

Medicines In School Policy



This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

Committee responsible:

FGB

Date approved:

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3 yearly

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Summer 2026

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Section 1

1:1 School Aim

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their schools with medical conditions.

We at St Peter's C of E Infant School will ensure that these arrangements fulfil our statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' (updated 2017).

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Special educational needs and disability code of practice SEND code of practice: 0 to 25 years (GOV.UK) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

'Supporting pupils at school with medical conditions' (Surrey Version 4 2023).

1:2 Definition of Medical Needs...Who has medical needs?

Pupils on roll at St Peter's C of E Infant School may during their time with us be affected by a wide-range of medical needs. These needs include:

- Minor ailments: *viral infections e.g. colds, coughs, bacterial infections e.g. ear or throat infection, minor injuries e.g. grazes, bruises*
- Accidents and emergencies: *suspected fractures, eye injuries, serious head injuries, acute illness, allergic reaction*
- Long term medical conditions: *cystic fibrosis, epilepsy, diabetes, asthma*
- Recurring medical conditions: *CFS/ME, leukaemia*
- Life threatening conditions: *leukaemia, cystic fibrosis*
- Operations, road accidents and sports injuries resulting in a period of recuperation
- Mental Health: *mood disorders (including depression), anxiety disorders, obsessional compulsive disorders, eating disorders, self-harming behaviour, ADHD, psychotic disorders, tic disorders (including Tourette's syndrome)*
- Effects of treatment for diagnosed medical conditions: *steroids, chemotherapy, radiotherapy, medications affecting performance and behaviour e.g. psychotropic medication*
- Infectious diseases: *tuberculosis*
- Degenerative conditions where deterioration in eyesight or physical mobility are expected: *Duchenne Muscular Dystrophy*

Section 2: Managing pupil health issues within school

2:1 Introduction

We at St Peter's C of E Infant School believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and we believe that as a school we have the responsibility to create the conditions for each one of our pupils to access their education. As a school staff and governing body we will give regard to the required curriculum adjustments, necessary environmental aspects, and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a school community that accepts others as they are and values the diversity of life.

At St Peter's we recognise the need to have clearly defined procedures in relation to managing the health needs of individual pupils within our care. We will have regard to the statutory DFE guidance '**Supporting pupils with medical conditions at school**' (updated 2017) and Surrey LA guidance '**Supporting pupils with medical conditions v4**' (January 2023)

2:2 Key responsibilities

Parents (as defined in the Education Act 1996, are a child/young person's main carers): It is the responsibility of parents to:

- make sure that their child is well enough to attend school
- provide school with sufficient information about their child's medical condition to enable us to provide effective support arrangements
- provide accurate contact details
- administer medicines where appropriate and with the consent of the school. (See New Parent Induction pack.)

School: It is the responsibility of school to:

- develop and implement procedures to deal with and support children with medical needs, ensuring that parents are aware of policy and procedures relating to medical issues. See Appendix 1
- contact parents if a child becomes unwell at school or is injured in an accident to arrange for them to be collected as soon as possible
- keep a record and inform parents of any incidents/accidents/injuries. See Appendix 7
- keep a register of all children with specific medical needs or requirements. This will detail the nature of the need, any treatment or medication requirements and any cultural / medical wishes i.e. blood transfusions
- discuss any concerns of a medical nature with parents and liaise, as appropriate, with the School Health Team. See Appendix 2
- draw up and coordinate, if appropriate, an Individual Health Care Plan, see Appendix 6, detailing the nature of any medical need and provision and/or a Personal Education Plan – Medical Needs, see Appendix 9

- have a named person with responsibility for coordinating medical needs who will liaise with parents and various agencies in order to draw up effective support arrangements
The named person with responsibility for coordinating provision for children with medical needs is: Miss Romi Costantini (SENCO).
- ensure that staff have access to information relating to medical conditions as appropriate

2:3 Procedures for medicines brought into school

Staff at St Peter's cannot take responsibility for any non-prescribed medicines.

Prescribed medicines

There is no statutory or contractual duty for the headteacher or the teaching staff to administer medication. However, at St Peter's we will consider parents requests to give medicines e.g. antibiotics, inhalers and, on a case-by-case basis, individual staff may agree to give medicine, provided we are given sufficient information and training so that we are competent to do so confidently. In such cases:

- Medicines will only be administered following completion of the **Pupil Medication Form** giving written instructions from the parent or doctor, regarding the type of medicine, the circumstances under which it should be given if appropriate, the frequency, and the dosage levels and the expiry date. See Appendix 3
- Medicines must be brought to school by the parent or other responsible adult.
- Medicines must be clearly labelled with the child's name, type of medicine, dose/frequency of administration, date of dispensing, cautionary advice, and expiry date.
- Medicines in school will be kept in a secure location – in cupboard behind door of staff kitchen. Antibiotics will be stored in the refrigerator in the staff kitchen.
- Staff administering medicines will follow the standard procedures in Appendix 4.
- A record of medicines given to pupils will be kept, detailing date, time, medicine, dose and the signature of the administrator. See Appendix 3
- In the case of medication kept in school for use as needed, e.g. inhalers, a note will be sent home to inform parents when a dose has been administered. See Appendix 8

2:4 Procedures for serious medical conditions

If a child has a serious medical condition which may require urgent action to prevent a life-threatening situation from developing, such as anaphylaxis (severe allergic reaction), asthma, diabetes, epilepsy, an **Individual Health Care Plan** will be drawn up detailing procedures in the event of an emergency. See Appendix 6. Professional training must be given to all staff in order that everyone should be able to recognise symptoms and take appropriate action before making a commitment to care for such a pupil. St Peter's School keeps a salbutamol inhaler for use in emergencies on the school premises following the 'Human medicines (Amendment) ((No. 2)

regulations 2014, which allows schools to buy an inhaler without prescription, for use in emergencies.

2:5 Procedures for accidents and emergencies

In the event of it being necessary to seek professional medical care immediately, e.g. suspected fractures, eye injuries, serious head injuries, anaphylaxis, acute illness, we will summon an ambulance, and if it is not possible for the parent to accompany the child to hospital, the Headteacher, or if unavailable, a member of staff will go with the child and remain with them until a parent arrives.

All incidents, accidents and injuries will be recorded on the Injury form and if the injury is serious an online form will also be completed. See Appendix 7.

2:6 Access to education for children unable to attend school or who have recurrent absence

As a school we are committed to providing pupils whose medical needs result in long term or recurrent absence with as much education as their condition allows. Our emphasis is on continuance of the learning process for those pupils with physical or mental health problems, including pupils with life threatening or terminal illness. The situations of the children on roll vary widely but they all have the right to education suited to their age, ability, needs and health at the time.

We will aim to keep the pupil on roll and work closely and flexibly with parents and outside agencies. We will have regard to the LEA guidance '**Supporting pupils with medical conditions v4**' (**Updated January 2023**) for supporting children with more complex needs.

https://www.surreylocaloffer.org.uk/_data/assets/pdf_file/0007/282418/Supporting-Children-and-Young-People-with-Medical-Conditions-V4.pdf

Appendix 1

Medicines in School – A Guide for Parents

Prescribed medicines

At St Peter's School we may agree to give prescribed medicines e.g. antibiotics, inhalers on a case-by-case basis, provided we are given sufficient written information so that we are competent to do so in accordance with the procedures in our medical policy. In such cases:

- Medicines must be brought to school, in the container in which they were dispensed, by the child's parent or other responsible adult and handed to a member of the office staff. Under no circumstances should a child bring in the medication or have it in their book bag.
- Medicines must be clearly labelled with the child's name, type of medicine, dose/frequency of administration, storage, date of dispensing, cautionary advice, and expiry date.
- When the medication is brought in parents/carers must complete the **Pupil Medication Form** so that all necessary information about the child and the medication is available to staff when it is administered i.e. the type of medicine, the circumstances under which it should be given if appropriate, the frequency, the dosage levels and the expiry date. It is important that contact details are given so that we are able to speak to parents in the event of a query about the medication. This information is especially important if your child has asthma, which can vary enormously from child to child. Office staff and teachers will need to rely on parental guidance as to each child's condition and when and how preventers and relievers should be used.
- Parents are responsible for collecting medication at the end of the school day.

For pupils with more complex medical conditions or if drugs of a more serious nature are required it may be necessary to draw up an **Individual Health Care Plan** in collaboration with parents and medical staff, so that everyone concerned understands what action is needed to support the pupil in school and feels competent to administer any medication.

Parents/carers are of course welcome to come and give medication to their own child by arrangement if they require it during the school day. If you wish to do this, please arrange your visit with your child's class teacher. It may also be possible for the dosage to be arranged so that administration is not required during school hours. You may like to ask your doctor about this should your child require antibiotics, for example.

If your child has a specific dietary requirement or food allergy as diagnosed by a dietician or doctor, please ask in school office for **Special Diets Request Form**. This form once completed will need to be signed by your G P.

Children should not carry non-prescribed medicines with them in school i.e. throat lozenges, travel sickness medication. The School cannot be expected to take responsibility for non-prescribed medicines to help with minor ailments, and any found will be confiscated.

We do not keep non-prescribed medicines in school for general use.

Appendix 2

School Health Team

Confidential Teacher Concern Form

Name:School

Date of Birth: Year Group

Code of practice stage: [if applicable]

We would expect you to discuss this concern with parents unless there are exceptional circumstances e.g. Child Protection.

Have the parents been informed? Yes / No

Describe your concern:

.....
.....
.....
.....
.....

What action do you expect from the School Health Team?

Please circle any statements that apply:

Information only / Training for school staff

Hearing assessment referral / School nurse to see

School doctor to see

Other concerns:



PARENTAL CONSENT FOR ADMINISTERING MEDICINES AT SCHOOL

Staff at St Peter's School will NOT be able to give your child medicine unless you complete, sign and return this form personally to the SCHOOL OFFICE with the required medication. A separate form is required for each medicine/prescription.

NAME OF CHILD:	
Date of Birth:	
Year Group:	

Medical Condition or Illness:

Details of Medicine to be Administered: N.B. Medicines must be in the original box (as dispensed by the pharmacy)			
Name/Type of Medicine & Strength: <i>(as described on the container)</i>			
Expiry Date:		Dosage:	
Quantity Received (e.g. full bottle) & Date Received:			
Method: e.g. spoon/puffer			
Self-administration: Y/N			
Time(s) to be administered:			
Storage of medicine:			
Special precautions/other instructions:			
Are there any possible side effects or current allergies that the school needs to know about?			
Other prescribed medicines child takes at home?			

Contact Details:	
Name:	
Daytime telephone no.(s):	
Relationship to child:	

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

Parent Signature: _____ Date: _____

School Representative Signature: _____ Date: _____

For further information please refer to the Medical Policy and Headteacher

St Peter's CofE Infant School, Tandridge Lane, Tandridge, Surrey RH8 9NN

J:\ANGELA\General Admin &

Forms\Forms\Parent Consent for Medicine.docx 09/05/2016



RECORD OF MEDICINE ADMINISTERED TO A CHILD

NAME OF CHILD:	
Date of Birth:	
Year Group:	

Details of Medicine to be Administered:	
Name/Type of Medicine: <i>(as described on the container)</i>	
Dose required:	
Method: e .g. spoon/puffer	
Self-administration: Y/N	
Time(s) to be administered:	
Storage of medicine:	Fridge / Cupboard / Other: _____

Date	Time given	Dose given	Given by	Parent Signature

End of treatment/course:	
Date medicine returned to parent:	
Quantity returned to parent: <i>(e.g. 1/2 bottle):</i>	

Parent Signature: _____ Date: _____
 School Representative Signature: _____ Date: _____

Appendix 4

Procedures for staff when administering medicines:

**Two members of staff must be present when administering medicines;
both must follow the procedures below:**

- 1 Check written instruction received by school on 'Pupil Medication Form' and confirm with details on the medicine container.
- 2 Check the prescribed dosage.
- 3 Check the expiry date of the medicine (NB it may be helpful to remind parents if the expiry date is approaching).
- 4 Check the timing/frequency details.
- 5 Check record of last dosage given.
- 6 Measure out the prescribed dose.
- 7 Check the child's name on the medicine again then administer the dose
- 8 Complete Medication Record of dosage given, including date, time and signature on Pupil Medication Form.
- 9 If necessary, complete Parent Medication Notice e.g. for inhalers etc

If there is any doubt about any of the detail, staff should check with the child's parents or doctor before giving the medication.

Appendix 5

NAMES OF PUPILS WHO HAVE EMERGENCY TREATMENT PLANS

Names of Pupils	Where Kept	Date of Renewal

Appendix 6

Individual Health Care Plan

Name of School/Setting _____

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____ Name _____

Phone No. _____ Phone No. _____

Describe medical needs and give details of child's symptoms:


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

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

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:



JUST TO LET YOU KNOW


Dear


This is to let you know that:

Please ensure your child's Tetanus injection is up to date.

Signed

Date:..... Time





HEADBUMP NOTIFICATION

Dear


This is to let you know that bumped his/her head at school today.

It is advisable to monitor your child for 72 hours for adverse side effects and seek advice from your GP for any concerns you may have.

Ice pack applied? Y/N

Signed

Date:..... Time



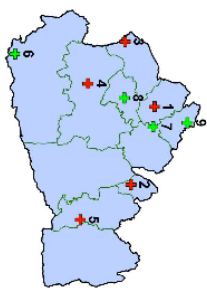
Caring for your child at home & / or on discharge from hospital

- Clean any wound with tap water.
- If the area is swollen or bleeding, apply pressure for 5-10 minutes. If continues to bleed, keep applying pressure or seek medical advice.
- If in pain give paracetamol or ibuprofen. Always follow the manufacturers' instructions for the correct dose and form.
- Observe your child closely for the next 2-3 days and check that they are behaving normally and they respond to you as usual.
- It is OK to allow your child to sleep, but observe them regularly and check they respond normally to touch and that their breathing and position in bed is normal.
- Give your child plenty of rest, and make sure they avoid any strenuous activity for the next 2-3 days or until their symptoms have settled.
- Following a head injury, do NOT play ANY contact sport (for example football) for at least 3 weeks without talking to your doctor first.
- You know your child best. If you are concerned about them you should seek further advice.

Do not worry unduly - these things are expected after a head injury and may last up to two weeks:

- Intermittent headache especially whilst watching TV or computer games
- Being off their food or feeling sick (without vomiting)
- Tiredness or trouble getting to sleep
- Short periods of irritability, bad temper or poor concentration




Hospitals, minor injuries units (MIU) and walk-in centres



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Check opening times of walk-in centres online before you leave

- 1 St. Peter's Hospital A & E: Guildford Road, Chertsey, KT16 0PZ
- 2 Epsom Hospital A & E: Dorking Road, Epsom, KT8 9ED
- 3 Epsom Park Hospital A & E: Portsmouth Road, Frimley, GU16 7JU
- 4 Royal Surrey County Hospital A & E: Epsom Road, Guildford, GU2 7XX
- 5 East Surrey Hospital A & E: Three Arch Road, Reigate, RH1 3RH
- 6 Royal Surrey Hospital A & E: Church Lane, Haslemere, GU27 2SU
- 7 Weybridge NHS Walk-in Centre: 22 Church Street, Weybridge, KT13 8DY
- 8 Woking NHS Walk-in Centre: Heathside Road, Woking, GU24 0NF
- 9 Ashford NHS Centre: Ashford Hospital, London Road, Ashford, Middlesex, TW15 3RE

Head Injury in Children and Young People

2015 UPDATED Advice for Parents and Carers

Child/Young Person's Name ,

Advice Given By ,

Location of Injury ,

Date , Time ,

Please note: if injury is serious an online form has to be completed on OSHENS as well

To all staff

PLAYGROUND INCIDENTS / ACCIDENTS / INJURIES

If any incident happens where a child is hurt please record in the Pupil Incident Folder what happened, whether another child was involved and treatment given. (The injury may be very minor but must be 'real'). A 'just to let you know' form should be completed and sent home in the child's book bag.

A head bump must be reported to the parent via the 'head bump notification' form and a record made in the Pupil Incident Folder. For more serious head bumps a Head Injury Information form should be given to the parent and the parent notified by phone.

If a more serious injury is sustained again complete the Pupil Incident form. A more detailed report will then need to be submitted online to Surrey either by you or office staff. In this way all accidents will be recorded in one place. Forms are kept in the Pupil Incident Folder in the school office.

Other disputes/incidents/upsets where no injury occurs should also be recorded in the pupil incident folder. This is so that we can monitor the wellbeing of the children on the playground and manage behaviour.

Some children may need to be removed from the playground for a short time and complete a thinking sheet. Please bring them to the head's office when available or a senior member of staff.

Appendix 8

St Peter's C of E Infant School : ASTHMA POLICY

St Peter's CofE Infant School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life, including PE lessons, visits, outings and other out-of-hours school activities.

This is achieved through:

- Ensuring that children have access to asthma pumps as needed.
- Keeping a record of all pupils with asthma and the medicines they take.
- Creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to pupils with asthma.
- Helping all pupils to understand asthma as a medical condition.
- Making sure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Working in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, Local authority, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Asthma medicines

Immediate access to reliever medicines is essential. The reliever inhalers of children are kept in the medical area in a named box.

School staff are not required to administer asthma medicines to pupils (except in an emergency). Staff will assist pupils to take their own medicine when they need to.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

All parents/carers of children with asthma are consequently sent an Asthma UK School Asthma Card (Appendix 1) to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return the asthma card to the school. From this information the school keeps its asthma register, which is available to all school staff.

A record of when the child takes their asthma relief is kept by the School Office. This record is in an orange folder with the asthma card. Any irregularities are reported to parents, for example a child needing to take asthma relief more than is usual for that child.

Asthma Cards are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma. We encourage children as they get older to try to remember this themselves and to take more control in remembering their medication.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Off-site sport and Educational Visits

The health benefits of exercise are well documented. Asthma pumps are taken off site and are kept by the leader of the group when the child participates in off-site sports activities and educational visits. A copy of the school asthma card is kept in the bag with the asthma pump. This is returned to the School Office on return to school.



SCHOOL ASTHMA CARD

To be completed by the parent/carer.

NAME OF CHILD:	
Date of Birth:	
Year Group:	
Address:	

Parent/Carer's Name:	
Telephone – Home:	
Telephone – Mobile:	
Email:	

Doctor's Name:		Doctor's Telephone:	
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What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take 1 puff of their reliever inhaler 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.

This card is to be kept in school. Please 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 should be clearly labelled with your child's name and kept in agreement with the school's policy.

Details of Reliever Treatment when needed:

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

Name/Type of medicine :		Parent/carer's signature:	
-------------------------	--	---------------------------	--

Expiry date of medicines:		Date checked:		Parent/carer's signature:	
---------------------------	--	---------------	--	---------------------------	--

How many puffs required?		Parent/carer's signature:	
--------------------------	--	---------------------------	--

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 medicine?	Yes / No
---	----------

Does your child need to take medicines before exercise or play?	Yes* / No *if yes, how much and when?
---	---------------------------------------

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

In the event of an emergency I give permission for my child to use the School Inhaler if his/her is unavailable.

Parent Signature: _____ Date: _____

School Representative Signature: _____ Date: _____

PARENT MEDICATION NOTICE FORM FOR INHALERS



Dear Parent/Carer

..... received puffs of their inhaler

today at

Signed **Date**



Dear Parent/Carer

..... received puffs of their inhaler

today at

Signed **Date**

Appendix 9

St Peter's C of E Infant School

PERSONAL EDUCATION PLAN – CHILDREN WITH MEDICAL NEEDS

Pupil name:	DOB:	NC Year
Parent/carer	Tel:	
Any other current plans: IEP, BSP, PSP, LAC		
Summary of Medical Needs		
Area where pupil will experience difficulty		
Attendance in the last 6 months:		
Date of Planning Meeting:	Review Date:	
Role	Name	
Tick if attended		

Designated School Co-ordinator

Other school representatives:

Pupil
Parent/Carer

Services/Agencies

EWO
Behaviour Support
Social Care
Social Services
EP
Health
Connexions (Careers)
Other

Agreed targets for this term:

Strategies for this term as agreed with services, agencies, parent and pupil

Review date

Tick below if attended:

Designated School Co-ordinator
Other school representatives
Pupil
Parent/Carer

Services/Agencies

EWO
Behaviour Support
Social Services
EP
Health
Connexions (Careers)
Other

Review Outcome

Useful numbers and websites

Communicable Diseases:

Public Health England (PHE) <https://www.gov.uk/government/organisations/public-health-england> for information and advice on Health Protection in schools and other childcare facilities which covers communicable or infectious diseases. Information is also available on wider health protection issues, regional centres and health protection teams.

PHE South East - Surrey and Sussex Health Protection Team
County Hall North, Chart Way, Horsham, West Sussex. RH12 1XA
Telephone: 0344 225 3861 option 3

Asthma / Allergies

Allergy UK

Helpline: 01322 619898 Website: <https://www.allergyuk.org/>

Allergy UK School Allergy Action Group (SAAG)

Website: New School Allergy Action Group Toolkit

The Anaphylaxis Campaign

Helpline: 01252 542029 Website: <http://www.anaphylaxis.org.uk/>

Asthma UK (Helpline 0300 222 5800 (Mon-Fri 9am to 5pm))

Website: www.asthma.org.uk

Diabetes

Diabetes UK

Helpline: 0345 123 2399 (Mon-Fri 9am to 6pm)

Website: www.diabetes.org.uk

Epilepsy

Epilepsy Action

Freephone helpline: 0808 800 5050

Website: www.epilepsy.org.uk

Epilepsy Society

Helpline: 01494 601400

Website: <http://www.epilepsysociety.org.uk/>

Meningitis

Meningitis Research Foundation

Freefone helpline 0808 800 3344

Supporting children and young people with medical conditions V3.1

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Website: www.meningitis.org

Meningitis Trust
Helpline: 0808 801 0388
Website: www.meningitis-trust.org.uk/

Skin Conditions

National Eczema Society
Helpline: 0800 089 1122 (Mon-Fri 10am to 4pm)
Website: www.eczema.org

Psoriasis Association
Tel: 01604 251 620
Website: www.psoriasis-association.org.uk/

Other conditions

Shine for Spina Bifida and Hydrocephalus
Tel: 01733 555988 (Mon-Fri 9am to 5pm)
Website: <http://www.shinecharity.org.uk/>

Cystic Fibrosis Trust
Helpline: 020 3795 2184 or 0300 373 1000
Website: <http://www.cysticfibrosis.org.uk>

Useful Organisations

Council for Disabled Children
Tel: 020 7843 6000
Website: www.ncb.org.uk/cdc/

Contact for Families with disabled children
Helpline: 0808 808 3555
Website: www.cafamily.org.uk

Equality and Human Rights Commission
Tel: 0808 800 0082
Website: www.equalityhumanrights.com/en

Hyperactive Children's Support Group
Tel: 01243 539966
Website: <https://hacsg.org.uk/>

MENCAP

Helpline: 0808 808 1111
Website: www.mencap.org.uk

e-Bug <https://e-bug.eu/> for teaching resources about microbes and antibiotics