

GCMS policy on supporting pupils with medical conditions including management of medication issues

Table of Contents

Statutory Guidance	2
Rationale of this policy.....	2
Main principles.....	3
Medication	3
Prescribed medicines	4
Non-prescribed medicines	4
Administration by Staff	4
Self-Management/Administration.....	5
Refusal to Take Medication	5
Record Keeping	5
Dealing with medicines safely.....	5
Storing Medication.....	5
School Trips	6
Sporting Activities	6
Emergencies.....	6
Asthma emergency kits.....	6
Defibrillators	7
Emergency Procedures	7
Roles and responsibilities	7
Parents or Carers	7
The Governing Body.....	8
The Head teacher	8
Staff.....	8
School nurses	9
Hygiene/Infection Control	9
Exclusion from School	9
Documentation about children’s needs	9

Notification of simple health needs.....	9
Complex needs- Individual health care plan.....	9
Review of the policy.....	11
Appendix	11
Extract from “Guidance on infection control in school and other childcare settings”	12
Notification of health need requiring support from School- FORM.....	16
Example Notification of health need requiring support from School- FORM	17

Statutory Guidance

This policy is based on the statutory guidance for governing bodies of maintained schools and proprietors of academies in England titled ‘Supporting Pupils at School with Medical Conditions’ (September 2014).

Some children will have medical conditions that require support so that they can attend school regularly and take part in school activities. There is no legal or contractual duty on school staff to administer medicine or supervise a child taking it. Teachers’ conditions of employment do not include giving, or supervising a child taking, medicines. As a school we need to ensure that there are sufficient members of staff who have specific duties to provide medical assistance as part of their contract and that they are appropriately trained to manage medicines as part of their duties (see appendix, Form 6). Teachers and other staff in schools have a common law duty of care towards the children to act as any reasonably prudent parent would to make sure that children are healthy and safe in school. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the policy on the Special Educational Needs and Disability (SEND) code of practice.

Rationale of this policy

- ✓ To provide advice and guidance relating to the appropriate administration, storage and management of medicines
- ✓ To put in place effective management systems to support individual children with medical needs and maximise their attendance at and participation in school
- ✓ To identify roles and responsibilities in the management of medicines

Main principles

1. Medicines should only be administered by staff with written parental consent (unless there is a life threatening emergency)
2. Where possible medication timings should be arranged to ensure these are administered and taken outside of the school day. This is possible with medicines which are given daily, twice daily and most three times daily (TDS) medicines (unless the child also attends breakfast and/or afterschool club in which case a dose during the school day may be required even on a **TDS** schedule).
3. The school and parents may agree situations (and record this on the correct form) where children can self-administer their own medicines (for example salbutamol).
4. Products containing **aspirin** should never be used with primary school aged children unless prescribed by a doctor.
5. In order to prevent medicines being inadvertently taken by a child for whom they are not intended it will generally be the case that all medicines are held by the office whether these are prescribed, non-prescribed, for administration by staff or for self-administration.
6. All medicines provided for staff administration must be provided with their original pharmacy label on.
7. Regardless of whether medicine is administered by staff or self-administered under supervision by the child, a record of the act must be made in school records and in the planner. This is key to ensuring doses are not taken too close together.
8. If a child refuses to take a medicine at the agreed time, the staff will follow the procedure agreed with parents which will usually entail phoning the parents/carers and sending a note home in the planner as well.
9. Staff will act within their competence and training and seek advice if asked to carry out any duties which go beyond this.

Medication

Medication issue can be categorised into whether they are prescribed or non-prescribed (so called over the counter), and staff administered or self-administered. The table illustrates example in each category. Most medicines will fall under the category of prescribed and administered by staff.

Examples

	Non-prescribed	Prescribed
Staff administer	Paracetamol and ibuprofen for injuries, colds, period pains. Travel sickness tablets for coach or ferry trips.	ADHD drugs e.g. Ritalin Antibiotics- for chest/ ear infections, or skin infections JEXT/Epipens for anaphylaxis Antihistamines for allergy emergency e.g. exposure to peanuts etc. Liquids- best done by staff to avoid spillage and wastage
Self		Salbutamol inhaler

administered under supervision	Paracetamol and ibuprofen for injuries, colds, period pains. Travel sickness tablets for coach or ferry trips.	Insulin
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Prescribed medicines

The majority of medicines in school will be prescribed medicines and the school will support the administration of the medicine or supervision of self-administration once a parental consent form is completed (see Form 4: record of medicine administered to an individual child). Medicine should be supplied in the **original box with the pharmacist's instructions** which includes:

- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue and of expiry
- Storage details

Non-prescribed medicines

There will be self-limiting minor illnesses which parents have been managing at home using over the counter medicines (with support from the pharmacist). Patients are encouraged to self-manage minor self limiting illnesses in this manner. It may be that to minimise and reduce absence from school, children may need to receive common over the counter medicines for symptom control in minor illnesses: for example colds, pain from minor injuries or period pains, and travel sickness in trips. Examples of medicines are paracetamol, or ibuprofen. Generally this arrangement would be expected to occur for periods up to but not exceeding 5 days but could be extended after discussion with the school/headteacher. This section is not intended to be comprehensive and other requests from parents for staff to administer non-prescription medicines will be considered in a case by case basis, after seeking advice from SMT and ascertaining that the medicine is indeed a non-prescription medicine.

Non-prescribed medicines should be supplied along with the medicines leaflet which accompanies the leaflet and packaging where the expiry date can be checked by staff. Parents should note in the planner whether and when a dose of the same medicine has been given in the last 24 hours.

Administration by Staff

Staff who receive the medication need to be satisfied with the container and labelling. They should:

- ensure the correct child's name is stated.
- ensure that they understand the instructions, including written instructions from the prescriber (this could be a doctor, dentist, nurse, or pharmacist)
- check the prescribed dosage on the pharmacist's label and the expiry date on the packaging.

Each time they administer or supervise the taking of medication staff should:

- complete and sign record sheets/planner
- ensure that the child has actually taken the medication
- If there is any doubt or if they are not happy they should consult the Head teacher or check with parent/carers or a health professional before taking further action.

Self-Management/Administration

Following discussions between the school and the parent/carer, a child may be encouraged to manage his/her own medication. The child should take his/her planner to the office when requiring their medicine. If children are able to self-administer, school staff may only need to supervise and record the timing on a form and in the planner. However, the medication should still be stored with other prescribed medicines.

Refusal to Take Medication

If a child refuses their medication, they will not be forced to take it and the school will follow the procedure agreed with the parents which may include one of the following options:

1. simply recording refusal to take
2. inform the child's parents/carers immediately
3. inform the child's parents/carers via planner

If necessary, the emergency procedures identified in the child's Health Care Plan will be followed.

Record Keeping

The school will always keep a record of all medication received, even if it is not subsequently administered. This will allow for an audit trail to be constructed. It is the responsibility of parents/carers to supply written information about the medication their child needs to take in school and to let the school know in writing of any changes to the prescription or its administration or to the support required.

Dealing with medicines safely

Storing Medication

A child should never, under any circumstances be given medication that has been prescribed for another child. To reduce the risks of this happening, medicines will in general be retained in the office even where intended for self-administration by the child.

The head teacher is responsible for making sure all medication is stored safely, especially drugs such as Methylphenidate (commonly known as Ritalin), which are controlled under The Misuse of Drugs Act 1971. In most cases this will be in the locked First Aid cupboard in the Medical room. However, should a medicine need to be refrigerated it must be in a clearly labelled airtight container. It is advisable that all medication is stored where temperatures are not excessive or it is likely to be extremely humid. All controlled drugs are kept in a locked cupboard and only named staff has access.

This school has an identified member of staff/designated person who ensures the correct storage of medication at school. The identified member of staff checks the expiry dates for all medication

stored at school each term (i.e. three times a year). Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

Where children have more than one prescribed medicine, each should be in a separate container.

Children should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers and epi-pens/Jext, must be readily available to children and therefore not locked away. The keys to the medicine cabinet are available from Admin or in their absence they can be found with other school keys in the Administration cupboard.

Children may carry inhalers if the parents/carers request this, but a form should be completed.

If a pupil takes medication intended for another child:

- their parents/carers are informed as soon as possible
- the school will seek medical advice by ringing A+E/ 111
- Pupils may be subject to the school's usual disciplinary procedures
- the head teacher will review medicines procedures

School Trips

Children with medical needs will be encouraged to participate in school trips after a personalised risk assessment has occurred and a discussion of suitability and support has occurred between parents and staff if necessary with input from healthcare professionals. Accompanying staff will need to be fully briefed.

Children requiring medication for school trips will require parents to supply these in original pharmacy labels (where prescribed) or in original over the counter packaging as detailed in the sections on prescribed and non - prescribed medicines, together with a signed parental consent form so that medicines can be administered by the staff or self - administered by the child.

Sporting Activities

In line with our policy on inclusion, the school will facilitate the participation of children with medical conditions in the PE curriculum or out of school sports clubs wherever appropriate. Some children may need to take precautionary measures before or during exercise and may need to have immediate access to their medication. Staff supervising sporting activities should be aware of the relevant medical conditions, medication requirements and emergency procedures. Any restrictions should be appropriately recorded in a child's Individual Health Care Plan which could be kept in planner depending on degree of sensitivity of information.

Emergencies

Asthma emergency kits

The school holds an emergency asthma inhaler kit (salbutamol inhalers and plastic spacers, compatible with the inhalers) which can only be used by children:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for the use of the emergency inhaler has been given (see Form 5a/5b)

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Defibrillators

The school has a defibrillator which serves as part of the first-aid equipment. The local NHS ambulance service is informed of its location and staff members appointed as first-aiders are trained in the use of CPR.

Emergency Procedures

In the event of an emergency, the following action should be taken (staff should use common sense and call an ambulance immediately if the situation is critical):

- Consult the child's Health Care Plan, this will indicate what constitutes an emergency for the child and the action to take if this occurs.
- Inform the Head teacher and/or Deputy Head of the emergency.

Any child taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Roles and responsibilities

Parents or Carers

Parents or Carers

- Have primary responsibility for their child's health
- Are responsible for ensuring their child is well enough to attend school
- Should, where possible, arrange with their doctor for medication to be administered outside of school hours
- Should provide the school with details of their child's medical condition, and when and where the child may need extra or emergency attention.
- Should liaise with the head teacher to agree the school's role in helping to meet their child's medical needs, in accordance with the school's policy
- Are responsible for supplying written information about the medication their child needs to take in school and letting the school know in writing of any changes to the prescription or its administration or to the support required
- Should, where possible, arrange for a separate supply of medication for use in school
- Are responsible for the disposal of medication
- Encourage children to request medication at an appropriate time.

A request for administration of medicines only requires the signature of one parent however the school would hope that any contentious matters would be agreed between separated parents before instructing the school.

The Governing Body

The GB ensures the school's Health and Safety Policy is in place, including procedures for managing medication and effective management systems

The Head teacher

The head teacher works with the governing body to develop the school's policy, implements the policy and develops detailed documented procedures. In addition, she identifies named staff to administer medication and ensures they receive proper support and training. She will make day to day decisions about the administration of medication, or delegate this as set out in the policy. The head teacher will also ensure support and/or cover for absence or unavailability of staff who normally administer medicines.

Additionally, the head teacher:

- Ensures appropriate systems for information sharing are in place and followed
- Ensures medication is stored safely
- Ensures staff and parents/carers are aware of the school's policy and procedures
- Informs parents/carers of any concerns they have about a child's medical condition
- Agrees with parents/carers what support the school can provide
- Seeks written confirmation from the employer of insurance cover for staff who administer medication
- Ensures emergency procedures are in place
- Obtains agreement from parents/carers to share information about their child's medical condition/health with other staff members

In cases where the head teacher feels concern about meeting the child's medical needs or where the expectations of parents/carers appear unreasonable, she will seek advice from relevant healthcare professionals.

Staff

Staff with children with medical needs in their class or group should be informed about the nature of their condition, and when and where the children may need extra attention. All staff, including non-teaching staff, (e.g. support assistants, administration staff and lunch time supervisors) should be aware of the likelihood of an emergency arising and have training in the correct action to take.

When staff agree to support a child with medical needs, they need to receive information about the condition and the likelihood, or not, of an emergency arising. Tasks will be clearly identified with training provided before staff can be asked to administer medication.

Additionally, staff:

- Should ensure appropriate records are kept
- Should be aware of any possible side-effects and what they do if they occur

- Should bring to the attention of the head teacher any concerns they have about a child's medical condition

School nurses

The school will seek their help and support to draw up individual Health Care Plans for children with medical needs if appropriate. They can supplement information given by parents/carers and G.P.s and advise on training for school staff who have volunteered to administer medication.

Hygiene/Infection Control

All staff should be aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medication. Staff have access to protective, disposable gloves (available in the Medical Room) and should take extra care when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. Where needles are used, a Sharps container and adequate arrangements for collection and incineration should be in place.

Exclusion from School

There are recommended times away from school to limit the spread of infectious disease. Please see HPA guidelines for this (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902). Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free. The list of these is provided in the appendix.

Documentation about children's needs

Notification of simple health needs

Sometimes simple health problems may require adjustments in the school routine, for example:

- a fractured leg or other injury requiring use of crutches: will require adjustments around travelling between classrooms, help at mealtimes, alternatives to PE/Games etc.
- toileting problems may require a toilet pass,
- post-operative support: may require exemption from PE/games and other support

A standard notification form may help structure discussion between parents/carers and staff in order to ensure all aspects of school life are discussed and support is identified and agreed. A sample form is provided in the appendix.

Complex needs- Individual health care plan

For children with more complex or longer terms needs a health care plan should be produced in partnership between parents, staff and health professionals which includes:

- Details about the child and his/her condition
- Name and details of medication, including any side-effects
- Special requirements, e.g. dietary needs, pre-activity precautions

- Emergency procedures and what constitutes an emergency
- what to do
- what not to do
- who to contact

Examples of complex health needs which may generate an Individual Health Plan include:

- diabetes
- gastrostomy feeds
- tracheostomy
- anaphylaxis
- central line or other long term venous access
- Severe asthma that has required a hospital admission within the last 12 months

The purpose of an individual health care plan is to identify the level of support that is needed. This will not be necessary for all children who are taking medication. The school should consider each child's individual needs, as children's ability to cope with their medical condition/poor health will vary. Whilst the medication policy should be uniformly applied, an Individual Health Care Plan will help to identify the level of support required in school, and the help the school can provide and receive. Details of review arrangements should be agreed with all contributors, but the timing of reviews will vary according to the individual needs of the child. The plan will be kept in the pupil's file in the main office.

Contributors to the Health Plan may include:

- The Head teacher
- The SENCO
- The parent or guardian
- The child
- The class teacher
- The support assistant
- School staff who have agreed to administer medication or be trained in emergency procedures
- Health professionals, e.g. School nurses, Paediatrician, G.P.

Co-ordination and Dissemination of Information

The Head teacher/Deputy Head will make sure supply staff know about any medical needs.

Confidentiality

The Head teacher has responsibility for safeguarding the confidentiality of information regarding the health and medical treatment of children, and their right to privacy. Medical information should be treated in confidence, with regard to the Caldicott Report (1996), the Human Rights Act (1998) and the Data Protection Act (1998). Agreement should be reached with the parent/carer or the child (where appropriate) about who else should have access to information and/or records. However, if information is withheld from staff, they should not generally be held responsible, if they act

incorrectly in giving medical assistance, but act otherwise in good faith. Withholding of information may only be relevant where necessary for dignity of the child. The Head teacher should explain this carefully to parents/carers and/or children where they are reluctant to share information and it should be appropriately recorded.

Training

If the Individual Health Care Plan reveals a need for staff to have additional information about a medical condition or a training need in administering particular medications or emergency procedures, the school will arrange for training in conjunction with specialist local health teams.

Review of the policy

Incidents relating to difficulties arising from pupils medical needs at school may result in useful discussions at the time and this in turn may lead to an immediate change in policy to protect pupils from risk. Learning from less serious incidents could be collected for action when policies are reviewed. Learning from these cases may however be lost when pupils or staff leave or change over. The learning may not be accessible due to the need to keep records filed under pupils' names. The school will therefore produce anonymised case reports of incidents to help build "organisational memory" and feed into the next scheduled review of the medical policy.

S WEBB JUNE 2015

REVIEW DATE: JUNE 2018

Appendix

Extract from “Guidance on infection control in school and other childcare settings”

2. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete’s foot	None	Athlete’s foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per “ Green Book ”)	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

3. Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

4. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

5. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures

Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

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Notification of health need requiring support from School- FORM

The purpose of this form to notify school of new health needs and agree what support will be provided

Name	
Class/year	
Form teacher	
Name of parent carers	
Contact phone numbers	
Date this form completed	
Planned review date	

Condition/diagnosis /problem	
Date condition started	
Expected duration	
Healthcare professionals involved	
Aids in use e.g. crutches	
Medicines being prescribed ? (see forms XXX for medicines)	Yes /No What ?

Support required at school

	Parents request/comments	Agreement by staff or comments
Impact on attendance	e.g. physio appointments weekly	
Any impact on classes ?		
PE/Games	e.g. miss PE until further notice or unless child states feels well enough to attend	
Arrival and departure from school		
Pastoral		
Toileting		
Lunchtimes		
Break times		

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Example Notification of health need requiring support from School- FORM

The purpose of this form to notify school of new health needs and agree what support will be provided

Name	<i>Bug Bunny</i>
Class/year	
Form teacher	
Name of parent carers	
Contact phone numbers	
Date this form completed	
Planned review date	

Condition/diagnosis /problem	<i>Sprain ankle</i>
Date condition started	<i>1 march</i>
Expected duration	<i>6 weeks</i>
Healthcare professionals involved	<i>Gp/RVI/physio</i>
Aids in use e.g. crutches	<i>Has crutches</i>
Medicines being prescribed ? (see forms XXX for medicines)	<i>Yes /No- paracetamol over the counter TO be taken as needed 4hourly if in pain What ?</i>

Support required at school

	<i>Parents request/comments</i>	<i>Agreement by staff or comments</i>
Impact on attendance	<i>Hoping none</i>	
Any impact on classroom based classes ?		<i>To leave classes early with friend to carry bag</i>
PE/Games	<i>Miss PE until further notice or unless child states feels well enough to attend</i>	
Arrival and departure from school	<i>Will need to be able to drive into school to drop off and pick up, while she is on crutches</i>	

Pastoral		
Toileting		
Lunchtimes		<i>Friend to bring lunch out for her to eat in...?</i>
Break times		