



Supporting Pupils with Medical Needs Policy

Agreed by Governing Body: Autumn 2018

To be reviewed: Autumn 2020

Group Responsible: Full Governors

This policy should be read in conjunction with the following school policies:

- SEN information report
- Safeguarding policy
- School Visits Policy
- Complaints policy

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

- **Short-term** affecting their participation at school because they are on a course of medication.
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have an Education Health and Care Plan (EHP). Where this is the case this policy should be read alongside the SEN information report for the school.

The Statutory duty of the Governing Body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Spixworth Infant School fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for the medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse the admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet out statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy;)

- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning that support to pupils with medical conditions (see section on complaints)

Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below; however, the governing body remains legally responsible and accountable for fulfilling out statutory duty.

The overall responsibility for the implementation of this policy is given to Ms Heidi Jordan, Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training. Ms Jordan will also be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. The SENCo, will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when the pupils' needs change. For children being admitted to Spixworth Infant School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases such as new diagnosis or a children moving to Spixworth Infant School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that the parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for support their medical condition has not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Spixworth Infant School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Ms Jordan, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers, and be put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that Spixworth Infant School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions

fluctuate or where there is a high risk emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, Ms Jordan, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHCP, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents, carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Spixworth Infant School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Spixworth Infant School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Spixworth Infant School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information:

- 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 education, 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer and the Headteacher, Ms Jordan, 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 child can participate e.g. risk assessment
- Where confidentiality issues are raised by parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Spixworth Infant School.

In addition we can refer to the **Community Nursing Team**, where medical needs are particularly complex, for support for drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursery Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the need of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide and equipment and ensure they or another adult are contactable at all time.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

The **Ofsted** inspection framework places clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

The following staff have received general training and this is displayed in the front entrance:

Basic School first aid

Heidi Jordan
Suzanne To
Hetal Murphy
Felicity Jackson
Denise Mattock
Lily Engall
Alison Moon
Juliette Kidd
Sarah Russell
Danielle Hines
Yasmin Desborough
Sue Halton
Denise Betts
Karen Chapman

Paediatric First Aiders

Sarah Russell
Juliette Kidd

Named people for administering medicine

Sarah Russell
Juliette Kidd

The following staff have received Specific/specialist training:

Sarah Russell and Juliette Kidd: First Aid at Work, Paediatric First Aid

Sarah Russell: Asthma, Epilepsy and Anaphylaxis

Juliette Kidd: Forest School First Aid

Danielle Hines: Paediatric First Aid

The following staff have received defibrillator training

General training to all staff as part of Basic School First Aid

All staff who are required to provide support to pupils for medical conditions will be trained by a healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. They may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Ms Jordan, Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be the key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Spixworth Infant School recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At Spixworth Infant School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- At Spixworth Infant School we will not, under any circumstances, administer non-prescription medicines;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours; We will not administer medicines that have been prescribed three times a day unless written information has been received from a medical professional, as these can be taken before school, after school and at bedtime;
- Spixworth Infant School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely either in the medicine cabinet in the school office or the refrigerator in the staffroom;
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be in a readily available state and not locked away. Asthma inhalers should be marked with the child's name;
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- Controlled drugs that have been prescribed for a pupil will be stored securely in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of controlled drug held in school.
- Staff administering medicines should do so in accordance with the prescriber's instruction.
- Spixworth Infant School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency Procedures

Ms Jordan, Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities whenever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

A defibrillator is held in school for emergency use. This is kept on the wall in the medical room. See above for members of staff who are trained in its use.

A spare spacer and salbutamol asthma inhaler is held in the school office for emergency use. Parents of children known to have asthma has signed a form agreeing for the school to use this spare inhaler in an emergency situation if their own inhaler is not working or has run out.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by an ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Unacceptable practice

Although staff at Spixworth Infant School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the office or medical room unaccompanied or with someone suitable;
- Penalise children 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 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Employers Liability Insurance - Zurich Insurance
Professional Indemnity Insurance – Zurich Insurance
Public Liability Insurance – Zurich Insurance
All covered under policy no. QLA – 09AC02 – 0013

Complaints

Should parents/carers be unhappy with any aspect of their child's care at Spixworth Infant School they must discuss their concerns with the school. This will be with the child's class teacher 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 the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Spixworth Infant School Complaints procedure.



**Asthma Record (Care Plan)
Form Number F624g**

Child's Full Name:
Child's Date of Birth:
Parent/Guardian's Full Name:

Telephone Numbers: Home: Work: Mobile:	Doctor (GP) Name: Doctor (GP) Telephone: Asthma Nurse Name:
---	---

Known triggers/allergies:	Any other medical problems?:
---------------------------	------------------------------

My child's medication:

Reliever medication (usually blue)

Medication Name: (e.g. SALBUTAMOL)	Device: (e.g. diskhaler)	Dose: (e.g. 1 blister)	When taken: (e.g. when wheezy, before exercise)

Emergency Treatment:

In the event of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of the reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Parent's signature:..... Date:.....

The school agrees to administer the asthma medication stated above as and when required.

Headteacher's Signature..... Date.....



**Parental/Headteacher Agreement for School to administer medicine
Form F624b**

The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

Name of School	
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry Date	
How much to give (dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	
Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parents or adult contact	
Name and phone no. of GP	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school 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's signature:	Date:
Print name:	

Confirmation of Headteacher's agreement to administer medicine

It is agreed thatwill
receive.....(name and quantity of medicine) every day
at.....(time)
.....(child's name) will be given/supervised whilst he/she takes their
medication by.....(staff member)
this agreement will continue until.....(either
end date of course of medicine or until instructed by parents)

Headteacher's signature:

Date:

Print name:



Spixworth Infant School
Ivy Road, Spixworth
Norwich NR10 3PX
Tel: 01603 898483

Email: head@spixworth.norfolk.sch.uk
:office@spixworth.norfolk.sch.uk
Website:www.spixworth.norfolk.sch.uk
Headteacher: Mrs H Jordan

USE OF EMERGENCY SALBUTAMOL INHALER

Dear Parent/Carer

A recent change in the law has meant that we are now able to choose to hold a salbutamol inhaler for emergency use in school. As your child has either been diagnosed with asthma or has been prescribed an inhaler for use in school I am asking for your permission for your child to be given the emergency inhaler if their inhaler is for some reason not available or unusable.

In line with our school administration of medication policy, all staff are trained on how to give prescribed asthma medication to children. Your child will still need an inhaler in school which will be kept in an unlocked area in the school office which is easily accessible. Inhalers are taken outside for PE and also taken on school trips. Your child's inhaler will be returned to you at the end of each term and it is your responsibility to check that it is still in date, has enough medication remaining and return it to school after the holiday.

I would be grateful if you could return the reply slip below to the school office as soon as possible giving us permission to administer the emergency inhaler if necessary.

Yours sincerely

H Jordan
Headteacher

-
1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
(delete as appropriate)
 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school.
 3. In the event of my child displaying symptoms of asthma, and their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed.....Date.....

Name (Please Print).....Child's Name (Please Print).....



Spixworth Infant School
Ivy Road, Spixworth
Norwich NR10 3PX
Tel: 01603 898483

Email: head@spixworth.norfolk.sch.uk
:office@spixworth.norfolk.sch.uk
Website:www.spixworth.norfolk.sch.uk
Headteacher: Mrs H Jordan

Dear

I have noted from the information you have provided us about your child that they have a diagnosis of Asthma. At present we do not have a reliever inhaler for them in school or a care plan in place for managing their asthma if a problem was to occur in school. In line with our administration of medication policy all staff are trained on the administration of reliever inhalers. It may be that your child only needs it occasionally, but this could be during school time and it is therefore important that we hold the correct medication for your child if an incident was to occur. Doctors are happy to prescribe an additional inhaler and spacer. I would be grateful if you could return the slip below by XXXXX September so that we can ensure our records are up to date and we are able to put a care plan in place if necessary.

Yours sincerely

H Jordan

Headteacher

.....

Child's name.....

Please tick as appropriate:

My child no longer has an asthma diagnosis and therefore requires no medication to be held in school.

My child has an asthma diagnosis but does not use a reliever inhaler.

My child has a reliever inhaler and I will provide a spare inhaler to be kept in school

Signed.....Date.....