

# NEWLANDS GIRLS' SCHOOL

## POLICY DOCUMENT



NEWLANDS GIRLS' SCHOOL  
COURAGE COMMITMENT COMPASSION

# Supporting Pupils with Medical Needs Policy

LAST UPDATED/REVIEWED	(by) Pastoral Deputy Headteacher/Reception Manager	March 2026
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POLICY TYPE	Statutory
REVIEW FREQUENCY AND DATE	Annually – March 2027

RESPONSIBLE	
Leadership Team	Pastoral Deputy Headteacher
Governing Committee	Any Committee

APPROVED:	Approved by:	Full Governing Body
	Meeting Date:	9 <sup>th</sup> March 2026

Courage Commitment Compassion

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### 1. Aims

This policy aims to ensure that:

- 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 Full Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained.
- 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 all Healthcare Plans.

**The named person with responsibility for implementing this policy is Miss J M Capon.**

### 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 the Full Governing Body to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

## 3. Roles and responsibilities

### 3.1 The Full Governing Body

The Full Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions.

### 3.2 The Headteacher

The Headteacher will:

- › Make sure all staff are aware of this policy and understand their role in its implementation.
- › Ensure that there are a number of trained staff available to implement this policy and deliver against all Healthcare Plans, including in contingency and emergency situations.
- › Take overall responsibility for the development of Healthcare Plans.
- › Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- › Contact the school nursing team via Achieving for Children 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.
- › Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### 3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive 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.

### 3.4 Parents

Parents will:

- › Provide the school with up-to-date information about their child's medical needs.
- › Be involved in the development and review of their child's Healthcare Plan and may be involved in its drafting.
- › Carry out any action they have agreed to as part of the implementation of the Healthcare Plan e.g. provide medicines and equipment.

### 3.5 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 individual healthcare plans. They are also expected to comply with their Healthcare Plans.

### 3.6 School Nursing Team 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.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school nursing team and notify them of any pupils identified as having a medical condition and provide advice on developing individual healthcare plans. Support will also be provided in school for children with particular conditions such as asthma, epilepsy and diabetes.

## 4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. 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, enabling 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. Healthcare Plans

**Note: Healthcare Plan – this can be an Individual Healthcare Plan, Allergy Action Plan (according to the type of auto-injector) or School Asthma Card (see attached Appendices).**

The Headteacher has overall responsibility for the development of Healthcare Plans for pupils with medical conditions. This has been delegated to the Front Office team.

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 Healthcare Plan. If appropriate, it will be agreed with a school First Aider/healthcare professional and the parents.

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

Healthcare Plans may be linked to, or become part of an Education, Health and Care Plan (EHCP). All relevant staff would be made aware of the needs of the individual.

The following information is considered as part of a Healthcare Plan:

- 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. (This information is also covered on our POM (Prescribed Only Medicine Form) (Appendix A) and OTC (Over the Counter Form) (Appendix B).
- 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, additional support in catching up with 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.
- › Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- › Who in the school needs to be aware of the pupil's condition and the support required.
- › Separate 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.
- › Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- › What to do in an emergency, including who to contact, and contingency arrangements.

## 6. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- › When it would be detrimental to the pupil's health or school attendance not to do so **and**
- › Where we have parents' written consent (covered by POM and OTC form). The form must be **fully completed** and handed to Reception by the Parent/Carer, before any medication can be administered. This also applies to replacement medicines. A new form will need to be completed each time.

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- › In-date
- › Labelled
- › Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and are not locked away during school hours.

Parents/Carers will be contacted by school First Aiders when medicines are no longer required or have passed their expiry date so that they can be safely disposed of either by Parents/Carers or by school First Aiders.

### 6.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the School Office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. Only trained, named, individuals can administer this medication.

## 6.2 Pupils managing their own needs

Pupils will be allowed to carry their own emergency medicines and devices when relevant. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the Healthcare Plan and inform parents so that an alternative option can be considered, if necessary.

## 6.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication.
- 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 Healthcare Plan.
- If the pupil becomes ill, send them to Reception unaccompanied or with someone unsuitable.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life.

## 7. Pupils with Prolonged Absence

(A separate policy "Pupils with health needs who cannot attend school" gives fuller information, and is summarized below).

The named person in school with responsibility for attendance is one of the Deputy Headteachers.

The Pastoral team will put a plan in place to support a pupil if she is or is likely to be away from school, due to medical needs, for more than 15 working days.

Children with medical needs will remain on the school register. Attendance registers will be marked so that they show if a pupil is, or ought to be receiving education otherwise than at school.

The school will work in partnership with Parents/Carers and the EWO (Education Welfare Officer), when appropriate, to put a suitable package in place to support pupils who are absent with medical needs.

The Head of Year will liaise with school staff to provide appropriate work for the pupil. This may include conversations with the EWO and other relevant agencies.

The school will convene regular review and planning meetings involving the pupil, if appropriate, and their Parents/Carers and all professionals dealing with the pupil. These meetings will review progress, plan for the pupil's reintegration into school and outline clear responsibilities for all those involved.

Pupils will be given access to public examinations as appropriate, and a member of the Leadership Team will liaise with all relevant parties.

The school will pay examination fees, assess examination coursework and organise careers interviews as appropriate.

Pupils who are unable to attend school because of medical needs will be kept informed of school social events by newsletter. The school will consider the views of the pupil through discussions with her and her Parents/Carers.

## 8. Emergency procedures

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

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.

## 9. Training

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

The training will be identified during the development or review of Healthcare Plans. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

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 Healthcare Plans.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

## 10. Record keeping

Written records are kept of all medicine administered to pupils during the school day. Healthcare Plans are linked to student information in the school's management information system and can be accessed by staff.

## 11. Liability and indemnity

The school is a member of the Risk Protection Assurance through the Education Skills and Funding Agency.

## 12. Monitoring arrangements

This policy will be reviewed and approved by the Full Governing Body annually.

## 13. Links to other policies/procedures

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Medical Procedures Document
- Health and safety
- Safeguarding
- Special Educational Needs Information Report
- Pupils with health needs who cannot attend school
- First Aid

# POM Consent Register

APPENDIX A

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

GP: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_

## Register of Medication Obtained

Date	Name of Person Who Brought it in	Name of Medication	Amount Supplied	Form Supplied	Expiry Date	Dosage Regime	Received By

## Register of Medication Administered

Date	Name of Medication	Amount Given	Amount Left	Time	Administered and Witnessed by	Comments/Action/Side Effects



# OTC Medication Consent Register

**APPENDIX B**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Date	Name of Person Who Brought it in	Name of Medication	Amount Supplied	Form Supplied	Expiry Date	Dosage Regime

## Register of Medication Administered

Date	Name of Medication	Amount Given	Amount Left	Time	Administered and Witnessed by	Comments/Action/Side Effects



# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

## Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature

Date

## Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature

Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes  No

Does your child need help taking his/her asthma medicines?

Yes  No

What are your child's triggers (things that make their asthma worse)?

Pollen  Stress

Exercise  Weather

Cold/flu  Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes  No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

## Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

## What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

**0300 222 5800**

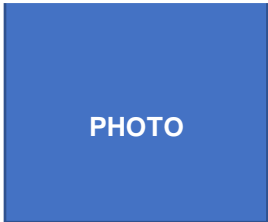
(9am - 5pm; Mon - Fri)

[www.asthma.org.uk](http://www.asthma.org.uk)



### Individual Health Care Plan

\*Please take note of medication expiry date and replace accordingly.



Pupil's name: -----

Home address: -----

Form: ----- Date of Birth: -----

Medical diagnosis: -----

Date diagnosed: -----

### Family Contact Information:

**Name (1):** -----

Relationship to Child -----

Phone No: \*Home: -----

\*Work: -----

\*Mobile: -----

Email address: -----

**Name(2):** -----

Relationship to Child -----

Phone No: \*Home: -----

\*Work: -----

\*Mobile: -----

Email address: -----

**Medication:**

\*Names of medication: -----

\*Dates of Expiry: -----

**GP:**

Name: -----

Phone No: -----

**Clinic/Hospital Contact/Consultant/Nurse:**

Name: -----

Phone No: -----

**Describe Medical needs and give details of pupil's symptoms/triggers:**

-----  
-----  
-----  
-----

**Daily care requirements (e.g. before sport/at lunchtime):**

-----  
-----  
-----  
-----

**Describe what constitutes an emergency and action to be taken:**

-----  
-----  
-----  
-----

**Follow up care:**

-----  
-----

-----  
-----

In case of an Emergency who is to be called:

-----  
-----  
-----  
-----

Spare medication supplied:

-----

Who is responsible for providing support in school, if required?

-----

Is your daughter able to administer medication herself? **Yes/No** (Please delete as appropriate.) By signing below, you agree for the above information to be given to any Healthcare Professionals, in case of an emergency.

Signed: ..... Parent/Carer

Date: .....

Review Date: .....

**BSACI** **ALLERGY ACTION PLAN** **RCPCI** **anaphylaxis UK**  
Improving Allergy Care Association of Paediatric Allergists Specialist Society for Allergy **AllergyUK**

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 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**

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

**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-FL-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 AAIs in schools.

Signed: \_\_\_\_\_  
 Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://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-bag/purse 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: \_\_\_\_\_

This young person has the following allergies:

Name:

DOB:

.....

.....

.....

**Mild/moderate reaction:**

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

**Action to take:**

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg  
(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction


**Watch for signs of ANAPHYLAXIS**  
(a potentially life-threatening allergic reaction)

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

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

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

- 1** Lie flat with legs raised (if breathing is difficult, allow person 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:**

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

**Commence CPR if there are no signs of life**

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, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: [sparepeminschools.uk](http://sparepeminschools.uk)

**How to give JEXT®**



**Additional instructions:**

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a 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 medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name: .....

Hospital/Clinic: .....

.....

.....

Date: .....