

# **Medical Policy - including Supporting pupils with medical conditions**

**Approved by:** Governing Board

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## Aims

*Our school welcomes and supports pupils with medical and health conditions. We aim to include all pupils with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equalities Act 2010.*

This policy aims to ensure that:

- Pupils, staff and parents/carers /carers 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 governing board will implement this policy 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 (IHPs)

**The named person with responsibility for implementing this policy is Phoebe Buret (Medical Lead)**

## 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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

## Roles and responsibilities

### 3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children 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 is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

## Staff

The Headteacher/Medical Lead is responsible for ensuring that all **relevant** staff will be made aware of a CYPs condition as soon as possible.

Any supply teachers / covering staff will be informed, as appropriate.

Pupils with individual healthcare plans have staff named in their plan who have been trained to undertake the procedures in the plan. Senior Leaders and the Medical Lead ensure there are enough staff named to cover for absences and to allow for staff turnover.

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 they will not be required to do so. 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.

### **parents/carers / Carers**

parents/carers /carers 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 IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

### **Pupils**

Where possible, pupils should be involved in discussions about their medical support needs and contribute to the development of their IHPs. They should be supported to comply with their IHPs.

### **Medical lead other healthcare professionals**

The medical lead will be responsible in conjunction with parents/carers /carers, for drawing up, implementing and keeping under review the individual healthcare plan for each student and making sure relevant staff are aware of these plans. They will also take operational responsibility for ensuring sufficient training has been implemented for relevant staff as required and keeping a record of this training with the School Business Manager.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's medical lead and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **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/carers /carers and any relevant healthcare professionals will be consulted.

## **Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

## Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs (see appendix 2) for pupils with medical conditions. This has been delegated to our medical lead.

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 an IHP. It will be agreed with a healthcare professional and the parents/carers / carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers / carers and 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.

IHPs 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. The head teachers and the medical lead will consider the following when deciding what information to record on IHPs:

- 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
- 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
- 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, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers / carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- 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

## Managing medicines

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 not locked away.

Medicines will be returned to parents/carers /carers to arrange for safe disposal when no longer required.

Wherever possible we allow pupils to carry their own relevant devices and where pupils self-administer, we will provide supervision as appropriate. We do ask medicines are handed to the medical lead first so we can track and record quantity and timing of dosage.

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/carers ' /carers written consent
- 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. parents/carers / carers will always be informed.

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

Medication not carried by pupils is stored in the medical cupboard

Controlled drugs are stored in the medical cupboard

Pupils who do not carry and administer their own medication know where it is stored and how to readily access it.

## **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.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## **Administration of Non-Prescribed Medication at School**

Non-prescribed medication can only be administered in a school where it is absolutely essential to the pupil's health and where it cannot be taken out of the schools' hours.

- When non-prescribed medicine in administered it must have prior written parental consent form and a record of administration form must be kept.
- The school should ensure they treat the non-prescribed medication the same as if it were prescribed i.e., checking the packaging, expiry date, dosage, administration instructions, correct storage etc.
- Non-prescribed medication should be provided by the parents/carers / carers. Schools does not routinely hold their own stocks of medication.

## **Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. 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 IHP and inform parents/carers so that an alternative option can be considered, if necessary.

## **Unacceptable practice**

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- 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/carers, 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/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **Emergency procedures**

We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

We have a procedure in place for dealing with emergencies and all staff know they have a duty to take swift action. The Headteacher and Medical Lead ensure that all staff feel confident in knowing what to do in an emergency. Details of how to call an ambulance are the same in school as out of school.

If a pupil needs to be taken to hospital, an ambulance will be called and, if parents/carers are not able to get to the school, a member of staff will accompany the pupil in the ambulance to meet the parents/carers at A&E. The member of staff will stay with the pupil until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent.

Staff will not take a pupil to hospital in their own car unless it is an absolute necessity and never unaccompanied.

## **First aiders**

We have trained first aiders on site at all times throughout the school day who are aware of the most common serious medical conditions at this school. Training is refreshed regularly.

## School Trips

Staff organising our school trips ensure:

- They plan well in advance.
- There is a first aider on the trip
- They seek information about any medical/health care needs which may require management during a school trip. This is specifically relevant for residential visits when pupils may require medication/procedures that they would not normally require during the daytime.
- That any medication, equipment, health care plans are taken with them and kept appropriately during the trip.
- They do a risk assessment which includes how medical conditions will be managed on the trip. Staff are aware that some pupils may require an individual risk assessment due to the nature of their medical condition.

## Safe Storage - General

- The medical lead ensures the correct storage of medication at school.
- The medical lead ensures the expiry dates for all medication stored at school are checked monthly and informs parents/carers in advance of the medication expiring.
- The medical lead ensures all medication stored in school is recorded on medical tracker
- Some medications need to be refrigerated. These are stored in a clearly labelled airtight container in the fridge located in the staff room.

## Safe Disposal

parents/carers are asked to collect out of date medication. If parents/carers do not collect out of date medication, it is taken to a local pharmacy for safe disposal.

## Asthma

School staff are aware that, although it is a relatively common condition, asthma can develop into a life-threatening situation.

The Headteacher and Governing body have chosen to keep emergency Salbutamol inhalers and spacers in school for use by pupils who have a diagnosis of asthma and whose parent/s have given us written permission for their pupils to use it. This would be in rare circumstances where an inhaler has become lost or unusable. parents/carers are informed if their child has used the schools emergency inhaler.

The medical lead is responsible for managing the stock of the emergency school Salbutamol inhalers.

The emergency salbutamol inhalers will be kept in the medical cupboard. One will be kept in the emergency grab bag.

The medical lead is responsible for ensuring the emergency inhalers and spacers are washed, as necessary.

## School Defibrillator

As part of our first aid equipment, we have one defibrillator. We have notified our local NHS ambulance service, via The Circuit, of this decision and some of our first aiders are trained in its use. The Medical Lead is responsible for checking if the unit is kept in good condition. This is done at the start of each month. Please refer to the school guidance plan for further information.

## Working Together

A number of people and services may be involved with a pupil who has a medical condition e.g. parent/s, pupils themselves, specialist nurse, community nurse etc.

We seek and fully consider advice from everyone involved to assist us in our decisions around a pupils medical needs. We work together to identify needs, identify training, draw up individual healthcare plans, identify staff competency in procedures etc.

We work together to ensure our policy is planned, implemented and maintained successfully.

## Training

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

All staff will undertake training courses on certain medical conditions, for example Asthma, epilepsy.

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 IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

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

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

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The Headteacher keeps a training record and ensures training is refreshed as appropriate. The Headteacher is involved in determining the competency of a member of staff in undertaking specific procedures.

Staff who complete records are shown by the medical lead how these are to be completed and managed.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the Headteacher will determine this.

## **Record keeping**

Written records are kept of all medicine administered to pupils for as long as these pupils are at the school. parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept on our Medical Tracker, readily accessible place which all staff are aware of.

All medication given to students will be recorded on Medical Tracker and parents/carers informed via medical tracker emails.

## **Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Individual cover may need to be arranged for any healthcare procedures – any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## **Complaints**

Should parents/carers /carers be unhappy with any aspect of their child's care at the school, they must discuss their concerns with the school. This will be with the student's teacher or family support manager in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the Co-Headteachers. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Parayhouse School Complaints Procedure.

## **Monitoring arrangements**

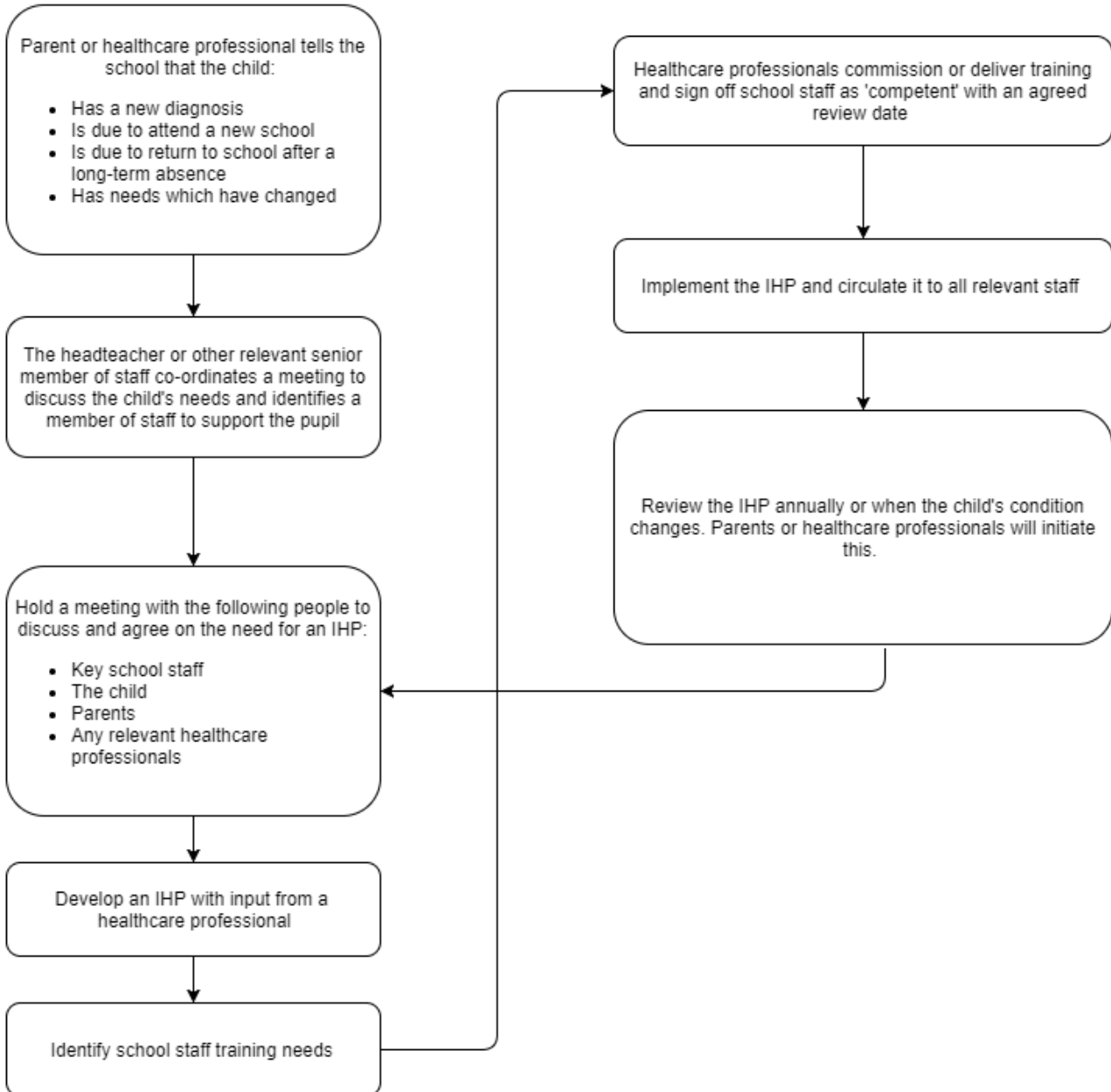
This policy will be reviewed and approved by the governing board every 3 years.

## **Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding

## Appendix 1: Being notified a child has a medical condition



## Students Individual healthcare plan

Date: \_\_\_\_\_

Name of school/setting

Parayhouse School

Child's name

Group/class/form

Date of birth

Medical diagnosis or condition

### Family Contact Information

Name

Phone no. (mobile)

(home)

Name

Relationship to child

Phone no. (mobile)

(work)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

NHS No.

Name

GP address:

Phone no.

### School to complete:

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements (e.g. what care is needed daily)

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

**School to complete:**

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Plan agreed with School and parents/carers :

Date:

Name/s:

Review Date:

## Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form. This is for daily medication and for any emergency medication they may need.

Name of school/setting

Parayhouse School

Name of child

Date of birth

Group/class/form

Medical condition or illness

### Medicine

**All Medicines must be in the original container as dispensed by the pharmacy**

Name/type of medicine

*(as described on the container)*

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Can they self-administrate:

Procedures to take in an emergency

n/a

**No**

Name/type of medicine

*(as described on the container)*

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Can they self-administrate:

Procedures to take in an emergency

n/a

**No**

Name/type of medicine

*(as described on the container)*

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Can they self-administrate:  
Procedures to take in an emergency

Yes	No

**Contact Details for parents/carers / carers**

Name  
Daytime telephone no.  
Relationship to child


The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date: \_\_\_\_\_

### Appendix 3 – Common Ailments

## Common Ailments Guidelines

#### Definition of a “Well Child”

- A child who is not reliant on temperature relief medication
- A child who is well enough to participate in all areas of school activities
- A child with their normal appetite, who is happy and sociable
- A child who has their normal bowel functions

#### If Your Child is Unwell at School

If your child appears unwell at school, the office will contact you to discuss this with you first and then may ask you to collect them depending on the nature of the illness. Staff will comfort your child and record the changes in their condition to share with you on arrival.

As per our medical policy and parent contract, if the school feels your child needs to go home, we ask that you make arrangements to collect them as soon as possible.

Even when it is close to the end of the school day, it may be determined that the child's illness means they are not fit to travel on shared transport with other students and so we may need them to be collected.

## Exclusion Periods for Common Ailments

We always follow NHS guidance on childhood illnesses.

<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Itchy, spotty rash turning into fluid-filled blisters  Pregnant staff or family contacts should consult with their GP or midwife.
Conjunctivitis	None  Child should be encouraged not to touch eyes and to wash hands regularly.	Red, inflamed, and contagious eyes.
Respiratory infections including coronavirus (COVID-19)	Child should not attend if they have a high temperature and are unwell.  Child with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.	

Flu (influenza) or influenza like illness	<p>Child should not attend if they have a high temperature and are unwell.</p> <p>Child with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.</p>	
Diarrhoea and vomiting	Child can return 48 hours after diarrhoea and vomiting have stopped.	Often caused by a stomach bug.
Glandular fever	None as long as the child feels otherwise well. Advised to avoid direct physical contact with others and sharing of items such as cutlery.	Infectious viral disease characterized by swelling of the lymph glands and prolonged lassitude.
Hand foot and mouth	<p>None – if fever free</p> <p>Child should not attend if they have a high temperature and are unwell.</p>	Causes mouth ulcers and spots on hands and feet.
Head lice	None however please notify school as soon as you are aware so we can monitor others and take necessary precautions	Tiny insects in hair; nits are eggs attached to hair
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. Child should be advised not to touch affected areas and wash hands regularly.	Highly contagious skin infection causing sores and blisters.
Measles	4 days from onset of rash and if the child is well enough.	<p>Highly contagious infection with cold-like symptoms, rash, and small white spots in the mouth.</p> <p>Advice: Contact GP or 111; ensure parents/carers of children that have not had the MMR vaccine are notified.</p>
Mumps	5 days after onset of swelling and if the child is well enough,	An infection that causes painful swelling on the cheeks and neck

Ringworm	Not usually required. Child should be encouraged not to touch affected area and to wash hands regularly. If possible affected areas should be kept covered e.g long sleeves	Fungal infection causing a scaly or itchy rash anywhere on the body or scalp.  Treatment is needed.
Rubella (German measles)	5 days from onset of rash and if child is well enough	Advice: Contact GP or 111; ensure parents/carers of children that have not had the MMR vaccine are notified.
Scabies	24 hours after the first dose of chosen treatment. Please notify school as soon as possible so we can advise others to start treatment. Child should be encouraged not to touch affected area and to wash hands regularly. If possible affected areas should be kept covered e.g long sleeves	Household and close contacts require treatment at the same time.
Scarlet fever	24 hours after starting antibiotic treatment if child is well enough. If child is not taking antibiotics should be excluded until resolution of symptoms.	
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Usually mild; symptoms: rash, mild fever, runny nose, and headache.  Pregnant contacts of case should consult with their GP or midwife.
Strep A	24 hours after starting antibiotics to prevent spreading the infection to others if child is well enough.	Bacterial infection (sore throat, rash, fever, sometimes serious).
Threadworms	None however please notify school asap as we may need to advise treatment in others.	Treatment recommended for child and household.
Tonsillitis	None if child is well enough	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Whooping cough (pertussis)	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	

### **Parent Responsibilities**

Disclose any known or suspected ailments to prevent the spread of infection and allow us to notify others as necessary.

Follow guidance provided by school staff to support recovery and reduce risk.

If a student requires any prescribed medication at school parents/carers are required to ensure this medication is in its original packaging, labelled and with clear instructions.

### **Our Responsibilities**

If a child shows symptoms of any of these illnesses, the school will contact parents/carers immediately.

If a child comes to school with prescribed medication that is to be taken for a set number of days, they will ask parents/carers to complete a medical administration form.

We report significant cases to parents/carers and the Public Health Agency if necessary



# Should I keep my child off school?



## Yes

### Until...

Chickenpox	at least 5 days from the onset of the rash and until all blisters have crusted over
Diarrhoea and Vomiting	48 hours after their last episode
Cold and Flu-like illness (including COVID-19)	they no longer have a high temperature and feel well enough to attend. Follow the national guidance if they've tested positive for COVID-19.
Impetigo	their sores have crusted and healed, or 48 hours after they started antibiotics
Measles	4 days after the rash first appeared
Mumps	5 days after the swelling started
Scabies	they've had their first treatment
Scarlet Fever	24 hours after they started taking antibiotics
Whooping Cough	48 hours after they started taking antibiotics

## No

but make sure you let their school or nursery know about...

Hand, foot and mouth	Glandular fever
Head lice	Tonsillitis
Threadworms	Slapped cheek



SCAN ME

### Advice and guidance

To find out more, search for health protection in schools or scan the QR code or visit <https://qrco.de/minfec>.