



The Kingfisher Schools Federation

Supporting Children with Medical Needs and Administering Medicines in School Policy (SCC)

The Kingfisher Schools Federation governing body acknowledges, embraces and implements the Suffolk County Councils Policy, as follows.

MONITORING & EVALUATION

The policy will be reviewed as part of the schools monitoring cycle.
The Head Teacher has responsibility for monitoring this policy.
This Policy is due for Review in June 2017.

IMPLEMENTATION

This policy will be formally implemented with effect from September 2014.

This policy was adopted at a Meeting of the full Governing Body on _____.

Mr John Beckett
Chair of Governors

Mrs Ruth Nixon
Head Teacher



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1. INTRODUCTION

1.1 General

This document contains information and advice which will be helpful to schools drawing up their own policies on supporting pupils with medical needs.

1.2 The Legal Framework

The relevant legal framework is summarised in Section 3 below, and is set out more fully in DfEE Circular 14/96 *Supporting Pupils with Medical Needs in School*. This was distributed to all schools in October 1996.

1.3 Other Advice

Schools may also find it helpful to refer to the DfEE's folder entitled *Supporting Pupils with Medical Needs*, which accompanies this policy framework. This contains a useful good practice guide and a series of sample forms which can be adapted to suit local needs.

2. MEDICATION IN SCHOOLS

2.1 Responsibility for Administering Medicines

The administration of medicines to children is the responsibility of parents, and there is no legal or contractual duty on headteachers or school staff to administer medicine or supervise a pupil taking it. However school staff are often asked to assist pupils who are taking medication, and DfEE guidance emphasises the need for each school to have a clear policy to guide staff and parents on such matters. This County Council Policy Framework has been prepared to assist schools in the development of their own policies.

2.2 When this may be required

There are two main sets of circumstances in which requests could be made to school staff to deal with the administration of prescribed medicines to children at school:

- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- (b) cases where pupils recovering from short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.

In addition, school staff may find it necessary in an emergency to take action which in exceptional circumstances might extend to administering medicine.

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for the parents to seek and obtain such advice as is necessary.



Very few courses of medication are likely to require medicine to be taken during school hours. Doctors will be encouraged to prescribe medication that can be administered out of school hours.

However, the fact that a child does need to take medicine will not normally be sufficient grounds for that child to be deprived of a period of schooling, however short. Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons.

There are additional considerations which apply to pupils educated in residential settings, and supplementary guidance for staff who work with them will be prepared.

3. THE SCHOOL'S RESPONSIBILITY

3.1 The Legal Position

Schools' responsibilities in relation to pupils with medical needs derive from two principal sources:

- (a) the Health and Safety at Work Act (HSWA) 1974, which makes employers (the LEA in County and Controlled schools, the Governing Body in Aided Schools) responsible for the health and safety of employees and anyone else significantly affected by work activities; in schools this covers the head, teaching and non-teaching staff, pupils and visitors;
- (b) the common law duty of care which teachers and other school staff owe to the pupils in their charge; this duty requires them to act as any reasonably prudent parent would to make sure that pupils stay healthy and safe at school and during activities away from the school site (educational visits, school outings, field trips etc).

In Suffolk schools, the employer's responsibilities under the HSWA are shared with Governing Bodies and Headteachers; the general allocation of responsibilities is set out in the LEA's booklet Safety Organisation.

3.2 The School's Health and Safety Policy

The school's health and safety policy and arrangements, endorsed and adopted by the Governing Body, should include procedures for supporting pupils with medical needs, and for managing medication. The implementation of the policy is the responsibility of the headteacher.

3.3 The Management of Health and Safety at Work Regulations 1992

These require employers of staff at a school to:

- make a written assessment of significant risks;
- introduce measures to control these risks; and



- consult and inform staff about these measures.

A clear school policy, based on this framework, and understood and accepted by staff, parents and pupils, will meet these requirements. It will also form a sound basis for the formal systems and procedures needed to turn good intentions into practice.

3.4 Direct Action

In accordance with this framework of responsibilities Headteachers and their staff must take appropriate action when a child in their care becomes ill. In most cases appropriate action will be to secure either the attendance of a parent or of medical assistance, but in a few rare instances the teacher may need to take some limited direct action.

3.5 Routine Administration of Medicines

Teachers share the general legal duty of care towards their pupils, but they have no obligation either to administer drugs routinely or to supervise children taking medicines. However, there is no reason why teachers cannot help if they are willing to volunteer and have been given appropriate training, and are acting with the written approval of parents and in accordance with the school's policy.

School staff who volunteer to act in this context should be assured that they are covered by the County Council's insurance arrangements against any claim for negligence or other liability. The insurers have confirmed that, provided teachers act in accordance with the requirements of their school's policy, reflecting the guidance of the LEA, they are fully indemnified under the terms of the County Council's Employers' Liability and Public Liability policies. Teachers who are in any doubt about their position may wish to contact their professional association, which is well-placed to offer guidance and resolve queries.

3.6 A Written Statement for Parents

A clear written statement of the school's organisation and arrangements for the administration of medicines should be given to parents; this should include an explanation of parents' own responsibilities and of how to make a request for medicines to be given at school. The best way to do this may be to include a suitable paragraph in the school brochure. Parents should be asked to advise the school of any medical condition which may affect their child during the school day. Parents should do this at the time of first admission, and in respect of any conditions which arise subsequently.

3.7 A Named Person to Take Responsibility

Where medicines are to be administered at a school, the Headteacher should ensure that a named person is responsible for medicines, together with a nominated deputy. These members of staff should be suitably trained to undertake the responsibility.

Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, headteachers may seek advice from the School Nurse, School Doctor, the Consultant Community Paediatrician, or the child's GP (see Section 9 below and Appendix E).



4. THE PARENTS' RESPONSIBILITY

4.1 Parental or Self-Administration

It is preferable that parents administer or supervise the self-administration of medicine to their children. This could be done by the child going home during the lunch break or by the parent visiting the school. However, this may not be practicable if, particularly in rural areas, the child's home is a considerable distance from the school. In such cases parents may ask for medicine to be administered to the child in school.

Where such a request is made to the school by parents, it should be in writing and to the effect that the child's doctor considers it necessary for the child to take medicine during school hours. The school may wish to give parents a form for this purpose which they can complete and return; an example is given in Appendix A.

4.2 A Legal Disclaimer

The request should include a legal disclaimer from the parent in favour of the staff involved in administering the medicine. The form at Appendix A contains suggested wording for use when the administration of specific prescription medication is requested.

The medicine, in the smallest practical amount, together with the completed and signed disclaimer, should be delivered to school, wherever possible by a parent or other responsible and informed adult, and should be handed personally to the Headteacher or to the member of staff with identified responsibility for medicines (see Section 3.7).

4.3 Labelling Medicines

Parents should ensure that the medicine is within its "use by" date (where relevant) and that the container (the pharmacist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions from parents or doctor. The receiving member of staff should check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container should be discussed with the School Nurse, School Doctor or the Consultant Community Paediatrician.

4.4 Parents Duties with Self-Administration

Parents should also ensure that the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self administer the medicine under adult supervision.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements should be notified by parents, in writing, to the Headteacher.

4.5 Prescription Medicines in an Emergency

Where there is an obvious possibility that the administration of prescription medicine may be required in an emergency (for example, on a school visit which requires an overnight stay), parents should be asked to sign a suitable authorisation/indemnity. An example is given at Appendix B.



4.6 Parents and the School's Legal Duty of Care

If the parents refuse to sign the indemnity, the Headteacher should make it clear to the parents (in writing) that the school has a legal duty of care to its pupils, and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them. (See also Section 8)

5. GENERAL GUIDELINES

5.1 Long Term Illnesses

Information about long-term illnesses, such as epilepsy or asthma, should be recorded on the child's school record card, together with appropriate instructions, and dated. Assistance in doing this can be obtained from the School Doctor where the child is suffering from a serious illness or requires an individual health care plan. The record card should be updated periodically, and particular care taken to delete entries which are no longer relevant. In special schools, it may be necessary to adopt alternative record-keeping systems as advised by the School Nurse or School Doctor.

5.2 Intermittently Prescribed Medicines (e.g. Antibiotics)

These must be kept in a locked cupboard, preferably in an office or staff room. Under no circumstances should medicines be kept in first aid boxes.

5.3 Supervision of Self-Administered Medicines

Wherever possible, arrangements should be made for the medicine to be self-administered, under the supervision of a named adult. It is vital that a written record of the dates and times of the administration of the medicine is made in a book, or other recording system, kept for that purpose. (A sample record form is attached as Appendix C).

5.4 Clerical Staff

In some schools, duties concerned with the administration of medicine in the school may best be undertaken by the school secretary/clerical assistant within the terms of their job description. However, the Headteacher must ensure that this person has appropriate information and training to undertake these duties, and must continue to exercise the ultimate responsibility for the administration of medicines within the school.

5.5 Chronic Medical Conditions

Pupils with diabetes, asthma, cystic fibrosis or other chronic medical conditions should be encouraged to look after their own medical needs at secondary school level. It is generally appropriate for such pupils of secondary school age to take responsibility for the administration of their own medication. Other than in exceptional circumstances, pupils with asthma should be allowed to keep their inhalers with them in school and be encouraged to use them as necessary.



5.6 Inhalers Used by Primary Aged Pupils

Where pupils of primary school age might need to use an inhaler in school, it is advisable to have a flexible approach. After discussion with the parent, the child and the doctor, some primary age children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases the inhaler should be kept in a secure place, preferably in the classroom by the teacher, or in a central secure place such as an office or staff room. It is essential, however, that wherever it is stored, the teacher or other member of staff has immediate access to the inhaler whenever it is required by the child.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action to ensure its accessibility) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill. (Separate guidelines dealing specifically with the management of asthma were issued to schools in February 1997).

5.7 Co-ordination in Special Schools

In special schools, where a number of pupils may be taking regular medication at any one time, a school nurse may be available to act as a drug administration co-ordinator to monitor and record routines. In addition the school should identify another member of staff who can maintain general awareness of this aspect of the School Nurse's role and can take responsibility for it during short term absence. A chart for the administration of medicines should be kept in the school, and advice on appropriate procedures should be sought from the School Nurse.

5.8 Storing Emergency Supplies of Drugs

Where a pupil's case makes it necessary, emergency supplies of drugs can be stored in schools, but only on a single-treatment named patient basis. Examples include adrenaline and rectal valium. The use of such drugs, however, is extremely rare and in these cases specific training on how and when to administer will be provided by the Health Authority.

5.9 Surplus Medicines

Medicines no longer required should not be allowed to accumulate at the school. They should be returned to the parent in person for disposal. Where medicines for emergency use are held in school at parents' request, they should be returned to parents at the end of each term, with a request to check and replace them as necessary. Any supplies still required should be returned to the school at the start of the new term.

5.10 Review and Monitoring

The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the School Doctor or the Consultant Community Paediatrician.



6. CIRCUMSTANCES REQUIRING SPECIAL CAUTION

6.1 The Position for School Staff

Some children require treatment which school staff may feel reluctant to provide, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheotomies or gastrostomies. The number of such cases will be very small, except in special schools, and early identification and careful planning by the relevant Health Authority should result in detailed discussion with the receiving school and the formulation of a carefully designed individual programme to meet the needs and circumstances of each case.

There is no legal requirement for headteachers and staff to undertake these responsibilities, other than in the case of support staff employed specifically to help such children where the terms of their contract of employment identify the need to assist with medication. Only those who are both willing and appropriately trained should administer such treatment. Administration must be in accordance with instructions issued by a doctor. Training in invasive procedures must be conducted by personnel with appropriate medical qualifications. The school nurse may provide advice on nursing matters.

For the protection of both staff and children, a second member of staff should be present while the more intimate procedures are being followed, and appropriate personal protection (e.g. disposable gloves) must be worn.

6.2 Injections

Injections may only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt an injection.

6.3 Allergic Reactions

Pupils who may experience an extreme allergic reaction (anaphylaxis), triggered by food stuffs or wasp stings, for example, will require an individual care plan (see below). This will include immediate contact with the Emergency Services and/or local medical practice and the administration of drugs as previously agreed. Schools requiring guidance on dealing with potential cases of anaphylactic shock should approach the School Doctor or the Consultant Community Paediatrician. (Supplementary information on anaphylaxis is set out in Appendix D).

6.4 Complex Conditions

In certain circumstances where pupils have complex and/or long term medical conditions, it may be helpful to draw up an individual health care plan. The purpose of the plan will be two-fold:

- to support the pupil's regular attendance and optimum participation in normal school activities;
- to help staff to ensure the pupil's safety and that of other pupils.



6.5 Individual Care Plans

Individual care plans should be drawn up in consultation with the parents, the child where appropriate, and the child's medical carers. The Consultant Community Paediatrician can give further advice and help to resolve queries. The plans may include:

- details of a pupil's condition (including symptoms of any condition which requires prompt action);
- special requirements e.g. dietary needs, pre-activity precautions;
- medication and any side effects;
- what to do, and who to contact in an emergency;
- the role the school can play.

An example of a form which can be adapted for this purpose is provided at the back of the accompanying DfEE folder.

7. ADMINISTRATION OF ANALGESICS TO PUPILS

7.1 Appropriate Circumstances

In circumstances when pupils suffer headaches, menstrual pains or toothache, headteachers or other members of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain.

In such cases, specific members of staff should be authorised to issue analgesics and they should keep a record of issues including name of pupil, time, dose given and the reason.

7.2 Paracetamol

Tablets, which should be standard paracetamol for pupils aged 12 and over, or preparations of paracetamol designed specifically for children under 12, must be kept in a secure place and certainly not in First Aid boxes.

7.3 Aspirin

On no account should aspirin, or preparations containing aspirin, be given to pupils. This is particularly important where pupils under 12 years of age are concerned.

7.4 Pupils Bringing Analgesics

In order to avoid the risk of improper use, pupils should not bring their own supplies of unprescribed analgesics to school, and parents should be advised of this as part of the information given to them about the school's policy on the administration of medicines (see Section 3.6).



8. PARENTAL CONSENT FOR TREATMENT

8.1 Age Differentiation

A pupil who is over 16 years of age may give consent to any surgical, medical or dental treatment. For younger pupils, obtaining parental consent does not normally constitute a difficulty.

8.2 Rejecting Medical Treatment

Sometimes, however, a pupil may belong to a group which rejects aspects of medical treatment, for example on cultural or religious grounds.

Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem may be urgent or the parent may be out of contact, for example when the pupil is abroad on a school journey.

Parents who reject medical treatment should make their views and wishes known to the school in writing so that the implications of their beliefs can be discussed and, wherever possible, accommodated.

8.3 School Journeys

If a child is being taken on a school journey where medical treatment may be needed, and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school may decide that the pupil should not go on the journey.

8.4 Parental Wishes

The channels of healing desired by the parent may not always be available and it is a proper and responsible decision for the Headteacher, acting within the legal framework set out in Section 2, to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary. However, the Headteacher should not seek to override parental wishes and if agreement cannot be reached on this issue the pupil should not be taken on a school journey. Should an emergency involving such a pupil occur in the normal course of school life, the school should contact the emergency services in the usual way, informing them of the parents' wishes.

9. SOURCES OF ADVICE OR EXPERTISE

9.1 Within the Local Education Authority

Advice on policy in respect of the administration of medicines in schools should be sought, in the first instance, from the Area Education Manager or the Senior Education Officer (Pupil Services) at the Area Office.



9.2 Advice From Sources Outside the Education Department

Advice should, when required, be sought direct from the School Doctor or the Consultant Community Paediatrician, who will liaise with General Practitioners where appropriate. Where the school has established a relationship with a local GP practice, advice may be obtainable in some circumstances from GPs or practice nurses direct. However, schools should be aware of the restrictions on what GPs can say about individual cases, and will normally find the assistance of the Consultant Community Paediatrician helpful where there are concerns about supporting individual pupils. (A list of useful contacts is included as Appendix E.)

10. REVIEW AND MODIFICATION OF POLICY STATEMENT

This Policy Statement will be kept under review and may be modified from time to time, after appropriate consultation.

N.B. *This document acknowledges the work done by Norfolk Health and Education Departments, and the contributions of the Suffolk Teachers' JNC and the County Consultative Group of Headteachers.*

Appendix A

Request for the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that school staff can administer the medication. Please read and sign the disclaimer printed overleaf

DETAILS OF PUPIL

Surname: M/F:

Forename(s): Date of Birth:

Address: Class/Form:

.....

.....

Condition or illness:

MEDICATION

Name/Type of Medication
(as described on the container)

Date dispensed:

Full Directions for use:

Dosage and method:

Timing:

Special precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

CONTACT DETAILS:

Name of Parent/Carer: Daytime Phone No.:

Relationship to pupil:

Address:

.....

My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

Signature:

Date:

Relationship to pupil:

LEGAL DISCLAIMER

I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signature:

Date:

Relationship to pupil:

Appendix B

Parental Consent and Indemnity Form For Administering Prescription Medicines in an Emergency

DETAILS OF PUPIL

Surname: M/F:

Forename(s): Date of Birth:

Address: Class/Form:

.....

.....

Condition or illness:

MEDICATION

Name/Type of Medication
(as described on the container)

Date dispensed:

Full Directions for use:

Dosage and method:

Timing:

Special precautions:

Side Effects:

Procedures to take in an Emergency:

CONTACT DETAILS:

Name: Daytime Telephone No.:

Relationship to pupil:

Address:

.....

I, the parent/guardian of the above named child, request and give permission for the Headteacher, or person acting on his/her authority, to administer the above medication in emergency circumstances and in accordance with the directions given. I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medicine or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body or Suffolk County Council, as the case may be.

Signature:

Date:

Relationship to pupil:

Appendix D

ANAPHYLAXIS (Allergic reaction)

Anaphylaxis is the term used to describe a severe allergic reaction which is life-threatening.

A mild reaction may result in a nettle rash or hives.

A moderate reaction may result in swelling of the larynx leading to breathing difficulties.

Either may progress to a severe reaction or a severe reaction may occur without warning.

Peanuts, nuts, cow's milk and eggs are the most common causes. Other causes may include shellfish, insect stings and strawberries.

In general, symptoms start immediately after contact.

Features of an anaphylactic reaction include:

- Nettle rash or hives
- Itching
- Sneezing
- Swollen lips or tongue
- Hoarse voice
- Feeling of lump in throat
- Wheeze or difficulty breathing or swallowing
- Feeling of dizziness
- Loss of consciousness
- Lack of breathing and absence of pulse

In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Further information and advice for drawing up guidelines for particular pupils can be obtained from the consultant community paediatrician or school doctor. Where appropriate, suitable training will be offered to staff.

Appendix E

List of Useful Contacts

Public Health Medicine

(Dr Buttery)

Telephone: (01223) 218829

Medical Director

Local Health Partnership NHS Trust

Elm Street Clinic

Ipswich

Suffolk IP1 1HB

Telephone: (01473) 275200

Programme Manager (Children & Families)

Suffolk Health

PO Box 55

Foxhall Road

IPSWICH IP3 8NN

Telephone: (01473) 323323

NORTHERN AREA

Community Paediatrician

Lowestoft and North Suffolk Hospital

Tennyson Road

Lowestoft

Suffolk NR32 1PT

Telephone: (01502) 587311 x 2517

SOUTHERN AREA

Community Paediatrician *(former Allington NHS Trust)*

Local Health Partnership NHS Trust

Elm Street Clinic

Elm Street

Ipswich

Suffolk IP1 1HB

Telephone: (01473) 275302

Child and Adolescent Family Consultation Service

Ivry House

23 Henley Road

Ipswich

Suffolk

IP1 3TF

WESTERN AREA

Child and Adolescent Mental Health Service

Local Health Partnerships NHS Trust
Child Health Information Department
Child Health Centre
Hospital Road
Bury St Edmunds
Suffolk

Telephone: (01284) 775000

Community Paediatrician *(former Mid Anglia Community Health NHS Trust)*

Local Health Partnerships NHS Trust
Child Health Information Department
Child Health Centre
Hospital Road
Bury St Edmunds
Suffolk

Telephone: (01284) 775075

Drug Advisory Service

Blomfield House
Looms Lane
Bury St Edmunds
Suffolk

Telephone: (01284) 775275

Further details can be obtained from the appropriate Area Senior Education Officer (Pupil Services)