



Supporting Pupils at School with Medical Conditions Policy

Owner:	Jo Evans
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Ratified by:	Resources Committee
Date Policy to be reviewed:	Spring 2025

Supporting Pupils at School with Medical Conditions

1. Introduction and Aims

Claycots School Partnership holds the following values at the heart of our community and aims to embed these values in all that we do. The Supporting pupils with Medical Conditions Policy relate directly to the application of these values in our school partnership.

- Respect
- Kindness
- Curiosity
- Integrity

Safeguarding and promoting the welfare of children is everyone's responsibility. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

This policy aims to ensure that:

- Staff are aware of the procedure for supporting pupils with medical conditions, including recording and the administering of medication.
- Pupils, staff, and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Executive Business Manager will implement this procedure by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils
Developing and monitoring individual healthcare plans (Please see appendices).

2. Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

3. Roles and Responsibilities

The Local Authority and Governing Board

Slough Borough Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

The Business Manager

- The Business Manager is responsible for the implementation of this policy, including:
- Making sure all staff are aware of this policy and understanding their role in its implementation.
- Ensuring that there are a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (Care Plan/Medical Alert Plans), including in contingency and emergency situations.
- Ensuring that all staff who need to know are aware of a child's condition.
- Taking overall responsibility for the development of Care Plan/Medical Alert Plans
- Making sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contacting the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.

The Pupil Services Administrator

The Pupil Services Administrator is responsible for:

- Ensuring that all medication brought into school by parents is appropriately administered in line with the school's policy.
- Ensuring that medication is return to parents when the medication expires or at the end of the academic year.

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although this support is given voluntarily. This includes the administration of medicines.

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

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

Staff will consider specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

Class Teachers will consider additional arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments.

In cases where a child has a long term or significant medical condition requiring an individual risk assessment, this will be completed by the SENCO in collaboration with the parents, class teacher and relevant medical professionals. The SENCO will be

responsible for reviewing the risk assessment at least annually or when there are changes.

The Attendance Managers will take children with medical conditions into consideration where absences directly relate to their condition.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's Care Plan/Medical Alert Plan and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the Care Plan/Medical Alert Plan, e.g., provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.
- Complete and sign any documentation requested by the school relating to their child's medication or condition.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Care Plan/Medical Alert Plans. They are also expected to comply with their Care Plan/Medical Alert Plans.

If a pupil has SEN, and, or an EHCP, their needs will be considered when assessing the level of support required.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's Care Plan/Medical Alert Plan.

Healthcare professionals, such as GPs and pediatricians, will liaise with the Community Nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing Care Plan/Medical Alert Plans.

4. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed. (See Appendix 1).

6. Care Plan/Medical Alert Plan

The headteacher has overall responsibility for the development of Care Plan/Medical Alert Plans for pupils with medical conditions. This has been delegated to the Deputy Headteacher responsible for Inclusion.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require a Care Plan/Medical Alert Plan.

Plans will be drawn up in partnership with the school, parents and, where applicable, a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

Care Plan/Medical Alert Plans will be linked to, or become part of, any education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Staff will consider the following when deciding what information to record on Care Plan/Medical Alert Plans:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and 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.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, and any cover requirements.
- Who in the school needs to be aware of the pupil's condition and the support required.
- What to do in an emergency, including who to contact, and contingency arrangements
- Where confidentially issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.

Please see Appendix 1 for copy of Medical Alert Plan.

7. Managing medicines

Only medication prescribed by a doctor or included in the child's Care Plan can be administered by school staff. Medication should be:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage, and storage.
- Required to be administered four times a day or more. Medication requiring to be given three times a day can be administered before school, after school and in the evening.

The exception to this is insulin, which still must be in date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

Non-emergency medicines in school should be stored in the First Aid Room or in a lockable fridge, along with the medical consent form, which has been signed by the parent, Pupil Services Administrator, and class teacher. The Pupil Services Administrator is responsible for checking medication held by school remains in date and suitable for use. Medicines should be kept out of the reach from children. Emergency medication should be stored in the class first aid cabinet, e.g.:

- Emergency Medication
- Asthma inhaler
- Epi-pen
- Anti-convulsion medication
- Insulin

These items should be kept in the classroom first aid cabinet, and only accessed by adults. The items should be marked with the child's name and should be stored with the medication consent form signed by the parent. A folder will be displayed next to the class first aid cabinet which will contain the following:

- Sign off sheet to confirm staff have read, understood & will comply with information in the folder.
- Class overview detailing all children with medical conditions.
- Copies of care/medical alert plans
- A copy of the school's first aid flow chart"

It is the Pupil Services Administrator's responsibility to ensure medication is returned to them when the medication expires, is no longer required, or at the end of term.

Off-Site Visits

Medication should be taken with the child on all off-site visits. This should be signed out by the member of staff who will be responsible for the medication during the trip and signed back in on return.

If a child is attending an offsite visit or residential trip, it is the parent's responsibility to make the school aware of any medical conditions or medication that the child may need and to supply the medication for the trip. If a child requires travel sickness tablets, parents are asked to administer the medicine before the trip.

The school will consider the use of non-prescription medication (for example paracetamol or sickness medication) for residential trips where appropriate.

8. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's Care Plan/Medical Alert Plan, but it is generally not acceptable to:

- Prevent access to medication when required/prescribed.
- Fail to record medication has been given.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- 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 Care Plan/Medical Alert Plans
- If the pupil becomes ill, send them to the school office or medical room unaccompanied.

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

11. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' Care Plan/Medical Alert Plans will clearly set out what constitutes an emergency and will explain what to do.

These are held with the child's medication and /or in the class medical folder, located close to the class first aid cabinet.

All staff working in the classroom, including agency staff, should ensure they read, understand, and comply with the information in the care plan/medical alert plan.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

12. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of Care Plan/Medical Alert Plans.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with SENCO. Training will be kept up to date by the Pupil Services Administrator.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- Fulfil the requirements in the Care Plan/Medical Alert Plans
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

13. Record keeping

Staff responsible for administering medication will ensure that written records are kept of all medicine administered to pupils, and that these records are countersigned by a witness on each occasion. Parents will be informed if their child has been unwell or been given their emergency medication e.g. asthma inhaler at school.

Care Plan/Medical Alert Plans and Medical Alert Plans can be found on SIMS under the child's records and can also be in the class medical folder, located near to the class first aid cabinet.

14. Complaints


Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure, which can be found on our website.

15. Links to other policies

This policy links to the following policies:

- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Attendance Policy

Appendix 1 - Medical Alert Plan

 Medical Alert Plan			
Pupil Name:			
Pupil DOB:		Pupil Class:	
Date of Plan:		Review Date:	
Medical Diagnosis or Condition:			
Symptoms/Signs:			
Triggers:			
Emergency Actions:			
Medication:			
Dosage and When Taken:			
Staff Trained to Administer:			
Details of Relevant Healthcare Professionals:			
Parental Consent			
I consent to the administration of the above-named medication by school staff. I will notify the school if there are any changes to my child's condition, medication or contact details. I consent for this plan to be on display in school.			
Name:		Signature:	
Relationship to Child:		Date:	
The following staff have read, understood, and will adhere to this plan.			
Name	Signature	Date	Role

Appendix 2 – Asthma Action Plan

ASTHMA ACTION PLAN

CHILD'S NAME SCHOOL.....
DATE OF BIRTH TYPE OF INHALER

NHS NUMBER.....

PHOTO

MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:

- WHEEZE
- TIGHT or SORE CHEST
- COUGH
- SHORTNESS OF BREATH

- Administer reliever medication (usually blue) via Spacer.
- Give 2 initial puffs of reliever (max of 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

IF NO IMPROVEMENT

SIGNS OF AN ACUTE ASTHMA ATTACK

If the child's reliever inhaler (usually blue) + spacer are not helping, and/or the child presents with any of the following:

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

During this time the child should:

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give a further 2 puffs of reliever every 2 minutes (max 10 puffs)

IF NO IMPROVEMENT AFTER 10 PUFFS OR ANY CONCERNS

CALL 999 IMMEDIATELY

- CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS, AS ADVISED ABOVE, EVERY 10 MINUTES UNTIL THE AMBULANCE ARRIVES
- CONTACT PARENT/CARER AND ACCOMPANY CHILD IN THE AMBULANCE UNTIL PARENT/CARER ARRIVES

For exercise induced asthma (complete only if asthma brought on by exercise)

- Take _____ puffs of the reliever inhaler (usually blue) via spacer 10-15 minutes BEFORE physical exercise

School Nursing Sub Group – February 2022

EMERGENCY CONTACTS

1. Name.....

Number.....

2. Name.....

Number.....

CHILD'S TRIGGERS

.....

.....

.....

PARENTAL CONSENTS (tick boxes)

I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.

I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable.

I consent for this plan to be on display in school and I will notify the school of any changes for review.

Signature of Parent/Carer:

.....

Date:

This child has the following allergies:

Name: _____

DOB: _____



Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** _____ (if vomited, can repeat dose)
- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 -
 -
 -
- 2 Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- 4** Commence CPR if there are no signs of life
- 5 Stay with child** until ambulance arrives, **do NOT stand child up**
- 6** Phone parent/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

Emergency contact details:

1) Name: _____

2) Name: _____

Additional instructions:

if wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

Signed: _____

Print name: _____

Date: _____

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorization for schools to administer a "spare" adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____

_____ Date: _____

Appendix 4 – Allergy Action Plan (Anaphylaxis – EpiPen)

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
(If omitted, can repeat dose)
- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|---|--|
| A AIRWAY <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | B BREATHING <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | C CONSCIOUSNESS <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |
|---|---|--|

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)

- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: _____, mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

- 1 Stay with child until ambulance arrives, do **NOT** stand child up
- 2 Commence CPR if there are no signs of life
- 3 Phone parent/emergency contact
- 4 If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

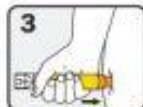
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____



Date: _____

Appendix 5 - Allergy Action Plan (Anaphylaxis - Jext)

This child has the following allergies:

Name: _____

DOB: _____



● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> Persistent cough Hoarse voice Difficulty swallowing Swollen tongue 	<ul style="list-style-type: none"> Difficult or noisy breathing Wheeze or persistent cough 	<ul style="list-style-type: none"> Persistent dizziness Pale or floppy Suddenly sleepy Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
- 2 Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: _____ mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, **do NOT stand child up**
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:** _____ (if vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name _____

2) Name _____

Parental consent: I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools

Signed _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

How to give Jext®



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorization for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand luggage as on the person, and NOT in the luggage hold. This action plan and authorization to travel with emergency medications has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____

Date: _____

Appendix 6:

