pupils' conditions. This is via staff meetings, transition meetings (transition files follow children through school), weekly briefings and through contact with parents.
- In case of staff absence or staff turnover someone is always available to perform tasks outlined within this policy:
 - There are appropriate numbers of trained staff for all roles and a requirement for appropriate staff to be present at all times, including on out of school activities.
 - Training records for all staff are maintained and additional / update training is provided as needed.
 - Supply staff are appropriately briefed through our induction process and our 'Handbook for supply staff'
- The assistant headteacher is the EVC (Educational Visits Co-ordinator) and uses Evolve for risk assessment processes. Risk assessments are completed to cover all health and medical needs of pupils working within and outside (e.g. school trips) of school.
- Individual Healthcare Plans (IHPs) are monitored via annual review and in-year changes as required.

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

– **Including information about Individual Healthcare Plans, IHPs**

Parents are asked if their child has any medical conditions on their initial admissions form which is completed as the child enters the school. All children with medical conditions will have an Individual Health Care Plan (IHP). This is written as the child starts school or as soon as possible after diagnosis if already in school and reviewed at least annually or more often if necessary. Parents notify school of any changes and the requirement to do so is made clear at the start of the process when the IHP is initially drawn up – the IHP remains a live document.

Norton Free C of E Primary School works in partnership with all relevant parties to develop IHPs including the pupil (where appropriate), parent, staff, health care professionals, and where relevant the Governing Body (e.g. if specific requirements need additional support).

Summary records of children with particular medical conditions, including a photograph of the child, are held in the Head Teachers office and the main office. Full records are kept in the Sunshine room alongside the photocopier; these records include a photograph of the child and details of their condition(s) and a picture of the child in question is also fixed to the medication boxes and on the care plan for that child. School staff are aware of all medical conditions and have access to all IHPs (held centrally) for children in their care and as

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children move through the school this information is shared with future class teachers at transition meetings (see above).

IHPs are kept in the Sunshine room; a copy of any appropriate care plans is taken out on educational visits (as identified in the risk assessment). Care plans are used to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatment. IHPs are live documents and as such parents are required to notify school of any changes so that an IHP review can be arranged and the IHP appropriately amended and agreed.

Helen Lee (Admin Officer) and **Hazel Bell** (Head Teacher) work in partnership with relevant parties to ensure appropriate IHPs are in place and updated as required. The head teacher will ensure training needs identified during the development or review of an IHP are arranged to be provided by the relevant health care professional. At transition, or at induction for new staff joining the school, further training needs for new staff involved in the care of children will be assessed and appropriate provision arranged (Hazel Bell - headteacher) as needed.

- Summary of template documents

Template documents are listed below and examples provided in appendix 2:

Form A – Individual healthcare plan.

Form B – Parental agreement.

Form C – Record of medicine administered to children.

Form E – Record of responsibilities

5. Staff training and support

Staff are made aware of all aspects of this policy on an annual basis at the start of the school year. They also sign confirmation that they have read and are familiar with the contents of this policy and of the "First aid and accidents and serious accidents in school" policy.

Any staff joining the school mid-year receive appropriate induction training included as part of their induction into school. They may not have full training on specific medical administration at that time and will not therefore participate in activities relating to these roles until such time as training is completed.

The Headteacher is responsible for maintaining training records in line with this policy.

The Headteacher is responsible for ensuring appropriate training to all staff as needed, including any specific training that may arise for individual pupils.

All teaching assistants undertake first aid training and all staff in the Foundation Stage have paediatric first aid training. Members of staff in breakfast club have paediatric first aid training. The Headteacher is responsible for ensuring that appropriate first aid and any specific medicines management / administration training is provided to sufficient staff to ensure cover at all times within school and out of school on trip, residential visits or at sporting activities.

6. Managing medicines on school premises (see also section 8 for Asthma)

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. This enables parents/carers to manage administration before and after school with no need for medication to come into school.

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Medication can be administered through the following routes:

- Tablets
- Capsules
- Liquids
- Lozenges
- Buccal (between gum and inner cheek)
- Rectal (suppositories)
- Injections
- Topical (creams, eye drops, or ear drops)

Medication Types

- General Sales List (GSL) medication
- Pharmacy medication
- Prescription-only medication

6.1. Allowed Medicines

i. Prescribed Medicines

Only medicines prescribed by an appropriate registered health care professional e.g. doctor, dentist, nurse prescriber or pharmacist prescriber will be allowed into school.

Prescription Labels

Prescription labels are legal documents and must:

- Be clear and easy to read.
- Provide explicit instructions on how the medicine should be administered.
- Include the patient's name, date, and dosage instructions.

Medication must be in its original container as dispensed by the pharmacist showing the dosage and patient information. If the prescription requires one or more doses to be taken during the school day, parents are asked to contact the school office to complete a parental agreement form to authorize administration within school. The school will ensure at least one member of staff is trained in the administration of relevant medicines.

Dosage Instructions

- For medication required **three times a day**: Encourage parents to administer doses in the morning, at pickup, and at bedtime.
- For medication required **twice a day**: Administration remains the responsibility of parents.
- For medication required **once a day**: Administration remains the responsibility of parents.

Medicine Side Effects

- Always refer to the patient information leaflet for potential side effects.
- Monitor for symptoms such as diarrhoea, constipation, or abdominal pain.
- Check medication expiry dates regularly.

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ii. Medication required for more than 7 days

When medication is required for more than 7 days, the school will draw up an IHP with parents/carers who will be asked to complete a parental agreement form (see appendix 1- Form B parental agreement).

iii. Short-term medication

If a pupil has a short term medical condition that requires medication during school hours, parents are required to complete a medication form (which is available from the school office and shown in the appendix). This is completed by the parent with a member of staff present and given to Mrs Lee in the main office.

iv. Non-prescription medicines

- Non-prescribed medication is generally not given in schools. Norton Free C of E School **will not give non-prescribed medication** to pupils. If a pupil regularly suffers from acute pain, such as migraine, parents should supply and authorise appropriate pain killers for their child's use, with written instructions from, and signed by, a registered medical practitioner – see administration of prescribed medicines above.

Administering non-prescribed medication carries a higher risk of errors due to a lack of knowledge about what has already been given at home. Untrained staff may make dosing errors or administer medication incorrectly.

Additional Guidelines

- **Aspirin:** Never administer aspirin to children under 16.
- **EpiPens:** Schools should maintain a spare EpiPen. In case of anaphylaxis:
 - Administer the EpiPen immediately, even if unsure.
 - A second dose can be given (in the other thigh) if there is no improvement.
 - The child must still be taken to the hospital for observation for 24 hours.

Children are not permitted to bring over-the-counter medications e.g. cough sweets into school. (This information is periodically sent home to parents in newsletters and guidance included for parents on the website and occurrences are therefore rare). These should be given by parents away from the school site. If a parent wishes to come into school to administer giving a cough sweet, and remain until the sweet is eaten, then we will allow this.

6.2. Processes for the administration of prescribed medicines in school

Prescribed medicines in school should be in date and labelled with:

- the child's name
- the child's date of birth
- the name and strength of the medication
- the dosage and when the medication should be given
- the expiry date

All medication must be submitted to the school office. Medicines are administered by Mrs Lee in the main office to maintain confidentiality. A completed consent form from parents is mandatory.

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The information (above) is checked each time that medication is administered. If there are any doubts about any aspect of the procedure regarding medicine to be administered, staff will check with parents/carers before proceeding.

Medication is administered by appropriately trained staff in line with this policy; the administration is recorded using the school form (see section 3 and appendix 2 - Form C record of medicine administered to an individual child). Maintaining accurate records of administered medication.

The dosage given is witnessed by another appropriately trained member of staff and signed off.

Storage: Medication must be stored securely; controlled substances (e.g., Ritalin) should be locked away.

Loose Medication: Loose tablets are not permitted. Packaging and leaflets must be provided.

Change in Medication: A new consent form must be completed for any changes to medication.

6.3. Storage of medicines in school

As part of the IHP process / agreement of any IHP, parents/carers are informed that they must hand all medication to the school office on arrival at school. Medicines will be stored in a designated locked cupboard in the staff room or class room, or, in a dedicated refrigerator located in the main office and accessed only by staff.

If a child has been prescribed a controlled drug it will be securely stored in the access-controlled locked medicine cabinet in the Main Office to which only the Headteacher, Assistant Headteacher and **Mrs Lee** have access.

Generic Epipens and emergency asthma inhalers are kept with the IHPs in the Sunshine room along with a blue folder containing all the relevant forms, covered in staff training for this policy. Administration of these is performed / witnessed by appropriately trained members of staff and the administration recorded as for all other medicines (see section 5.2).

If any member of staff has medication with them in school, it is locked in their locker to which only they have access.

6.4 Medicines disposal

Sharps bins are always used for the disposal of any needles or sharps used in school. When no longer required, children's own medicines will be returned to the child's parent for safe disposal. In the case of School's own medicines (e.g. generic Epipens and emergency asthma inhalers), all sharps bins and any waste medicines are disposed of via external contractors.

6.5 Record keeping

Responsibility for ensuring that the processes are in place for keeping written records of medicines administered to children (in line with this policy) rests with the school's Governing Body.

7. Emergency procedures

- Procedures are in line with the schools Critical Incidents Policy (located in the staffroom and Headteacher's office).
- First aid and accidents / serious accidents are dealt with in the "First Aid, Accidents and Serious Accidents Policy".
- In the case of serious medical needs or an accident, a member of staff will always stay with a child until a parent arrives. If, as a result of severe medical needs or accidents, a pupil needs to be taken to hospital by

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ambulance, a member of staff will always accompany them and stay with them until a parent arrives. Staff do not take pupils to hospital in their own cars.

i. Anaphylaxis / Epipens

All members of staff have annual update Epipen training for Anaphylaxis during the school year. Training for other medical conditions for pupils in school is given when required. Training records for all training relating to this policy are kept in main office.

8. Day trips, residential visits and sporting activities

School will make arrangements for the inclusion of pupils with any adjustments to allow the pupil to participate fully and safely. Emergency Contact Numbers for parents / carers are held in two folders (contact files) in the main office and on SIMS. Copies of these are taken on any trip away from school. The Contact folders are located in the cupboard in the office.

The lead teacher for any trip ensures that all “Residential / Visit” forms are completed in line with the risk assessment for trips. These will be taken on visits and for all out-of-school-hours activities where medication is required. A copy of pupils’ IHPs are also taken where applicable. A risk assessment is required for any child on medication attending a trip.

8.1 Residential trips

- i. Parents are sent a “Residential / Visit” Form to be completed and returned to school well in advance of their child leaving for an overnight visit. This form requests up-to-date information about the pupil’s current condition and their overall health which provides the essential information to relevant staff and supervisors. This ensures that staff are able to help the pupil manage their condition while they are away. It also includes information about medication not normally taken during school hours. The school liaises closely with any parents whose children have specific medical requirements on the lead-in to any trip out of school.
- ii. All parents of pupils with a medical condition attending an overnight visit are asked for consent, provided to the EVC giving staff permission to administer medication if required. Training requirements for staff involved are reviewed and any training arranged as necessary.

9. Asthma

Unless this is contrary to specific medical advice, about which the school has been made aware, children with asthma are expected to participate in all aspects of the curriculum including PE.

- i. All parents identifying that their child has asthma are given a school asthma card (appendix 3) to complete and return to the school. This is reviewed annually.
- ii. Asthma cards are kept in the asthma register and a copy kept in the blue carry box for medicines that is kept in each classroom.

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- iii. The school keeps an asthma register of all children suffering from asthma which is located in the Sunshine room and is available for all school staff to reference. The asthma register is an overview record of all children with Asthma: it has a clear summary of all details with a copy of the asthma cards and a record of parents' consent for use of the emergency inhaler if needed.
- iv. Any administration of asthma medication (inhaler) is recorded on the card that is kept with the inhaler in the classroom.
- v. All inhalers for children in each class are kept in a blue carry box within each classroom, located at the back of the classroom next to the sink. Included in the box is a copy of the asthma card for each child and a record, on the card, of when inhalers have been taken. Children are supervised by a trained member of staff (all first aiders are asthma inhaler trained when using their inhaler and this is recorded on the card (see appendix 3).
- vi. The school will ensure that all pupils suffering from asthma have easy access to their reliever inhaler at all times i.e. in the classroom, on the sports field, when attending the swimming baths at break and lunch times and on school visits.
- vii. It is the parent's responsibility to ensure that appropriate asthma inhalers are provided to school e.g. within their expiry date. However, it is the responsibility of the staff overseeing the administration of the medicine to ensure no out of date medicines are administered. (When supply staff are in school, the class TAs will deal with any children needing to use asthma inhalers).
- viii. The school writes to all parents of children with asthma, in September of each year, to invite them into school to check their child's inhalers and ensure they will not expire in the coming academic year; and to arrange a replacement if necessary.

- Emergency Inhaler

The school holds an emergency inhaler and parents of children who have asthma are asked annually to fill in and sign a consent form (see appendix 3) which gives permission for this to be used if needed / if their own inhaler is not available to use in an emergency. This is in line with the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (September 2014). The emergency inhaler is kept in the Sunshine room and is clearly labelled.

- Use of asthma inhalers – notification of parents

Whenever any asthma inhaler is used - either a child's own or the emergency school inhaler, parents are informed either by phone or in person.

- The school environment

Norton Free C of E school will endeavour to keep the environment favourable to children suffering from asthma. The school is no-smoking throughout the premises including the school grounds.

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- Asthma Attacks

All staff who come into contact with children with asthma have annual refresher training in line with this policy to ensure they know what to do in the event of an asthma attack:

1. **Ensure that the reliever inhaler is taken immediately**
2. **Stay calm and reassure the child**
3. **Help the child to breathe** - Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright and lean slightly forward. Lying flat is not recommended.
4. **Ensure tight clothing is loosened.**

- Emergency Procedure

A member of staff will call an ambulance and the child's parents urgently if:

- The reliever has no effect after five to ten minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition

We will continue to give reliever medication every few minutes until help arrives. A child will always be taken to hospital in an ambulance, staff do not use their own cars.

- After an asthma attack

Minor attacks should not interrupt a child's involvement in school: as soon as they feel better they should return to normal school activities. The child's parents are informed by telephone after any asthma attack.

10. Unacceptable practice

In line with guidance within the "Supporting pupils at school with medical conditions (2015)" document, although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with same condition requires the same treatment
- Ignore the views of the child or their parents, or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

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- Require parent, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs, or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

11. Liability and indemnity

Governing bodies of maintained schools should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The insurance policy providing liability cover for staff for the administration of medication is displayed in the school office.

12. Complaints

Please refer to the school Complaints Procedure. This is available on the school website or from the school office.

Ratified by Governors

Date: _____

Signed: _____

Chair of Governors

Reviewed January 2026

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13. Appendices

Appendix 1 – table summarising key roles, responsibilities and tasks performed within this policy

Helen Gill	Sheila Hill	Hazel Bell	Kate Young
Responsibilities:	Responsibilities:	Responsibilities:	Responsibilities:
Allowance for administering prescription medicines in school. Checking Asthma registers. Contact with parents re inhalers. Contribution towards medicine policy.	Allowance for administering prescription medicines in school. Attend to needs of BP Y2. (Intimate Care Policy) Witness administration of medicines in school to children (HG).	Overall responsibility for Medicines, Policy and staff training. Organise staff training in consultation with HG. Review and revision of medicine policy.	Witness administration of medicines in school to children (HG). Attend to needs of BP Y2. (Intimate Care Policy)
Initial contact with parents to: Complete paperwork re: administering medicines Complete care plans with the parents Dietary needs and initial contact with Taylor Shaw Keeping track of first aid in school and ordering resources. Weekly checks emergency inhaler Weekly check of Defibrillator		Work with HG and Parents to complete IHPs	
Administering medicines in school to children once forms completed.			
School Nursing Service – advice – 01142506865			
Staff who DO NOT want to administer medicines:	School Staff: While there is no legal duty for staff to administer medication, it is advisable to have multiple trained personnel within the school. This will be on a voluntary basis.		
Staff responsible for Intimate care of BP	Kate Young, Sheila Hill, April Wieteska. If all the staff are absent, we can call on suitably trained staff from pre-school.		

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Appendix 2 – Template forms for Individual Health Care Plan and administration of medicines within this policy:

Norton Free Form A: Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
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:

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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 pupil'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

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Norton Free Form B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	

NB: Medicines must be in the original container as dispensed by the pharmacy

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 _____

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Norton Free Form C: Record of medicines administered to all children

Child's Name:..... **Class:**.....

Date	Time	Name of Medicine	Dose Given	Signature	Print Name	Witness

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Appendix 3 - Asthma Cards - School asthma card and record card

Asthma Card – Norton Free Church of England Primary School

Name:
Address:
Telephone Numbers: Home: Mobile:
Regular treatment to be taken in school time: YES / NO If yes, name of drug and how it should be taken If yes, dosage and when it should be taken
Is treatment required before exercise? YES / NO
I will inform the school in writing if there are any changes in dosage or frequency of the medication.
Parents/Carers signature:

Asthma Card

Name

Date	Time	Initials

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Letter to parents and consent form for use of emergency Salbutamol inhaler

Consent form

Use of Emergency Salbutamol Inhaler

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 in school, clearly labelled with their name.
3. In the event of my child displaying symptoms of asthma, and if their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed _____ Date _____

Child's name _____

Class _____

Annex A: Model process for developing individual healthcare plans

