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The Outdoor Education & External Visits website is at [SCOEA | SC Outdoor Education Advice](#)

THE PURPOSE OF THIS GUIDANCE

This document has been written in conjunction with Public Health and SC Legal Services to provide guidance for schools and educational establishments where emergency treatment is required for a child or young person on a trip or activity in line with parental consent and the school's emergency procedures.

This advice is written in order to address medical consent in the event of a pupil:

- being seriously injured
or
- suffering from some other condition requiring urgent medical attention during school or whilst on a school trip.

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MEDICAL POSITION: AT SCHOOL

Medical Treatment Policy

Schools, academies, and educational establishments (e.g. Pupil Referral Units – PRUs) are required under the Children and Families Act 2014 to include pupils and young people with medical conditions on school trips and off-site activities. In addition, the 2010 Equality Act also applies where pupils with disabilities have medical requirements. The exception here is where advice from a medical professional confirms that it is not practicable for that young person to participate.

To achieve this, many schools have in place their own medical provisions policy, following the regulations set out in the statutory document '[Supporting Pupils at Schools with Medical Conditions](#)'. This document describes arrangements that schools, academies, and Pupil Referral Units must have in place so they can support pupils with medical conditions both in school and when on off-site visits. Among its aims is for '*Governing bodies to ensure that*

school leads consult with health and social care professionals, pupils, and parents to ensure the needs of children with medical conditions are understood and effectively supported'.

The medical provisions policy set by a school will advise parents that any medical information provided will be treated in confidence and will only be available to staff that have responsibilities for a young person with a medical need. The policy will cover both day-to-day school activities as well as school trips and will stipulate that the consent to medical treatment will remain the sole responsibility of the parents, in consultation with medical experts, where an emergency arises.

The policy should also outline the procedure on dealing with children/young people where religious or cultural beliefs may cause conflict with medical treatment. Essentially, the policy will request that parents discuss any religious/cultural concerns with the head so that the Visit Leader or designated responsible adult on the trip is aware of a specified issue where parental consent is not given to medical treatment in the event of an emergency.

Parental/Medical Consent

Gaining Parental Consent is needed when planning a trip or activity that will take place outside of school hours or for trips that take place both during and outside of school hours where there is a higher level of risk i.e. adventurous activities, residentials, overseas trips or those in remote locations. It is not a matter for schools to give consent to medical treatment for a child. The role of the school is:

- to ensure that a child gains access to the medical services they need.
- to provide the medical professionals with as much information as possible including the contact details of the child's parent/guardian who are the **ONLY** people who may give consent on behalf of that child or young person. In addition, the school will also provide medical professionals the child's medical information (normally detailed on a consent or medical form) which contains information of any allergies, conditions, prescribed medicines or treatment.
- To advise medical professionals who are due to perform treatment details of a child's religious or cultural belief, if the medical treatment causes a conflict of interest i.e. Jehovah Witnesses. In such cases the issue must be addressed between the treating medical professional and the parents.
- to inform parents with the address and contact details of the medical facility and doctor as soon as possible so that parents know where their child has been taken and the medical specialist to discuss and consent to medical treatment.

The Somerset Council Outdoor Education website has a range of templates including consent forms, located in the [Start Here](#) webpage. The EV6 consent form (for routine curriculum based off-site activities) and EV5 (trips with additional risk) includes a medical section which parents/guardians/carers must confirm and sign, giving consent for the listed activities, also confirming the medical needs of their child.

Parents responsible for the child can also specify exclusions on the form, namely any form of medical treatment that they would **NOT** consent to, e.g. blood transfusions. If consent is not given for certain medical treatments the ultimate decision will not be made by the school staff – the medics will decide how to proceed. If the medical professionals feel that treatment is in the child's best interests then they may well decide to go ahead with the treatment

without parental consent, although every effort will be made to contact the parents beforehand to discuss the child's condition and proposed treatment.

Parental consent is confirmed by way of a Declaration signed by the responsible parent endorsing the child's participation on the trip or activity and any concerns the responsible parent has regarding their child's medical needs.

If a parent does not agree to the provision of certain treatment or procedures, it would be advisable for the school to draw up an agreed medical emergency plan with the parent prior to the trip, home or abroad. The plan should make clear that the school's position is non-negotiable. If parents do not agree to this, headteachers may decide to withdraw the child from the visit, given the additional responsibility this would entail for the group leader.

It is also advisable for the school's medical policy (and its first aid needs assessment) to outline arrangements for minor, non-prescriptive treatments. Treatments here include (but not limited to) sunburn, insect bites, headaches, cuts and grazes, sprains and strains etc. In many cases, schools will only provide treatment or non-prescriptive medicines once parental/carer/guardian consent has been given.

Additionally, schools may now have their first aid kits equipped with Asthma Inhalers or Adrenaline auto-injectors (e.g. Epi-Pens) to account for children or young people that may be prone to asthma or at risk from anaphylaxis. Whilst this may be the case, schools, must apply a child's own inhaler or injector where consent is given in line with that child's medical agreed protocol with parents.

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MEDICAL POSITION: SCHOOL TRIPS ABROAD

It is important to recognise that other countries may have a different policy towards consent and medical treatment. It is therefore important that the group leader of the trip has a good understanding of emergency arrangements when abroad as part of the planning process for the trip. This includes arrangements both for abroad and maintaining your emergency contacts back home. Furthermore, some medicines which may be legal to carry in the UK, may be illegal overseas. Contact with the Foreign, Commonwealth and Development Office, or with the UK embassy in the country of travel is also advisable to help identify local/national rules for the carrying and transit of medicines.

Parents should be warned that medics in some countries could *refuse to offer life saving treatment*, if they are made aware that the parents do not consent to such treatment; equally they may administer treatment *even if consent has not been given*.

INSURANCE

If a school has any concerns regarding an overseas trip then it would be advisable for them to contact the County's insurance department, or their own purchased insurance supplier; if a school has taken out alternative insurance with another company then it would be advisable to liaise with them if a parent is not consenting to certain medical treatment, as this may affect the insurance cover. It may also be advisable to contact the County Health and Safety department.

Again, even though parents have been warned prior to the trip that the school is not responsible for the actions taken by medics, there are rare occasions where parents will take legal action against medical staff and/or the school. This is why liaising with insurance and Health and Safety is important.

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LIFE OR DEATH SITUATIONS

In this country, if there is a life or death situation the medics will make a decision about treatment whether there is parental consent or not. If they are aware that the parents do not consent to a particular treatment, and there is time, they may refer the matter to the High Court to make a decision as to whether the treatment should be administered.

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RELATED GUIDANCE

This guidance should be read in conjunction with the following:

Gov.UK – Emergency asthma inhalers for use in schools

[Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools)

Gov.UK – Using emergency adrenaline auto injectors in schools

<http://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Gov.UK – Supporting pupils at school with medical conditions

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions)

Health and Safety Executive – School Trips

<http://www.hse.gov.uk/services/education/faqs.htm>

Outdoor Education National Guidance

[Medical treatment - trips abroad](#)

Outdoor Education National Guidance

[Medication](#)

Foreign, Commonwealth and Development Office – travel advice

<https://www.gov.uk/foreign-travel-advice>

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