

# MANAGING MEDICINES POLICY



**Resilience  
Multi Academy  
Trust**

<b>Summary</b>	This policy, in accordance with statutory guidance, aims to ensure that all students and colleagues with medical conditions are properly supported, so that they have full access to education, including Academy trips, physical education and any other activities taking place off-site as part of normal educational activities. It also outlines colleagues' responsibilities in relation to the secure use and storage of their own medication in the academies.
<b>Responsible Person/Author:</b>	COO
<b>Applies to: (please circle/delete as appropriate)</b>	<b>Colleagues</b> <input type="checkbox"/> <b>Community</b> <input checked="" type="checkbox"/>
<b>Ratifying Committee(s) and Date of Final Approval:</b>	Trust Board – 28 August 2025
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<b>Owner</b>	Resilience Multi Academy Trust
<b>Version</b>	3

**Document Control**

<b>Date</b>	<b>Version</b>	<b>Action</b>	<b>Amendments</b>
May 2022	2	Amendments	Paragraphs 2 and 33-35 and reformatted
May 2025	3	Amendments	Rebranding. Para 3 – Reference to age-appropriate implementation Para 13 – Retention of training log Para 14 – Primary training requirements Para 15 – Requirements of Principals Para 16 – Clarifying who should be the named lead Para 27 & 28 – Clarifies colleague responsibilities Para 31 – Additional comms with parents in Primary academies Para 39 – Flag students on class registers Administering medicines – Amendments New section on application of creams and emollients. Record keeping – Move to a digital platform Educational visits – Increased responsibilities for trips. Monitoring – Amendments to responsibilities

## Introduction

1. This document has been produced using the Department for Education (“DfE”) guidance for ‘Supporting pupils at school with medical conditions’ December 2015 to ensure that students with medical needs receive appropriate care and support. The policy is in place to enable the Resilience Multi Academy Trust (“the Trust”) to comply with its responsibilities for safeguarding in relation to the [Education Act 2002](#), the [Equality Act 2010](#) and other statutory guidance including the [Special Educational Needs \(“SEN”\) Code of Practice 2015](#), [Keeping Children Safe in Education](#) and [Working Together to Safeguard Children](#).

## Scope and Purpose of this Policy and who it applies to

2. This policy applies to all academies within the Trust, including primary and secondary settings. Implementation should be age-appropriate, with particular attention to the developmental stage of the child. For example, younger children in primary settings may require more direct supervision and support with medication administration, while older students in secondary settings may be supported to self-administer under supervision.
3. Implementation of this policy must be age appropriate. In primary academies, younger children may require more direct supervision and support with medication administration, while older students in secondary settings may be supported to self-administer under supervision. Procedures should reflect the developmental stage of the child.
4. The Policy is concerned primarily with the provision of guidance for the medical needs of students. It also refers to colleagues who bring their own medication into an Academy or take it with them on trips including residential trips.

## Publication of this Policy

5. The policy will be published on the Trust and Academy websites to ensure access for parents and carers.

## Responsibility for this Policy

6. The Trust Board has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory and Trust Framework. The Trust Board has delegated day to day responsibility for operating the policy to the Trust Executive and the Principal at each Academy.
7. Appropriate training and guidance will be provided by Health & Safety (“H&S”) colleagues and HR regarding the implementation of the policy for the relevant managers in relation to any new or revised procedures and guidelines where necessary.
8. Each Academy has a named lead that will ensure a personalised implementation structure is in place for the policy in their Academy.

## Policy statement

9. We recognise the need to provide an inclusive, supportive and positive learning environment. We recognise that most children will at some time have short-term medical needs i.e. finishing a course of medicine, but that medicines should only be taken to the Academy or settings when essential. It is our belief that children with medical needs have the same rights of admission to an Academy or setting as other children and that our students should not be denied access to a broad and balanced

curriculum simply because they are on medication or need medical support, nor should they be denied access to Academy trips or extra-curricular activities. Our Trust emphasises ethical practice sustaining a welcoming, effective and inclusive culture.

### **Aims of the Policy**

10. The Trust aims to ensure that all students with medical conditions are properly supported so that they have full access to education, including Academy trips, physical education and any other activities taking place off-site as part of normal educational activities. Where necessary further consultation with health and care professionals, students and parents will be made to ensure the needs of children with medical conditions are properly understood and effectively supported. The Trust Board will ensure that the arrangements as set out in this policy will be implemented effectively and that

### **Training**

11. All colleagues who assist in the administration of medication will receive appropriate training/guidance as identified by the named lead in liaison with health care professionals. This training should be provided by the relevant health care professional who is qualified to identify and agree the type and level of training required.
12. Where needed, whole Academy awareness training will be delivered to ensure medical conditions affecting a student is fully understood which includes preventative and emergency procedures.
13. The named lead should keep a training log for all colleagues involved in administering medication or supporting students with medical needs. This log should include training dates, provider details, and renewal requirements. Training must be refreshed at least every two years or sooner if procedures or student need changes.
14. In primary academies, training should include specific guidance on supporting younger children with medication, recognising symptoms in non-verbal or less articulate children, and managing intimate care sensitively and appropriately.

### **Roles and Responsibilities**

#### **Principal Responsibilities**

15. The Principal will ensure that all colleagues are aware of this policy and that procedures are in place for this to be implemented effectively. The Principal will consult and take advice from the Trust Facilities and Health and Safety Manager on matters relating to the safe storage, handling and risk assessment of medicines and medical equipment. For clinical or condition-specific advice, the Principal will consult with healthcare professionals or the SENDCO as appropriate. They will ensure that sufficient named colleagues are in place to implement the policy and deliver against all Individual Health Care Plans, including in contingency and emergency situations and that this is managed by a Named Lead. They will monitor that colleagues are aware of medical needs, and that appropriate training is being delivered.

#### **Named Lead Responsibilities**

16. A Named Lead should be a member of the senior or middle leadership team with appropriate authority to coordinate medical needs. They should have up to date First Aid training and seek additional training relevant to the administration and oversight of medicines and Individual Health Care Plans.

17. The Named Lead will consult and take advice from the Trust's Facilities and Health and Safety Manager as necessary.
18. The Academy will ensure that the Named Lead will be responsible for ensuring that all relevant colleagues have been made aware of the child's medical condition and that sufficient colleagues are suitably trained to support this. In case of colleague's absence or colleague's turnover they will assure that suitable cover arrangements are in place to ensure someone is always available. Where necessary the Named Lead will brief external parties and supply colleagues of any medical needs.
19. The Named Lead will monitor that all medical needs records are maintained and produced. This will include parental agreement forms; a medication log; a Medical Needs register; risk assessments for Academy visits; Personal Emergency Evacuation Plans ("PEEP's"); holidays, and other Academy activities outside the normal timetable; and individual healthcare plans.
20. Where long-term or frequent absences due to health problems or appointments connected with a student's medical condition the Named Lead will work with pastoral colleagues to ensure this is effectively managed. If absence has impacted on an individual's educational attainment the Named Lead will liaise with pastoral and teaching colleagues to establish a clear reintegration plan to support them to fully engage in their learning.
21. Where a new student requires medical support, transitional arrangements should be made to ensure that measures are in place to meet their medical needs in advance of them starting. In cases where a new diagnosis has been made or a student starts at short notice the Named Lead should ensure that arrangements are put in place within two weeks.

### **Special Educational Needs and Disability Co-ordinator ("SENDCO") Responsibilities**

22. The SENDCO will ensure the Named Lead is aware of all SEND or medical conditions. The SENDCO will consult and take advice from the Trust's Facilities and Health and Safety Manager as necessary.
23. They will link with the Named Lead to ensure a Medical Needs Register is maintained and that it sits alongside the SEND Register to produce an Individual Health Care Plan using medical evidence, parental consultation and support from health care professionals where needed. When necessary, the SENDCO will support the Named Lead to ensure that any relevant colleagues training is delivered.
24. In addition to educational impacts, some medical conditions may have social and emotional implications. Children may become self-conscious about their condition, may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Where there are SEMH concerns the SENDCO will ensure that appropriate assessment, referral and intervention to support this need takes place.
25. Some children with medical conditions may be considered to be disabled under the definition set out in the [Equality Act 2010](#). Where an individual with a medical need has a SEND or an Education Health Care Plan ("EHCP") which brings together their health and social care needs, as well as their special educational provision the SENDCO will work alongside the Local Authority and health bodies to ensure that these needs provided for those with SEND under [Part 3 of the Children and Families Act 2014](#) and that their needs are fully met in conjunction with the [SEND Code of Practice 2014](#).

### **Colleagues' duty of care**

26. All colleagues have a duty of care to act as a responsible adult for the children they work with to keep them safe. In exceptional circumstances, the duty of care could extend to administering medicine and/or acting in emergency. All colleagues must ensure that procedures set out in this policy are followed, and that the Named Lead is notified when information is received that a student has a medical condition. Colleagues will never prevent a child from easily accessing their inhalers or medication and administering it when and where necessary.
27. All colleagues are responsible for familiarising themselves with the medical needs of students in their care, including reviewing the Medical Needs Register and relevant Individual Health Care Plans. They must also know how to respond in an emergency and follow the procedures outlined in this policy
28. All medical information will be treated as confidential and shared only with colleagues who have a legitimate need to know. Parental consent must be obtained for sharing medical information beyond the Academy setting (e.g., transport providers, trip leaders). Students' rights to privacy and dignity must be respected at all times, particularly in relation to intimate care or self-administration of medication.

### **Parental/Carers Responsibilities**

29. All parents/carers have the primary responsibility for their child's health and should provide the Academy with full, up-to-date information about their child's medical needs, including details on medicines. Parents are responsible for making sure their child is well enough to attend the Academy. Where a child is acutely unwell, it is advised that the child be kept at home by the parent/carer. Where detailed medical needs exist, parents should work with the Academy to produce an Individual Health Care Plan.
30. Parents must provide written consent to the Academy for any medication to be administered by colleagues. The Academy will not give medicine unless a parent has been consulted. If there is an urgent need for medication, then a parent will be contacted by telephone. For longer term medication needs it is the parent/carer's responsibility to monitor when further supplies of medication are needed in the Academy/setting.
31. In primary settings, communication with parents should be more frequent and proactive, particularly for younger children who may not reliably communicate their symptoms or needs. Consent forms should be simplified and supported with verbal explanations where needed.

### **Student's responsibilities**

32. Students with medical conditions will, where appropriate, be fully involved in discussions about their medical support needs. They should contribute to the development of their Individual Health Care Plans and comply with them.
33. Some students may be competent to take responsibility for managing their own medicines and procedures. Where this is the case, this should be formally agreed with parents/ carers and should be reflected in their Individual Health Care Plans.
34. If a student refuses to take medicine or carry out a necessary procedure, colleagues should not force them to do so but parents should be informed so that alternative options can be considered.

### Individual Health Care Plans

35. Where a student has a long-term medical need, the Academy will ensure that they have sufficient information about the medical condition. An Individual Health Care Plan will be produced by the Named Lead with the SENDCO where necessary using medical evidence, parental consultation and support from health care professionals to clarify for colleagues, parents and the child the help that can be provided. The Council for Disabled Children's Publication 'Including me' provides advice on managing complex health needs in academies and early years' settings.
36. All students with long term medical needs or disabilities are protected from discrimination under the **Equality Act 2010** and must not be discriminated against in relation to their access to education and associated services. Where an Individual Health Care Plan is in place unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet. The Named Lead, and SENDCO where appropriate, will ensure that information and guidance on health-related issues is readily available for colleagues and any colleagues training needs are met. All Individual Health care plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed
37. The Individual Health Care Plan should consider:
- The medical condition, it's triggers, signs, symptoms and treatments
  - The student's resulting needs including medication (dose, side effects and storage)
  - Other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons etc.
  - Specific support for the student's education, wellbeing and SEMH needs e.g. management of any absences, access arrangements, need for rest periods, additional support catching up with missed learning, counselling etc.
  - The level of support needed (some children will be able to take responsibility for their own needs whilst others may need targeted support etc.) including in emergencies.
  - Who will provide any support needed, expectations of their role, any training needs, healthcare professional input required and cover arrangements
  - Who needs to be made aware of the child's condition and the support required
  - Any confidentiality issues/agreements with the parent/carer and the individual about the medical condition
  - Any emergency procedures including whom to contact and contingency arrangements.

### Academy Implementation Structure

38. Each Academy will have an implementation structure in place that all colleagues will be made aware of. This document will be maintained by the Named Lead and a copy will be made available for colleagues' reference. This document will contain details including the Named Lead; the location of medication storage; details of key documents including the Individual Health Care Plans and parental permission; recording procedures; and emergency procedures. A further record will need to be maintained which includes details of colleagues trained to administer medication and first aid colleagues, students with a Health Care Plan and a medical needs register. (See Appendix A & B)
39. Where appropriate, students with chronic or high-risk medical conditions should be flagged on class registers and trip lists to ensure colleagues are aware and prepared to respond appropriately.

### Managing medicines on Academy premises

40. All medicines will be stored safely and kept a clearly labelled locked cabinet or refrigerated when needed. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. All medication should be clearly labelled with:
  - Student's name.
  - Prescribed dose.
  - Expiry date; and
  - Written instructions provided by the prescriber on the label or container.
41. When no longer required, medicines will be returned to the parent to arrange safe disposal. Sharpe boxes must always be used for the disposal of needles and other sharps.
42. Academy colleagues may need to bring their own medication into an Academy. Colleagues are wholly responsible for ensuring that their medication is not accessible to students. Medication should be stored securely as outlined in paragraph 31 or always kept on the colleague's person. Colleagues' medication does not need to be stored with students' medicines.
43. If the colleague is using a finger prick device or lancet, or if they need to inject insulin they should liaise with the Principal to agree an appropriate location for the administration of these. Colleagues are responsible for the safe storage and disposal of such items.
44. If a colleague has been prescribed a controlled drug for use during the day they must inform the Director of Human and Resources ("HR") and the Trust's Facilities and Health and Safety Manager of this before it is brought onto Trust premises in order that the appropriate arrangements can be made. [www.gov.uk/government/publications/controlled-drugs-list--2](http://www.gov.uk/government/publications/controlled-drugs-list--2)

### Administering medicines

45. Medicines should only be administered at an Academy when the child not receiving the same is detrimental to a child's health or attendance. No child under 16 should be given prescription or non-prescription medicines without parent's written consent except in emergency situations involving life-saving medication such as adrenaline auto injectors (Epi pens) or inhalers. In such cases, medication must be administered immediately in accordance with the IHCP and emergency protocols, and parents should be informed as soon as possible.
46. The only exception to this is where the medicine has been prescribed without the parents' knowledge. In such cases, every effort should be made to encourage the child to involve their parents whilst respecting their right to confidentiality.
47. All colleagues giving medicines should check:
  - Child's name
  - Prescribed dose
  - Expiry date
  - Written instructions provided by the prescriber on the label or container
48. All colleagues administering medication or assisting with medical procedures must follow hygiene protocols, including handwashing and the use of gloves. Any equipment used must be cleaned or disposed of in accordance with infection control guidance.

49. All colleagues must follow infection controls procedure in line with NHS guidance.
50. A written record for each time medicines are given should be logged in the student's planner on the Academy Medical Room Record and in the First Aid book. Where stated on the Individual Health Care Plan any medication or treatment may need to be recorded on a separate medication log.
51. Colleagues administering medicines should do so in accordance with the prescribers' instructions. They should not make changes to dosages on parental instructions. Medicines that have been taken out of the container as originally dispensed (secondary dispensed) should not be administered. Alteration to the label is not acceptable. Any alteration to dosage must be accompanied by written instructions provided by the prescriber.
52. **Colleagues administering medication** - The administering of medicines is a voluntary role; however, Academies should ensure they have sufficient colleagues who are appropriately trained to manage medicines as part of their duties.
53. **Self-administration of medication** - Academies should give serious consideration to whether it is appropriate for a student to self-administer medication and each case should be considered individually considering the age and needs of the student. Academies should seek medical advice, written parental consent and undertake risk assessments to ensure the safety of children and young people in their care. The Individual Health Care Plan should detail arrangements for self-administration of medication and the supervision for this.

#### Application of cream and emollients

54. RMAAT recognises that some students may require the application of prescribed or non-prescribed creams during the school day to manage medical conditions such as eczema, dermatitis, or other skin-related issues. The approach to administering creams will differ between primary and secondary academies to reflect the developmental stage and independence of students.
55. All prescribed and non-prescribed creams and emollients must be stored securely, in accordance with manufacturer's instructions and infection control guidance. This includes:
  - **Temperature control:** Creams requiring refrigeration must be stored in a suitable fridge, clearly labelled and monitored for temperature compliance.
  - **Secure access:** All creams must be kept in a locked cupboard or cabinet in a secure area accessible only by authorised colleagues.
  - **Labelling:** Each cream must be clearly labelled with the student's name, dosage instructions, expiry data, and any known allergens.
  - **Separation:** Creams for different students must be stored separately to avoid cross-contamination.
  - **Disposal:** Expired or unused creams must be returned to parents/carers for safe disposal or disposed of in accordance with manufacturer or local pharmacy guidance.
56. Colleagues must not apply creams to intimate areas (e.g. genital or buttock regions). In such cases, parents/carers may be asked to attend the academy, or alternative arrangements must be documented in the IHCP, including the use of trained medical staff where appropriate.

57. Where colleagues are supervising or assisting with cream application, a second adult should be present where possible, particularly in primary settings, to safeguard both the student and the colleague.

### **Application of cream and emollients in Primary Academies**

58. **Prescribed creams** may be applied by trained colleagues provided written parental consent has been provided, the cream is clearly labelled, in its original container and includes instructions for use and the application is included in the student's IHP where appropriate.
59. **Non-prescribed creams** may be applied by colleagues, if there is a documented medical need, parents provide written consent and supply the cream.
60. All colleagues should wear gloves and follow hygiene protocols when applying creams. Where possible, students will be encouraged to apply their own cream under supervision to promote independence.

### **Application of cream and emollients in Secondary Academies**

61. Where students self-administer, colleagues must ensure privacy and dignity are maintained. A designated private space must be made available, and supervision should be discreet unless otherwise required by the IHP. Parents or Carers must provide written consent and provide the cream in its original packaging with clear instructions.
62. Colleagues may supervise the application, if necessary, but will not routinely apply cream unless there is a specific medical need, it is documented in an IHP, and colleagues have received appropriate training and written parental consent has been provided

### **Record keeping**

63. Written details from the parent/carer should be provided either in the student's planner or as part of the Individual Health Care Plan contribution. The Student's Academy Medical Room Record page in their planner and the Academy's First Aid book should be completed as these records offer protection to colleagues and provide proof that agreed procedures have been followed, as well as ensuring that a child is not given extra doses of medicine by mistake. The following details should be checked:
  - Child's name.
  - Name of medication.
  - Dose.
  - Method of administration.
  - Time / frequency of administration.
  - Any side effects; and
  - Expiry date
64. Where possible, academies should transition to secure digital platforms for recording medication administration, health care plans, and medical needs registers to improve accuracy, accessibility, and auditability.
65. Academies must transition to a secure digital platform for managing Individual Health Care Plans, medication logs, and the Medical Needs Register by July 2026. Access must be role-based and compliant with data protection legislation. Paper-based records may be used only as a backup or during transition.

### **Taking of tablets**

66. Tablets should never be crushed or capsules opened unless specified, as it is an unlicensed use of the medication. If the student is unable to take oral medication in the solid dosage form, it should be referred to the parent to seek an amendment to a suitable liquid/soluble preparation from the prescriber/pharmacist.

### **Risk assessment and management procedures**

67. Academies and settings should ensure that risks to the health of others are properly controlled. This may involve undertaking individual risk assessments for students with long term medical needs. Academies and settings should be aware of the health and safety issues of dangerous substances and infection.

### **Emergency procedures**

68. The Named Lead will ensure that all colleagues are aware of clearly defined emergency procedures and symptoms for all students with an Individual Health Care Plan. In the event of an emergency general risk management processes should be followed. All colleagues should know how to call the emergency services. The Academy's First Aiders are responsible for carrying out emergency procedures in the event of need including where it is suspected a student or colleague has suffered an overdose. Colleagues should always accompany a student taken to hospital by ambulance and should stay until a parent/carer arrives. Where possible the parent should travel from the Academy with the student in the ambulance. Colleagues should refrain from taking students to hospital in their own vehicle. Where parents are not available; health professionals are responsible for any decisions on medical treatment.
69. The Academy Designated Safeguarding Lead should report any student suffering an overdose to the Local Authority Duty Advice Team.

### **Education visits, residential trips and sporting activities**

70. Arrangements for taking any necessary medicines will need to be taken into consideration when going on educational visits, residential trips and sporting activities. Colleagues supervising visits must always be aware of any medical needs and relevant emergency procedures in accordance with the 'Learning Outside the Classroom & Offsite Visits Policy & Guidelines'. The Named Lead should be consulted and all colleagues aware of how an individual's medical condition will impact on their participation. A copy of Individual Health Care Plan should be taken on visits in the event of the information being needed in an emergency. Where necessary reasonable adjustments must be made and a risk assessment produced.
71. Trip leaders must carry a copy of each relevant Individual Health Care Plan and ensure that emergency medication is accessible at all times. A pre-trip briefing must be held with all supervising colleagues to review medical needs, emergency procedures, and contact protocols.
72. For primary-aged students, trip leaders must ensure that medication is carried by a responsible adult and administered in accordance with the child's Individual Health Care Plan. Colleagues must be briefed on how to support younger children who may not be able to articulate their needs during offsite activities.

### Liability and indemnity

73. The Principal will accept responsibility for colleagues administering or supervising students taking prescribed medication during the Academy Day. For the purposes of indemnity, the administration of medicines falls within this definition and the Principal will ensure that all colleagues are provided with liability cover and protection as part of the Academy's insurance policies and that the Academy is a member of the DfE's Risk Protection Arrangement ("RPA").

### Complaints

74. If a parent has a complaint about anything arising from this policy, they must follow the procedures laid down in the Trust's Complaints Policy.

### Monitoring

75. The Trust's Facilities and Health and Safety Manager will monitor the implementation and effectiveness of the policy by liaising with senior leaders in each Academy on a regular basis. Issues arising from regular reporting or audits will also help inform this process as will any ad hoc concerns raised by colleagues, students or the community
76. The COO will monitor the relevant legislation, guidelines and information forthcoming from the relevant statutory bodies for any recommendation or changes.
77. The COO will advise the Trust Board of any changes that are needed, and a proposal will be submitted to the Trust Board within an appropriate timescale. There will be a full review of the policy by the COO prior to the stated review date where recommendations will be made for consideration by the Trust Board.

### Other Documents

- [Supporting pupils at school with medical conditions](#)
- [Health and Safety at Work Act 1974](#)
- [The Medicines Act 1968](#)
- [Section 19 of the Education Act 1996](#)
- Trust First Aid Policy
- [Education Act 2002](#)
- [Equality Act 2010](#)
- [SEND Code of Practice 2015](#)
- [Keeping Children Safe in Education](#)
- [Working Together to Safeguard Children](#)
- Trust Learning Outside the Classroom and Offsite Visits Policy and Guidelines
- Trust supporting students with medical conditions policy

**Appendix A: Managing Medicines. Academy Implementation Structure**

<b>Academy</b>	
<b>Named Lead</b>	
<b>SENDCO</b>	

<b>Procedures for parental agreement for Academy to administer medicine (short term)</b>
<b>Procedures for parental agreement for Academy to administer medicine (long term)</b>
<b>Medical storage details and locations</b>
<b>Procedures for recording medicine administered for an individual child</b>
<b>Procedures for recording medicine administered for all children</b>
<b>Emergency procedures</b>

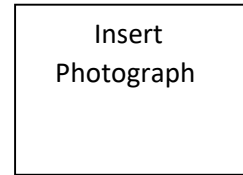
**Appendix B: Managing Medicines. Training, Health Care Plan and Medical Needs Register**

<b>Colleagues Trained to Administer Medication</b>	
<b>Name</b>	<b>Training Received</b>

<b>Individual Health Care Plans</b>	
<b>Student Name</b>	<b>Colleagues Responsible</b>

<b>Medical Needs Register</b>	
<b>Student Name</b>	<b>Medical Need</b>

**Appendix C: Individual Healthcare Plan**



This form should be maintained and reviewed regularly. It should be stored centrally in the Academy for reference as detailed on the Academy’s Managing Medicine Implementation Structure. It should be referred to and taken on an Academy trip or offsite activities by the named organiser/trip lead if a student with medical needs is attending.

<b>Date Completed</b>		<b>Review Date</b>	
<b>Child/young person’s name</b>			<b>DOB</b>
<b>Home address</b>		<b>Tel No.</b>	
<b>Medical Diagnosis or Condition including known allergies</b>			
<b>Named person in Academy responsible for Healthcare Plan &amp; their role (State if different for offsite activities)</b>			
<b>Academy</b>		<b>Tel No.</b>	

Symptoms to watch out for in an Emergency	What to do	Follow Up Care

Contact Details	Name	Address	Telephone
<b>Emergency</b>			
<b>Parent/Carer</b>			
<b>Parent/Carer</b>			
<b>GP</b>			
<b>Health Professional</b>			
<b>Other e.g., outside agencies</b>			

**Medication**

Name of medication	Dose and when to be taken	Where is it stored?	Who will administer / monitor in the case of self-administration

**Medical Procedure**

Procedure	When	How	Who (including cover arrangements)

**Colleagues**

What is required by whom?	Frequency	Provider
<b>Names of colleagues who this plan needs to be shared with</b>		

**Toileting / Personal Care assistance – if applicable** (this section may not require the signature of a registered health professional and can be used as a stand-alone form if there are no other needs.)

<b>Description of procedure for colleagues to follow</b> Including hygiene control measures frequency / times location	
<b>Show which parts of the care the child/young person will do independently</b>	
<b>Resources required and provider</b>	
<b>Show any moving and handling needs</b> (complete a moving and handling profile if needed)	
<b>Any other information e.g.</b> <ul style="list-style-type: none"> <li>• communication needs</li> <li>• behaviour</li> </ul>	
<b>Management of wet/soiled clothing</b>	
<b>Names of colleagues named to conduct procedures</b>	

**Health Care Plan Agreed by:**

	Name	Signature
<b>Registered Health Professional (If applicable RMAT)</b>		
<b>Academy representative</b>		
<b>Parent/Carer</b>		
<b>Child / young person</b>		

Parent/Carer Consent: By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- Local Authority/Academy Insurance and Risk Management
- Colleagues who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold Resilience Multi Academy Trust or its colleagues responsible unless loss, damage or injury is occasioned because of their negligence

Parents Name.....  
 Parent/Carer Signature .....  
 Relationship to Child.....Date.....

**Data protection:**

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person. The information will be kept in accordance with Resilience Multi Academy Trust policy regarding Data Protection

**Plan reviews:**

Date	Comments