Torquay Girls' Grammar School

Supporting Students with Medical Conditions Policy

Policy Information	
Policy Owners	M Loosemore
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Approving Committee	Trustee Board (or delegated committee)
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*Appendix 1 Version Control Amendments Table

Contents

Staff must respond to a medical emergency without delay. Call 999 where emergency assistance is required and follow the student's Individual Healthcare Plan (IHP), emergency action plan and relevant training. Life-saving emergency medication must not be delayed while staff contact parents/carers or complete other procedures.

1. Aims

This policy aims to ensure that:

- The school has adequate, safe and effective medical provision for students in the event of illness or injury
- Students, staff and parents understand how our school will support students with medical conditions or in the event of accident/injury
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips, residential activities and sporting activities

The Trustee board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing teachers with appropriate information about the policy and relevant students
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual health care plans (IHPs)
- The named person with responsibility for implementing this policy is the Designated Safeguarding Lead (DSL).

2. Legislation and statutory responsibilities

This policy meets the requirements of section 100 of the Children and Families Act 2014, which places a duty on the appropriate authority to make arrangements for supporting pupils at school with medical conditions. From September 2026, section 100A (inserted by the Children's Wellbeing and Schools Act 2026) also requires schools to have, review at least annually, publicise and publish an allergy safety policy. The school's Allergy Safety Policy is maintained as a standalone policy and should be read alongside this policy.

It has regard to the Department for Education's statutory guidance Supporting pupils at school with medical conditions (which remains in force pending revised medical-conditions guidance), Allergy safety in schools, Working together to improve school attendance, and Arranging education for children who cannot attend school because of health needs.

This policy should be read alongside the following legislation and statutory frameworks:
Health and Safety at Work etc. Act 1974
Health and Safety (First-Aid) Regulations 1981;
Equality Act 2010; Data Protection Act 2018 and UK

GDPR; Human Medicines Regulations 2012 (as amended), including provisions relating to emergency asthma inhalers and adrenaline auto-injectors.
Allergy Safety in Schools (DfE July 2026)

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Board of Trustees

The Trustee Board has ultimate responsibility for ensuring that effective arrangements are in place to support students with medical conditions, that this policy is implemented in practice, and that sufficient staff receive suitable training and are competent before taking on relevant responsibilities. The Board will also ensure that the school's standalone Allergy Safety Policy meets the statutory requirements applying from September 2026.

3.2 The Headteacher

The Headteacher or those with delegated responsibility will:

Make sure all staff are aware of this policy, including the school's standalone Allergy Safety Policy, and their role in implementation, including emergency response arrangements

Ensure that sufficient trained staff are available to implement this policy and all IHPs in routine, contingency and emergency situations, and that allergy awareness and emergency-response training is provided at least annually to all staff who are present when students are scheduled to be on site

- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school pastoral team
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Facilitate the delivery of the National School-Aged Immunisation Programme in partnership with the local School-Aged Immunisation Service (SAIS)
- Work in partnership with the SENDCo, Heads of Year, Head of PSHE, Pastoral Supervisor, and SLT to identify opportunities for health promotion and health education, in order to support students and staff with both mental and physical wellbeing.
- Have oversight of first aid provision, including ensuring first aid kits and treatment rooms are adequately stocked and regularly checked
- Support trip leaders in identifying needs of students attending trips/residentials/foreign travel

3.3 Staff

Supporting students with medical conditions during school hours is a whole-school responsibility. Staff will only undertake clinical or medication-related tasks for which they have appropriate information, instruction and, where required, training and competence. No member of staff should be required to undertake a medical procedure outside their role or competence; however, all staff must know how to summon help and respond appropriately in an emergency.

Those staff who take on the responsibility to support students with medical conditions, and/or provide first aid, and/or administer medications will receive sufficient and suitable training and will achieve the necessary level of competency before doing so. They will be provided with the necessary equipment and resources in order to carry out these roles safely and effectively.

Teachers will take into account the needs of students with medical conditions that they teach and/or look after in their form group. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Unless otherwise stated in a student's records, staff will act in loco parentis in emergency situations.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs and any changes as they occur, including informing the school if a previously recorded medical need and/or medication is no longer applicable.
- Be involved in the development and review of their child's IHP.
- Inform the school of what constitutes a medical emergency for their student and advise of any action they require us to take, as part of the implementation of the IHP, in addition to the school acting in loco parentis, e.g. to contact a particular member of the child's medical team.
- Carry out any action they have agreed to, as part of the implementation of the IHP e.g. provide medicines and equipment, make arrangements for their child to attend regular reviews with healthcare professionals and ensure they or another nominated adult are contactable at all times.

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development and review of their IHPs. Students are also expected to comply with their IHP.

Where a student becomes unwell or injured during the school day, they should follow the guidance in the Student Planners.

3.6 Other healthcare professionals

Staff will be notified when a student has been identified as having a medical condition that will require support in school. Information will also be held centrally on Arbor and updated by parents at least annually, for staff to access at any time.

Healthcare professionals, such as school/public health nurses, GPs, paediatricians and specialist teams, may provide advice about a student's medical needs and support the development or review of an IHP. The school will not rely solely on healthcare professionals to notify it of a

condition: information will also be sought from parents/carers and the student, and relevant plans from a previous setting will be requested where appropriate.

4. Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, including overnight stays and international travel, as well as in sporting and other extra-curricular activities, and to not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in daily school life at TGGS and on school trips, visits, and sporting and other extracurricular activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included.

The school will identify emerging or changing needs promptly, engage proactively with students and families, monitor whether agreed support is reducing barriers to learning and wellbeing, and adjust arrangements where necessary. This supports the school's duties under the Equality Act 2010 and the inclusion expectations in the Ofsted state-funded schools inspection toolkit.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined in Appendix 1 will be followed. The school will make every effort to ensure that arrangements are put in place within 2 weeks or by the beginning of the relevant term for pupils who are new to the school.

6. Individual Healthcare Plans

The Headteacher retains overall accountability for arrangements supporting students with medical conditions. Day-to-day responsibility for the development, coordination and review of Individual Healthcare Plans (IHPs) is delegated to the Designated Safeguarding Lead (DSL).

Not all students with a medical condition will require an IHP. It will be agreed between a healthcare professional, the parents/carers and school, whether an IHP would be required or whether it would be inappropriate or disproportionate. This will be based on medical evidence, if there is no consensus the Headteacher will make the final decision.

For allergy, an IHP should be in place where the allergy has a functional impact in school, creates a risk of harm, and requires arrangements that are additional to or different from those made generally. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it should be attached to the IHP rather than rewritten or summarised in a way that could alter clinical instructions.

IHPs may be created, updated and/or ended at any point during a student's time at TGGS. Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed. Parents may request a review at any time.

Plans will be child-centred and developed with the student's best interests in mind, considering their

holistic needs, and will set out:

- What needs to be done
- When
- By whom

Plans will be drawn up in partnership with the relevant healthcare professional, specialist or pediatrician, who can best advise on the student's specific needs, parents/carers and school. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP, along with any safeguarding needs.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher, Trustee Board and DSL, as the delegated lead for IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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 student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions. This information will be recorded in SEN support plans if the student is on the SEND register.
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for self-administration, self- storage and medication monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

For students at risk of anaphylaxis or acute asthma, the IHP will also identify the location and rapid-access arrangements for prescribed emergency medication, any consent arrangements relevant to emergency medicines, and the link to the student's Allergy Action Plan and/or Asthma Action Plan.

7. Students who are too unwell to attend school

Where students are too unwell to attend school, they are not expected to complete or keep up with work missed.. Where students need to catch up on work following an absence, the following support is available as appropriate:

- Class teacher
- Head of Year
- SEND team
- Hub referral

The school will not routinely expect students who are too unwell to attend to complete work. Remote education will only be considered where the student is well enough to learn and it is suitable in the individual circumstances. In line with section 19 of the Education Act 1996 and DfE statutory guidance, the school will liaise with the student's home local authority as soon as it is clear that health needs are likely to prevent attendance for 15 school days or more, whether consecutive or cumulative, and will not wait for a definitive diagnosis where the available evidence shows that education cannot otherwise be provided. Where alternative educational provision is arranged for medical reasons, the student will normally remain on the school roll; the school will work with the local authority, family and relevant professionals to review the provision, maintain appropriate contact and plan a timely, supported reintegration when the student is able to return. Attendance recording and support will follow the current statutory guidance Working together to improve school attendance, including reasonable adjustments where appropriate.

More information about the local authority's responsibilities for arranging education for students who are too unwell to attend school can be found here: Arranging education for children who cannot attend school because of health needs

8. Managing medicines

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

- It would be detrimental to the student's health or school attendance not to do so **and**
- We have parents' consent

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

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

The school will only accept prescribed medicines that are:

- In-date (the expiry date must be visible)
- Clearly labelled with the student's name and the medication name/strength
- Prescribed medication must be provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in-date and labelled with the student's name wherever possible. Parents will take responsibility for checking the insulin is within date and fit for usage prior to sending this in.

All medicines will be stored safely. Students will know where their medicines are and will be able to

access them when needed. Emergency medicines and devices, including asthma reliever inhalers, diabetes treatments and adrenaline devices, must be immediately and reliably accessible. Where a student is competent to carry prescribed emergency medication, this should normally be supported; where medication is stored centrally, it must not be locked away or located so far from the student that emergency treatment could be delayed.

8.1 General administration

Any staff member administering routine medication (including one-off doses of non-prescription pain relief) must follow the school's medicines procedure and complete any training required for that task. Emergency medication is time-critical: staff must follow the student's IHP/action plan and their training. From September 2026, allergy awareness and emergency-response training must be provided at least annually to all staff present when students are scheduled to be on site; first-aid training alone is not a substitute for this training.

Controlled medications will be administered by an appropriately trained member of staff in accordance with section 8.3.

Self-administration and carrying medication may be appropriate where the student is competent to manage it safely (see 8.4). The arrangements, including any consent requirements, will be agreed with the student and parents/carers as appropriate and recorded in the student's medical record and, where relevant, IHP.

Anyone giving a student medication (for example, pain relief) will first check the medication instructions, the appropriate dose, the maximum dosage permitted and when the previous dose was taken. Staff will administer the dose specified by the medication instructions and the agreed consent/IHP arrangements; the maximum dose is a safety limit, not the dose that should automatically be given. The stated maximum dose will not be exceeded unless there is written direction from a doctor or prescribing healthcare professional.
Parents will always be informed of medications given by school staff, usually by email.
Medication administration will also be recorded, along with confirmation of parental consent, where this is given over the telephone for one-off doses (for example, for paracetamol).

8.2 Safe storage and disposal

8.2.1 Storage

All medicines will be stored safely in student services unless otherwise the medicine is an emergency drug. The pupils will be informed about where their medicines are at all times and will be able to access them immediately.

All adults who have completed training in medicines management will have access to locked cabinets/fridges and can administer medicines to students.

8.2.2 Disposal

Parents will be informed by email when a drug is due to expire and will be given the option of having the medicine sent home for safe disposal, or having the medicine disposed of by school.

Medicines in any form (liquid, tablets etc), will be disposed of by school so using the appropriate secure bins and safe waste disposal services.

Medicinal sharps, including expired adrenaline auto-injectors, will be disposed of by school

using the appropriate secure bins and safe waste disposal services.

Controlled drug disposal will be discussed by parents, as these should be taken to a pharmacy for safe denaturing and disposal.

Parents should inform school if a drug is no longer required, and this can be returned or disposed of in the same way as expired drugs.

8.3 Controlled drugs

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

CDs are prescribed and dispensed for individually named persons, similarly to routine prescription medications.

A student who has been prescribed a controlled drug may carry it only where they are competent to do so and this has been specifically agreed with the school and recorded in their IHP. For students in Years 7-11, this is an individual exception to the general arrangements in section 8.4 and must also have written parent/carer agreement.
They must not pass it to another student to use.

All other controlled drugs are kept in a locked cupboard in student services. This cupboard can only be accessed by appropriately trained staff.

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

CDs should be returned to a pharmacist for safe denaturing and disposal.

8.4 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medical conditions and procedures. This may include medication administration and will be discussed with parents and reflected in their records and IHPs.

Students who are competent to do so will be encouraged to carry and manage their own prescribed emergency medicines and devices for conditions such as asthma, diabetes, severe allergy or epilepsy, unless an individual risk assessment identifies a reason not to.

The school encourages parents to send in spare supplies of emergency medicines/devices, which can be stored safely in student services and accessed easily in an emergency.

Students in Years 7-11 will not normally be permitted to carry non-emergency medication on their person, including over-the-counter medication such as painkillers or hayfever tablets. An individual exception may be agreed where the student is competent to self-manage safely; this must be agreed in writing with parents/carers using the self-management consent form and recorded in the student's medical record and, where relevant, IHP. Prescribed emergency medicines and devices are covered separately above.

Cases will be assessed on an individual basis in order to ensure student safety and to reduce the risk of misuse or accidental overdose.

Students in Years 7-11 are very welcome to store their own supply of painkillers, hayfever medicines etc in student services. They should bring these in after completing the ParentPay medicines

consent form.

Sixth Form students will not automatically be assumed to self-manage medicines solely because of age. Arrangements will be based on the student's competence, the medicine involved, relevant safeguarding or clinical information and the school's risk assessment. Parents/carers will be involved where appropriate, while recognising that some competent young people may be entitled to confidential healthcare.

In all cases, students should not share their medications with another person, even if the medications are over-the-counter drugs and their diagnosis or symptoms are the same. This may lead to adverse reaction, incorrect dosing, and serious harm for the recipient, and to disciplinary action for the medication owner.

Any student in any year group, including Sixth Form, may forfeit the privilege to self-manage their own medications if they not complying with this policy.

8.5 Allergy safety

From September 2026 the school must maintain an Allergy Safety Policy. The school's Allergy Safety Policy is maintained as a standalone policy and should be read alongside this policy. It will be reviewed at least annually, brought to the attention of students, parents/carers and all people who work at the school, and published on the school website. The standalone Allergy Safety Policy sets out school-wide prevention and emergency arrangements, including annual staff training, identification of people with allergy, safer food arrangements, rapid access to prescribed adrenaline, management of spare adrenaline auto-injectors, school trips, and recording and learning from serious incidents and near misses.

8.6 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's medical need as per the IHP and/or advice from a healthcare professional.

It is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents, ignore medical evidence or opinion (although this may be professionally challenged)
- Send students with medical conditions home frequently simply because of their medical condition, or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP or is necessary because the student is genuinely too unwell to remain in school. This does not prevent the school from sending a student home when their current presentation indicates that this is appropriate; the decision should be based on the individual circumstances, the IHP and relevant medical advice rather than diagnosis alone.
- Send an unwell student to student services unaccompanied or with another student. Staff must use the 'Notify' system to request assistance with escorting a student/s to student services.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments or acute exacerbation of illness
- Prevent students from drinking, eating or taking toilet or other breaks when this is

needed to manage their medical condition effectively. This does not create a general requirement for staff to provide supervised eating. Where an eating disorder or another medical condition requires structured or supervised food intake, the arrangements should be agreed individually through the student's IHP and/or risk assessment, informed by appropriate clinical advice.

- Require parents, 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
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine or monitor their condition, e.g. checking their blood glucose, in corridors or school toilets

9. Emergency procedures

Staff will follow the school's emergency procedures, the student's IHP/action plan and their training. Where emergency medication is indicated, it should be administered without avoidable delay. In suspected anaphylaxis, adrenaline should be administered as soon as possible and within five minutes; staff should then call 999 immediately and follow emergency-service instructions. All relevant student medical records will clearly set out recognised emergency signs and the required response.

Emergency medicines and defibrillators will be held or carried so that they can be accessed rapidly. Staff will be told where emergency equipment is located during induction and through regular updates. Adrenaline devices must not be locked away or stored where access could cause a clinically significant delay.

Where there is a danger to life, emergency services will be called in the first instance and the child may be transported to hospital, which may occur before parents have been updated.
If a student needs to be taken to hospital during the school day, staff will stay with the student until the parent arrives or accompany the student to hospital by ambulance if the parent cannot attend immediately.
Parents will be updated as soon as is practicable and safe and will be asked to attend in order to support their child and to take over decisions regarding consent to medical treatment.

10. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training and, where required, confirmation of competence before undertaking the task. Training needs will be identified through the development and review of IHPs and in response to changing needs, incidents or near misses.

Staff who feel they need further medical-related training should discuss this with their line managers and/or the CPD lead in the first instance. Where relevant, TGGS will work with healthcare professionals who will lead on identifying the type and level of training required.

Where specialist clinical training is required, the school will seek advice from the relevant healthcare professional about the type and level of training and any competency requirements. The school will

maintain an auditable record of medical-related training, including dates, attendees and refresher requirements.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements of the students' medical needs as per the IHP
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Be kept up to date. The school will monitor renewal/refresher dates and staff must also alert their line manager and/or CPD lead if they believe their knowledge or competence needs refreshing.

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

Allergy awareness and emergency-response training will be refreshed at least annually for all staff present when students are scheduled to be on site, including relevant temporary, supply, peripatetic, agency, catering and regular volunteer staff. Training will cover recognition of allergic reactions and anaphylaxis, emergency response, locating and administering emergency medication, and reporting incidents or near misses.

11. Record keeping

The Trustee Board will ensure that appropriate written records are created, kept secure and retained in accordance with the school's records-retention schedule, safeguarding requirements, the Data Protection Act 2018 and UK GDPR. Medical information is special-category personal data and access will be limited to those who need it to keep the student safe and provide appropriate support. Records will include, as applicable:

- Administration of medicines
- Copies of IHPs or other relevant medical information
- Discussions with healthcare professionals or parents relating to the medical condition of a student
- Safeguarding concerns

Contemporaneous records and chronological entries will be maintained but may not be visible to all staff unless appropriate (e.g. in the case of safeguarding or where strict confidentiality is to be observed e.g. sexual health advice and pregnancy testing for students deemed safe and competent to request these services).

IHPs and related medical information will be kept securely in the school's designated medical records system and made readily accessible to staff who need the information to keep the student safe and provide appropriate support. Relevant medical alerts will be recorded on Arbor.

Serious incidents and near misses involving a medical condition or allergy will be recorded as soon as practicable, reviewed by the designated senior leader, and reported to parents/carers and external bodies where required. The review will identify any lessons, changes needed to an IHP/action plan, policy, training or practice, and appropriate learning will be shared with staff while respecting confidentiality. The school will mee

any applicable RIDDOR, food-safety or safeguarding reporting duties.

12. Liability and indemnity

The Trustee Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

Unlimited employer's liability, subject to the RPA membership rules, and professional indemnity cover are provided by the Department for education under its risk protection arrangement.

13. Complaints

Parents/carers are encouraged to raise concerns about support for a medical condition promptly with the Head of Year and/or pastoral lead so that they can be resolved wherever possible.
If the concern is not resolved, the school's published Complaints Policy applies. Concerns that indicate a safeguarding, health-and-safety or serious medical risk will be escalated immediately through the relevant procedure rather than waiting for the complaints process to conclude.

14. Monitoring arrangements

This policy will be reviewed at least annually and sooner where legislation, statutory guidance, local arrangements, a serious incident/near miss or identified practice issues require it. The Trustee Board, or a committee acting under delegated authority, will assure itself that the policy and associated arrangements are implemented effectively. The school's standalone Allergy Safety Policy must be reviewed at least annually and publicised/published in accordance with section 100A of the Children and Families Act 2014.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Allergy Safety Policy; Attendance Policy; Data Protection Policy and records-retention schedule; Educational Visits Policy; Remote Education arrangements (where applicable).

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