Diocese of Salisbury
Academy Trust
'Beyond expectations for all of God's children'

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Policy Date: September 2026

Review Date: August 2027

This policy is to be adapted by each school

Policy owner	Diocese of Salisbury Academy Trust
Applies to	All DSAT schools
Policy date	September 2026
Review date	September 2027, or earlier following statutory change, serious incident, near miss or Trust review

School Name	St. Peter's CE Primary Academy
Designated Medical Needs Lead	Harriet Morris
Designated Allergy Lead	Harriet Morris
Location of Emergency Medication	Epipens by main school hall Individual pupil epi pens kept with children at all times Medical room fridge

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1. Purpose and scope

The Diocese of Salisbury Academy Trust (DSAT) is committed to ensuring that pupils with medical conditions, including physical and mental health needs, allergies, asthma, diabetes, epilepsy and other long-term or short-

term conditions, are supported to access education, participate fully in school life and remain safe, included and well.

This policy sets out Trust-wide expectations for supporting pupils with medical conditions. It should be adopted by each school and read alongside local first aid, health and safety, safeguarding, SEND, attendance, data protection, allergy safety, educational visits, behaviour and complaints arrangements.

The policy is designed to provide consistent, practical support, clear accountability, safe medication practice, emergency readiness, reasonable adjustments and a culture in which pupils are not excluded from school life because of a medical condition.

2. Legal and statutory context

This policy has due regard to relevant legislation and guidance, including:

- Children and Families Act 2014, including section 100 duties to make arrangements for supporting pupils with medical conditions.
- Equality Act 2010, including duties to make reasonable adjustments where a medical condition amounts to a disability.
- Education Act 1996 and Education Act 2002.
- Health and Safety at Work etc. Act 1974.
- Misuse of Drugs Act 1971 and Medicines Act 1968, where relevant to the safe management of medicines.
- Human Medicines (Amendment) Regulations 2017, including arrangements for spare adrenaline auto-injectors in schools.
- DfE statutory guidance, Supporting pupils at school with medical conditions.
- DfE statutory guidance, Allergy safety in schools, published July 2026, noting implementation requirements from 1 September 2026.
- DfE guidance, First aid in schools, early years and further education.
- Special educational needs and disability code of practice: 0 to 25 years.
- Food Information Regulations and Natasha's Law requirements where food is prepared or provided.

3. Principles

- Pupils with medical conditions should have full access to education, including PE, trips, residential visits, clubs, school meals and collective worship, unless clinical evidence indicates otherwise.
- A pupil will not normally be denied admission or prevented from taking up a place because arrangements for their medical condition have not yet been finalised.
- Support will be individual, proportionate and informed by parents/carers, pupils where appropriate, healthcare professionals and school staff.
- Medical information will be shared on a need-to-know basis to keep pupils safe and support inclusion.
- Emergency medication and care plans must be accessible to those who need them without compromising confidentiality more than is necessary.
- Medication administration by school staff is voluntary, but schools must work with parents and healthcare professionals to ensure pupils are not excluded from education where a volunteer is unavailable.
- Staff must not undertake healthcare procedures or administer medication unless they have received appropriate training and are confident and competent to do so.

- Incidents, near misses, medicine errors and allergic reactions will be recorded, reviewed and used to improve practice.

4. Culture, wellbeing and inclusion

- Medical conditions will be approached inclusively and respectfully, recognising the possible impact on attendance, wellbeing, participation and confidence.
- Pupils with medical conditions will be supported to participate safely in the full life of the school wherever reasonably possible.
- Schools will make reasonable adjustments where required and will avoid unnecessary exclusion from trips, clubs, meals, sport, worship or curriculum activities.
- Staff will be mindful that pupils may not wish to be singled out unnecessarily, while ensuring that essential safety information is shared with those who need it.
- Medical-related bullying, teasing, deliberate exposure to risks, misuse of medication or discriminatory behaviour will be addressed through the school's behaviour, anti-bullying and safeguarding arrangements.
- The emotional impact of medical conditions, including anxiety about symptoms, medication, emergencies or accidental exposure, will be considered through pastoral support, IHP reviews and communication with parents/carers.

5. Roles, responsibilities and governance

Role	Responsibilities	Evidence and assurance
Trust Board / nominated committee	Approves the Trust policy framework, seeks assurance that schools have suitable arrangements, and considers escalation following serious incidents.	Policy approval; assurance reports; incident learning
ASEC / nominated governor role	Seeks school-level assurance that arrangements for pupils with medical conditions, allergy safety, medicines, training and records are implemented.	ASEC minutes; school assurance checklist
Headteacher	Has overall responsibility for implementation in the school, appointing leads, allocating resources, ensuring staff are aware of arrangements, and reviewing local practice.	Named leads; local procedures; training records

6. Identification and notification

Parents/carers are responsible for notifying the school of any medical condition, allergy, medication requirement or change in need. Schools will also consider information received through admissions, transition, annual data checks, previous settings, healthcare professionals and pupil voice.

- When the school is notified of a medical condition that may require support, the Designated Medical Needs Lead will consider whether an IHP is required.

- Where a pupil starts at the school in September, arrangements should be planned in advance wherever possible.
- Where a pupil joins mid-year or receives a new diagnosis, arrangements should be put in place promptly and proportionately, with interim controls where needed.
- The school will not wait for a formal diagnosis before providing reasonable support where a need is evident and evidence is being gathered.
- Where there is uncertainty or disagreement about support, the Headteacher will make a judgement based on available evidence, consultation with parents and, where appropriate, healthcare advice.

7. Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will be used where a pupil needs support that is additional to, different from, or more detailed than routine first aid or general school arrangements.

An IHP should normally be in place for pupils with significant, chronic or ongoing medical conditions, including diabetes, epilepsy, anaphylaxis, complex asthma, serious allergies, conditions requiring prescribed rescue medication, or where clinical procedures, emergency actions or reasonable adjustments are needed.

IHPs will be developed collaboratively with parents/carers, pupils where appropriate, healthcare professionals where relevant, and school staff. They will be reviewed at least annually and sooner if the pupil's condition, medication, school provision or risk changes.

Each IHP should include the medical condition, triggers, signs and symptoms; daily care requirements; medication and storage; self-management; emergency procedures; staff roles and cover; training and competency; trip, club and transport arrangements; confidentiality; and linked documents such as Allergy Action Plans, Asthma Action Plans, risk assessments or EHC plans.

8. Asthma and emergency inhalers

Schools may choose to hold an emergency salbutamol inhaler for use when a pupil's own prescribed inhaler is not available, broken, empty or expired. This is a discretionary arrangement and must be supported by a local protocol, parental consent and clear staff awareness.

- Pupils diagnosed with asthma or prescribed a reliever inhaler should have access to their own inhaler at school. Where they are able to self-manage safely, they may carry it; otherwise it must be stored so that it can be accessed without delay.
- An emergency inhaler must only be used for pupils who have been diagnosed with asthma or prescribed a reliever inhaler and for whom written parental consent for emergency inhaler use has been obtained.
- Emergency inhaler arrangements should include purchase, storage, checking, cleaning, replacement, expiry monitoring, disposal, record keeping and arrangements for off-site visits, clubs and wraparound provision.
- Staff should know how to recognise signs of an asthma attack, how to summon help, where inhalers are kept, how to follow the pupil's asthma plan or IHP, and when to call 999.
- Use of the emergency inhaler, refusal, omission, expiry issue or any asthma-related incident must be recorded and reviewed locally.

8. Staff training, competence and support

Training needs will be identified through IHPs, school risk assessment, statutory guidance, healthcare professional advice and DSAT assurance processes. First aid training alone does not automatically provide competence to support a specific medical condition or administer a particular medicine.

- Staff supporting pupils with specific medical conditions must receive suitable training before taking responsibility for agreed procedures.
- Training should be delivered by a suitably qualified healthcare professional or competent provider where required by the nature of the support.
- Training records must be kept, including who was trained, by whom, when, for what purpose and when a refresher is due.
- New staff, temporary staff, supply teachers and regular volunteers must receive essential information before they supervise pupils with known medical needs.
- All staff who are present when pupils are scheduled to be on site should receive annual allergy awareness and emergency response training in line with the July 2026 allergy safety guidance.
- Training may be supported through agreed learning pathways, but training alone does not create compliance unless local policies, procedures, IHPs and implementation are also in place.

9. Managing medicines

Medicines will only be administered in school when it would be detrimental to the pupil's health, attendance or inclusion not to do so. Medicines should usually be administered outside school hours wherever clinically appropriate.

- No pupil under 16 will be given prescription or non-prescription medicine without written parental consent, except in exceptional circumstances where the pupil has been prescribed medicine without parental knowledge and confidentiality duties apply.
- Non-prescription medicines, including paracetamol-based products such as Calpol, may only be administered where there is written parental consent, the medicine has been supplied by the parent/carer in the original packaging/container, is in date, and clear dosage instructions are provided. Staff must confirm the time and amount of any previous dose before administration and must not administer the medicine if there is any reason to believe it would be unsafe. Non-prescription medicines must not be administered routinely as a general convenience measure.
- The school will only accept medicines that are in date, labelled, provided in the original container and accompanied by clear instructions for administration, dosage and storage. Insulin may be provided in a pen or pump rather than its original container.
- Before administering medicine, staff will check the pupil name, medicine name, prescribed dose, method, timing, expiry date, written instructions and time of last dose where relevant.
- If staff are unsure, they must not administer the medicine until advice has been obtained from parents/carers, a healthcare professional or emergency services as appropriate.
- A written record will be kept of medicines administered, refused, omitted or returned.
- If a pupil refuses medicine, staff will not force them. The refusal will be recorded, the IHP followed and parents/carers informed the same day.
- When medicines are no longer required, they will be returned to parents/carers for safe disposal. Sharps must be disposed of in a suitable sharps container.

10. Controlled medicines

Controlled medicines must be managed with additional security, authorisation, witnessing and record keeping. This section sets out the Trust's expectations for the safe administration, storage, reconciliation and recording of controlled medicines in schools.

- Controlled medicines must be stored in a locked, non-portable medicines cabinet accessible only to authorised staff.
- Controlled medicines may only be administered by staff authorised by the Headteacher and appropriately trained.
- Administration must occur in the presence of two authorised members of staff: the administering staff member and a witness who observes the full process.
- Immediately after administration, staff must record the pupil name, identity check, medicine name, strength, dose, date, time, supplier/source, amount received, amount administered and updated stock balance.
- The administering staff member must sign the log and the witnessing staff member must countersign it.
- Controlled medicine stock balances must be reconciled regularly, including following each administration, when new stock is received or returned, and at least termly as part of local assurance checks.
- Any error, concern or irregularity must be reported immediately to the Headteacher and relevant DSAT health and safety and safeguarding leads, then reviewed in line with Trust procedures.

11. Self-management

Where appropriate and following discussion with parents/carers and healthcare professionals, pupils may be encouraged to take responsibility for their own medicines or procedures. This must be recorded in the IHP.

- Pupils may carry medicines or devices where this is safe and agreed, for example inhalers or prescribed emergency medication.
- Where pupils cannot carry medicines safely, medicines must be stored so they remain accessible without delay.
- A pupil must never pass medicine to another pupil. Any such incident will be managed through safeguarding, behaviour and medicine safety procedures as appropriate.

12. Allergy safety, anaphylaxis and adrenaline auto-injectors

Each DSAT school must implement the separate Allergy Safety Policy and local allergy procedures. This section summarises the links between allergy safety and support for pupils with medical conditions.

- Each school must have a dedicated allergy safety policy, reviewed annually and published on the school website.
- Each school must identify a named senior leader with responsibility for allergy safety.
- Each school should maintain an allergy register and attach Allergy Action Plans or Asthma Action Plans to IHPs where provided.
- Pupils prescribed AAIs should have two in-date devices available in school, stored safely but accessible in line with the IHP or Allergy Action Plan.
- Schools should hold suitable spare AAIs for emergency use, stored in pairs, clearly labelled, not locked away and known to staff.
- Schools should consider site layout so emergency medication can be accessed without delay, including lunch areas, playgrounds, sports fields, clubs, visits and trips.

- In suspected anaphylaxis, staff should act immediately, call 999, administer adrenaline without delay where an AAI is available and follow the Allergy Action Plan and training.
- All allergic reactions, suspected anaphylaxis, AAI use, exposure incidents and near misses must be recorded and reviewed.

13. Emergency procedures

- Stay with the pupil and summon help immediately.
- Follow the IHP or emergency action plan where available.
- Call 999 where the plan requires it, where anaphylaxis is suspected, where emergency medication has been administered, or where staff judge emergency help is needed.
- Contact parents/carers as soon as it is safe to do so.
- If a pupil is taken to hospital and parents/carers are not present, a member of staff should remain with the pupil until handover.
- Record the incident, treatment, medicines used, timings, witnesses and follow-up actions.

14. Day trips, residential visits, sport and activities

- Pupils with medical conditions should be supported to participate safely in educational visits, residentials, PE, sporting activities, clubs, wraparound care and wider school life.
- Risk assessments must consider the pupil medical needs, allergen exposure where relevant, medication, trained staff, transport, emergency access and communication with parents/carers.
- IHPs and required emergency medication must accompany pupils on visits and be accessible throughout the activity.
- Staff supervising the activity must know relevant emergency procedures.
- Where clinical evidence indicates that participation is not possible, the school will consider alternatives and communicate sensitively with parents/carers and the pupil.

15. Transport

- Where pupils have life-threatening conditions or complex medical needs and use home-to-school transport, the school will share relevant information lawfully with the Local Authority or transport provider so appropriate planning can take place.
- Drivers and escorts should receive information and training proportionate to the pupil needs and their role.
- Where pupils are at risk of severe allergic reactions, food restrictions or controls on vehicles may be required through risk assessment.
- Emergency medication must remain accessible and not be stored in luggage where delay could create risk.

16. Personal Emergency Evacuation Plans

Where a pupil's medical condition, disability, mobility need, sensory need, communication need or temporary injury may affect their ability to evacuate safely, the school will consider whether a Personal Emergency Evacuation Plan (PEEP) is required.

A PEEP should set out the practical arrangements needed to support the pupil during an emergency evacuation, lockdown or other site emergency. This may include assistance required, evacuation routes, refuge or waiting points where relevant, communication needs, equipment, staff responsibilities, cover arrangements and arrangements for off-site visits or temporary changes in location.

PEEPs should be developed with parents/carers, the pupil where appropriate, relevant staff and, where needed, healthcare or specialist professionals. They should be reviewed at least annually and sooner where the pupil's needs, medication, equipment, classroom location, staffing or site arrangements change.

Staff with responsibilities under a PEEP must be briefed on the arrangements and know how to implement them in an emergency. PEEPs must be accessible to relevant staff while being stored and shared in line with data protection and confidentiality requirements.

PEEP arrangements should be considered alongside the pupil's Individual Healthcare Plan, risk assessments, fire evacuation procedures, educational visit planning and any relevant emergency medication arrangements.

17. Record keeping, data protection and confidentiality

- Medical information is sensitive health information and must be handled lawfully, respectfully and proportionately.
- IHPs, consent forms, medication records, training records, incident records and review notes must be stored securely.
- Relevant staff must know where to access essential information and emergency plans.
- Supply and cover staff must receive essential safety information before taking responsibility for pupils.
- Records will be retained in line with DSAT data protection and records management arrangements.
- Parents/carers and pupils should be involved, where appropriate, in decisions about wider sharing of medical information with classmates or the school community.

18. Unacceptable practice

The school will not:

- Assume pupils with the same condition require the same support;
- Prevent pupils from easily accessing inhalers or emergency medication;
- Ignore the views of parents/carers, the pupil or relevant medical evidence;
- Send a pupil with a medical need to the office or medical room alone if they may require supervision;
- Make parents/carers feel obliged to attend school routinely to administer medication or provide personal care because the school has not planned support;
- Penalise pupils for attendance where absence relates to their medical condition and should be managed under attendance and medical needs arrangements;
- Exclude pupils from trips, clubs, PE, meals or activities without considering reasonable adjustments and risk controls;
- Refuse to allow a pupil to eat, drink, use the toilet or take other measures needed to manage their condition.

19. Complaints

Parents/carers or pupils who are dissatisfied with the support provided should raise concerns with the school in the first instance. If the matter cannot be resolved informally, the school complaints procedure should be followed. Serious safeguarding, health and safety or disability discrimination concerns should be escalated in line with the relevant policy and statutory routes.

20. Healthcare professionals and external agencies

Effective support for pupils with medical conditions relies on close cooperation between schools, families and health services. Trust schools will work collaboratively with healthcare professionals and relevant agencies to ensure that support arrangements remain effective, proportionate and up to date.

Agency / role	Contribution
School nurse	Where available, the school nurse may support the school to identify pupils with medical conditions, advise on whether an Individual Healthcare Plan is required, contribute to drawing up and reviewing IHPs, advise on staff training needs, support liaison with specialist healthcare professionals, and signpost families to appropriate NHS or local services. The school nurse will not replace the school's responsibility to make suitable arrangements, but should be consulted where health advice is needed or where needs are complex, changing or unclear.[123456789101112]
Healthcare professionals	May provide medical evidence and recommendations, support healthcare plans, advise on medication and emergency procedures, and advise on reasonable adjustments.
Integrated Care Board and NHS commissioners	Responsible for ensuring commissioned services support children and young people with medical conditions and cooperate with educational settings where appropriate.
Local Authority	Promotes cooperation between schools, health services and other agencies, supports statutory duties relating to SEND and EHC plans, and supports arrangements for pupils unable to attend school due to medical needs.

21. Liability and indemnity

DSAT recognises that staff may voluntarily agree to support pupils with medical conditions, including administration of medication and emergency interventions, where appropriate training and support have been provided.

- Appropriate insurance arrangements are maintained for school activities and the administration of medicines undertaken in accordance with this policy and approved procedures.
- Staff are not expected to administer medicines or undertake healthcare procedures unless they have received suitable information, instruction and training.

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[1] Emergency asthma inhalers for use in schools - GOV.UK
[2] Guidance on the use of emergency salbutamol inhalers in schools
[3] GOV.UK
[4] Health and safety in schools - GOV.UK
[5] Guidance for the Use of Emergency Salbutamol Inhalers in Schools
[6] www.rotherham.gov.uk
[7] Supporting pupils with medical conditions at school - GOV.UK
[8] Supporting pupils at school with medical conditions - GOV.UK
[9] Supporting pupils at school with medical conditions
[10] Supporting children and young people with medical conditions and allergy
[11] Medical conditions at school: statutory guidance
[12] Proposal on support for pupils with medical conditions at school

- Staff acting in good faith, within their training, competence and the scope of this policy, will be supported by the Trust and school leadership.
- Records of training, competency assessment and medicine administration are maintained to demonstrate that appropriate arrangements are in place.
- Nothing within this policy prevents a member of staff from taking immediate action in an emergency where this is necessary to preserve life or prevent serious harm.

22. Defibrillators (AEDs)

- Each DSAT school will maintain access to an Automated External Defibrillator (AED) as part of its emergency first aid and medical response arrangements.
- Schools will maintain a register of AED locations, ensure signage and access arrangements are clear, carry out checks in accordance with manufacturer recommendations, and include AED locations in staff induction and emergency response training.
- AED checks should include confirmation that the device is present, accessible, undamaged, rescue-ready where the device displays this status, and that pads and batteries are in date or within manufacturer replacement requirements.
- In suspected cardiac arrest, call 999 immediately, commence CPR where trained and safe, retrieve the nearest AED, follow prompts and continue until emergency services arrive or take over.
- Use of an AED must be recorded and reported through school incident reporting arrangements and reviewed as part of local first aid and emergency response assurance.

23. Annual medical needs assurance review

Each school will undertake an annual review of medical needs and allergy safety arrangements. Evidence from this review should be retained locally and made available through assurance processes and audits.

- Medical needs register;
- Allergy register;
- IHP completion and review status;
- PEEPs are in place where required, reviewed at least annually, and considered alongside IHPs, fire evacuation arrangements and educational visit planning;
- Staff medical needs training;
- Annual allergy awareness and emergency response training completion;
- AAI and emergency medication checks;
- Medicine administration records;
- Controlled medicines records;
- Medical incidents, allergic reactions and near misses;
- Website publication of required policies.

24. Monitoring and review

This policy will be reviewed at least annually and sooner where there is a relevant statutory update, serious incident, near miss, Trust review, significant change in school arrangements or new DfE guidance. Each school must complete local adaptation and confirm implementation through normal school and Trust governance arrangements.

Suggested assurance routes include annual Headteacher confirmation, ASEC review, training completion reports, IHP and allergy register check, medicine storage and record audit, incident/near miss review and website publication check.

Appendix 1: School implementation checklist

Requirement	Yes / No	Action / owner / date
Designated Medical Needs Lead and Designated Allergy Lead are named and recorded.	Yes / No	
Pupil medical needs and allergy registers are current and accessible to relevant staff.	Yes / No	
IHPs are in place where required and reviewed at least annually or sooner if needs change.	Yes / No	
PEEPs are in place where required and linked to IHPs, fire evacuation arrangements and educational visit planning.	Yes / No	
Parent/carer consent is in place for administration of medication.	Yes / No	
Medicines are in date, labelled, stored safely and immediately accessible where required.	Yes / No	
Controlled medicines are stored and recorded in line with Trust expectations.	Yes / No	
Allergy safety policy is published locally and reviewed annually.	Yes / No	
Annual allergy awareness and emergency response training is completed by relevant staff.	Yes / No	
Supply, temporary, agency, volunteer, catering and wraparound staff briefings are in place.	Yes / No	
Emergency medication, including prescribed and spare AAIs where applicable, is checked and accessible.	Yes / No	
Educational visit and activity risk assessments consider medical needs and allergy safety.	Yes / No	
Incidents, refusals, omissions, medicine errors, allergic reactions and near misses are recorded and reviewed.	Yes / No	

Appendix 2: Parental Permission Form

Appendix 3: Controlled medicines log

Appendix 4: Contacting emergency services

Dial 999 and ask for an ambulance. Speak clearly and slowly and be ready to repeat:

- Your name and role;
- School name, full address and postcode;
- Telephone number you are calling from;
- Exact location of the pupil within the site;
- Pupil name and brief description of symptoms;
- Medicine already given and times administered;
- Best entrance and where the ambulance crew will be met.

Appendix 5: Individual Healthcare Plan template

This Individual Healthcare Plan template should be completed for each pupil who requires planned support for a medical condition. It should be completed with parents/carers, the pupil where appropriate, relevant school staff and healthcare professionals where needed. Schools should duplicate the template for each pupil and keep the completed version securely but accessible to staff who need it.

Individual Healthcare Plan			
School		**Date plan agreed**	
Pupil name		**Date of birth**	
Year group / class		**Review date**	
Medical condition / diagnosis			
Summary of condition and how it affects the pupil in school			
Parent/carer 1		**Parent/carer 2**	
Emergency contact if parent/carer unavailable			
Healthcare professional / school nurse contact			
Daily support and reasonable adjustments			
Routine daily care required			
Adjustments needed in lessons, PE, playtimes, meals, clubs, wraparound care or collective worship			
Food, allergen, activity or environmental controls			
Self-management arrangements	**Can the pupil carry / access their own medication or equipment? Yes / No** **What support or supervision is required?**		
Medication and equipment			
Medication / equipment 1	**Name:** **Dose / route / timing:** **Storage location:** **Expiry date:**		

	Who may administer or supervise?
Medication / equipment 2	**Name:** **Dose / route / timing:** **Storage location:** **Expiry date:** **Who may administer or supervise?**
Emergency medication arrangements	**Is emergency medication required? Yes / No** **Location:** **When it must be used:** **Is parental consent held? Yes / No**
Emergency response plan	
What constitutes an emergency for this pupil?	
Immediate actions staff must take	
When to call 999	**Call 999 if:**
Who contacts parents/carers and who meets emergency services?	**Contact parents/carers:** **Meet ambulance / emergency services:**
Post-incident actions	**Record incident, medication given, timings, witnesses and follow-up actions.**
Staff roles, training and information sharing	
Named staff responsible for implementing this plan	**Lead member of staff:** **Deputy / cover arrangements:** **Other staff who need to know:**
Training required	**Training required:** **Provider / healthcare professional:** **Date completed:** **Refresher due:**
Information sharing and confidentiality	**Information to be shared with relevant staff:** **Information to be shared with classmates or wider school community, if appropriate:** **Arrangements for supply, catering, transport, clubs or visits:**
Linked documents and agreement	
Linked documents	Tick or list those attached: Asthma Action Plan / Allergy Action Plan / medication consent form / risk assessment / PEEP / EHC plan / educational visit plan / other:
Plan agreed by	Parent/carer name and signature: Pupil, where appropriate: Designated Medical Needs Lead: Headteacher or delegated senior leader: Healthcare professional / school nurse, where involved:
Review record	Review date: Reviewed by: Changes made: Next review due: