



**Hazelwood Schools**

**Medical Policy  
Supporting Pupils with Medical Conditions**

Reviewed and Adopted: July 2022

Reviewed by: Full Governing Body & Samantha Powell

Next Review: July 2025

Review every three years

# HAZELWOOD SCHOOLS MEDICAL POLICY

## SUPPORTING PUPILS WITH MEDICAL CONDITIONS & THE ADMINISTRATION OF MEDICINES

### 1. Introduction

The Governing Body and staff of Hazelwood schools will ensure that pupils with medical conditions and / or short or long term medication needs are not excluded but receive appropriate care and support. The Headteacher will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication or pupils who need support due to their medical conditions during the day where those members of staff have volunteered to do so.

Hazelwood Schools will identify a person responsible for supporting pupils with medical conditions and / or a requirement for the administration of medicines in situations where other members of staff do not volunteer to carry out the task.

Pupils at school with medical conditions must be properly supported so that they have full access to education, including school trips and physical education. Some children with medical conditions may be disabled. Where this is the case, Hazelwood Schools will comply with the duties under the Equality Act (2010) (EA). Some of the children at Hazelwood Schools may also have special educational needs (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children and others are not put at risk.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may require medicines on a long-term basis, e.g. children with well-controlled epilepsy. Others may require medicines in particular circumstances, e.g. children with severe allergies who may need antihistamines and / or an adrenaline injection.

In writing the policy, Hazelwood Schools will ensure the following:

- children can easily access their inhalers, and medication when and where necessary with supervision from an adult when required;
- it will not be assumed that every child with the same condition requires the same treatment;
- the views of the child and their parents, will not be ignored;
- children with medical conditions will not be sent home unnecessarily or prevented from accessing normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- no unnecessary barriers will be created for children to stop them participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child; however, it may be decided that it is appropriate for a parent to attend if mutually agreeable.
- all children who become ill will be sent to the Welfare Room accompanied by a suitable adult / child;
- children will not be penalised for their attendance record if absence is related to their medical condition e.g. hospital appointments;
- no pupil will be prevented from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

### 2. Access to Education and Associated Services.

The Equality Act 2010 defines a person as having a disability if they have 'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their abilities to carry out normal day to day activities.'

Hazelwood Schools are inclusive schools and welcome children with disabilities. We are committed to working with outside agencies in order to allow access to education and associated services. We make reasonable adjustments for disabled children, including those with medical needs.

### 3. Support for Children with Medical Needs

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents and the child, if appropriate, should obtain details from their child's GP or paediatrician, if needed. A Health Visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

Some children with medical needs have complex health needs that require more support than regular medicine. The school will seek medical advice about each child's individual needs.

#### 3.1 Parent/Carers' Responsibility

- Please note that parents/carers should keep their children at home if unwell or infectious. If a child has been suffering from diarrhoea or vomiting, the parent/carer must keep the child at home for 48hrs from the last time they vomitted or had diarrhoea.
- Parents are responsible for providing the Headteacher with comprehensive information regarding their child's condition and / or medication requirements.
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- Only reasonable quantities of medication should be supplied to the school for the administration by staff (for example, a maximum of four weeks supply at any one time).
- Where the pupil travels on school transport with passenger assistants, parents should ensure they have written instructions relating to any medication sent with the pupil, including medication for administration / self-administration during respite care.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. (Welfare Officer will endeavour to remind parent/carers as medicine nears its expiry date) –
- For staff administration – each item of medication must be delivered to the Headteacher or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:
  - Pupil's Name
  - Name of medication written in English
  - Dosage written in English
  - Frequency of administration written in English
  - Date of dispensing written in English
  - Storage requirements (if important) written in English
  - Expiry date

#### 4. Responsibility of the School

- Staff will not give a non-prescribed medicine to a pupil unless there is specific prior written permission from the parents.
- The school will not accept items of medication in unlabelled containers or containers whose labelling is not written in English.
- Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet / or fridge.
- The school will keep records, which they will have available for parents.
- If the pupil refuses to take their medication, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. In this situation the medication record should note the refusal and the parental contact made.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- The school will not make changes to dosages on verbal parental instructions.

- Staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with a long-term or complex medical condition, the Welfare Officer and SENDCo, will ensure that an Individual Health Care Plan (IHCP) is drawn up, in conjunction with the pupil's parents and a health professional if appropriate.
- The school will remain in contact with pupils who are absent from school with long term medical conditions. A meeting will be held between the Welfare Office, the family and the SENDCo to discuss how the school can support the pupil. If appropriate, work will be sent home. A return to school meeting will also be held before the pupil returns to school to see what strategies the school will need to put in place to provide the best care.

#### **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.

The Welfare Officer and SENDCo will therefore ensure that all appropriate consent forms are completed, signed and appropriate review periods set.

- The school will make every effort to liaise with a school nursing service to ensure that pupils with medical conditions are supported.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
- Staff who assist in the administration of medication will be able to receive appropriate training / guidance through arrangements made with the School Nursing Service.
- The school will make every effort to continue the administration of medication whilst on trips away from the premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

#### **5. Procedures in place for Children with a Medical Condition.**

Hazelwood Schools ensures that clear lines of communication are in place to cover any other transitional arrangements between schools including reintegration or when pupil's needs change, and arrangements for any staff training or support. For children starting at a new school, relevant documentation and paper work is forwarded directly to the school. In other cases, such as a new diagnosis or children moving to a new school mid-term, Hazelwood Schools ensures that all of the appropriate parties are informed of existing medical needs.

Any supply staff or regular teachers who cover classes in school are informed of an existing Individual Health Care Plan and are directed to where the relevant documentation can be found. Hazelwood Schools also ensures that transition arrangements have a clear focus on any children with medical needs or who currently hold an individual Health care plan so that relevant training and planning can take place.

#### **6. Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. In order to provide effective support, Hazelwood schools places emphasis on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils is of the utmost importance. The details below identify the collaborative

working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively:

### **The Headteacher**

The Headteacher is responsible for the overall implementation of this policy. The Headteacher will ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher must ensure that all staff who need to know are aware of the child's condition. The Head teacher will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Head teacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **Inclusion Manager**

The Inclusion Manager will be responsible in conjunction with the Welfare Officer for drawing up, implementing, signing and keeping under review the individual healthcare plan for each pupils and making sure relevant staff are aware of these plans.

### **School Staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they must take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff must know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **School Welfare Officer**

Alongside the Inclusion Manager, the Welfare Officer will be responsible in conjunction with parent/carers for drawing up and reviewing each plan. They are also responsible for notifying the relevant staff when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

### **Other healthcare professionals, including GPs and paediatricians**

They will notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

### **Pupils with medical conditions**

They 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 needs of those with medical conditions.

### **Parents/Carers**

They 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 individual 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 medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents need to keep medication and equipment updated and refilled as required.

## **Governors**

Section 100 of the **Children and Families Act 2014 places a duty on** governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they must ensure that such children can access and enjoy the same opportunities at school as any other child.

In making their arrangements, Governing Bodies must take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing Bodies must therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing Body must ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements must 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. They must ensure that staff are properly trained to provide the support that pupils need.

Governors will ensure that the above are adhered to by including an annual item on the agenda of the Resources Committee. In addition, the governor with responsibility for Health & Safety will hold an annual conversation with key staff to ensure effective compliance.

## **The Local Authority**

Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## **7. Training**

Any member of school staff providing support to a pupil with medical needs must have received suitable training. All staff members are trained in the use of Epi pens. Staff will not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). All teaching assistants and support staff are first aid trained and take the appropriate refresher courses.

## **8. Record Keeping**

The following records are kept by the school:

- Education Health and Care Plans (EHCP)
- Individual Health Care Plans (IHCP) for children with medical needs
- Copy of Care Plans and medication consent forms in individual medication wallets
- Individual records of administered medication for children with on-going and chronic conditions. Information to include -date, time, Name, class, medication name, dose and site of medication to be given. Signature of the first aider.
- Record of all visits to the welfare room. Information to include -date, time, Name, class, reason/treatment & signature of the first aider. Children will be given a wristband if they have attended the welfare room for treatment (not routine giving of medication).
- Record of medication given to child. Information to include - date, time, Name, class, medication/reason & signature of first aider.
- Staff record of all visits to welfare room.

- Antweb accident / incident online reporting. Print outs kept for each report. Copy of this record is sent to the LA to assess how the accident / incident has been dealt with for health and safety reasons. Should there be any concerns these are raised with the school by the LA Health and Safety team.
- First aid bags for trips – should there be a need for first aid this is recorded in the welfare record book sent on the trip in each bag.
- Class list giving any medical information on children given to the relevant Class teacher.

## **9. Defibrillators**

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Hazelwood Schools has a defibrillator on site (Welfare Room). This is not a statutory requirement. Staff will receive regular defibrillator training as part of First Aid training.

## **10. Asthma**

This section of the policy takes account of advice from the Department for Education and Asthma UK. It has been developed in consultation with the local authority, local healthcare professionals, the school health service, parents and carers, the governing body and pupils.

### **What is Asthma?**

Asthma is common in and appears to be increasingly prevalent in children and young people. One in ten children in the UK has asthma. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest or getting short of breath. Younger children may verbalise this by saying their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get these symptoms, and some children may only get these symptoms from time to time.

The very youngest children in our schools may not be able to tell anyone when their symptoms are getting worse, or what medicines they should take or when. It is therefore vital that all staff know how to identify when the symptoms are getting worse and what to do for children with asthma when this happens. This must be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff. Children with significant asthma must have an individual care plan.

### **Principles**

Hazelwood schools:

- recognises that asthma is a widespread serious but controllable condition and we welcome all pupils with asthma
- ensure that pupils with asthma can and do participate in all aspects of school life, including art lessons, PE, science, visits, outings, or field trips and other out-of-hours school activities
- recognises that pupils with asthma need immediate access to reliever inhalers at all times
- keeps a record of all pupils with asthma and the medicines they take, this may be in the form of an asthma register
- ensure the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensure that all pupils understand about asthma
- ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- will work in partnership with all interested parties including the schools' governing body, all school staff, school nurses, parents/carers, employers of school cleaning and catering staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

## **Asthma medicines**

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day.

**Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst **Preventers** (brown, red, purple, orange inhalers, sometimes tablets) are usually used out of school hours.

**Children with asthma need to have immediate access to their reliever inhalers when they need them.** Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the children may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from a very early age, and many do. Children who are able to use their inhalers themselves should be allowed to do so. If a child is too young or immature to take personal responsibility for their inhaler, staff must make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers must always be available during physical education, sports activities and educational visits.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school or setting.

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack they must be treated according to their individual health care plan or asthma card as previously agreed. An ambulance must be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

It is important to agree with parents of children with asthma how to recognise when their child gets worse and what action will be taken. An Asthma School Card (available from asthma UK) is a useful way to store written information about the child's asthma and must include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor. A child should have a regular asthma review with their GP or other relevant health care professional. Parents should arrange the review and make sure that a copy of their child's management plan is given to the schools. Children should have a reliever inhaler available for them when they are in school. School staff are not required to administer asthma medicines to pupils except in an emergency, however, school staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to or assist them if this is required.

## **Record keeping**

At the beginning of each school year or when a child joins the school, parents and carers are asked if their child has any medical conditions including asthma so that this information can be logged by the schools. Parents and carers are asked to inform the schools of any changes as necessary. In some cases this information will be included in an individual medical care plan. Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues must be discussed with the child's parents or attendance officers as appropriate.



### **Exercise and activity –PE and Games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers will know which children in their class have asthma. Pupils with asthma will be encouraged to participate fully in all PE lessons. In PE lessons pupils whose asthma is triggered by exercise will be reminded to take their reliever inhaler before the lesson, and to thoroughly warm up or down before and after the lesson. Each pupil's inhaler will be labeled and kept in a bag at the site of the lesson if it is in the bottom playground or at the playing field. Pupils will be encouraged to use their inhaler during a lesson.

## **11. Monitoring and Evaluation**

**There is no legal duty that requires staff to administer medicines.**

Hazelwood Schools have developed roles for support staff that build the administration of medicines into their job description. We will ensure that we have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals. There will be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

If the Headteacher agrees to allow a child to receive antibiotics or other forms of medicine in school this must not be the first dose to be administered.

### **Liability and indemnity**

The schools' insurance arrangements covers staff providing support to pupils with medical conditions. The insurance policy at Hazelwood Schools provides liability cover relating to the administration of medication.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## Appendix 1

### Individual Health Care Plan – IHCP

Name of school/setting	Hazelwood Schools	
Pupil's name		
Class		Picture
Date of birth		
Pupils address		
Medical diagnosis or condition/s		
Review date (at least annually)		
Date written		
<b>Family Contact Information</b>		
Name (Contact 1)		
Relationship to pupil		
Phone number: home		
Mobile		
Work		
Name (Contact 2)		
Relationship to pupil		
Phone number: home		
Mobile		
Work		
<b>Clinic/Hospital Contact</b>		
Name		
Phone no		
Name of GP.		
Phone no.		
Address.		

Condition:

Medicines used:

Treatment for:

For Mild symptoms give:

For Severe symptoms give:

Symptoms: what to look for?

Mild symptoms are:

Severe symptoms are:

Triggers:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips etc:

Care plan and medication to be taken on all trips and visits.

Other information:

Who is responsible in an emergency (state if different for off-site activities?):

Welfare officer, if off site Class teacher and all staff

Plan developed with and copied to:

Parent

Staff training needed/undertaken – who, what, when:

STS First Aid Training

I have read and understood and agree to this care plan.  
If anything changes I will inform the Welfare Officer.

Name: \_\_\_\_\_ Welfare Officer Name: Guzin Kucukoglu

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: *Guzin Kucukoglu*

Please sign to give permission for a member of staff to administer the medication required.  
If an unlikely event of an allergic reaction the member of staff will not be held responsible.

If a child refuses medication, we will not force them to have it. We will phone you to let you know.  
You understand that school does not have to administer medication, in the unlikely event your child is not given it on the day and time requested you understand there was a reasonable reason for this.

Asthma pumps – Asthma pumps will stay in school and will always be given when needed, If your child no longer needs a pump, it is your responsibility to remove it from school.

It is your responsibility to ask for and collect medication at the end of the school day if you need to take it home

Signed \_\_\_\_\_

Parent/Carer \_\_\_\_\_

## Appendix 2

### Useful Contacts and Information

#### Health Services

##### Community Paediatric Services:

Some children with medical needs receive dedicated support from specialist nurses or community children's nurses, for instance a children's oncology nurse. These nurses often work as part of a NHS Trust or PCT and work closely with the primary health care team – general description – what happens in Enfield. They can provide advice on the medical needs of an individual child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

**Contact:** Cathy St John Paediatric Nursing

Cedar House

St. Michael's Hospital

Gater Drive

Enfield EN2 0JB

Tel: 020 8702 5620

School Nursing Service  
North Mid in the Community 0-19 Service | Civic Centre | B Block South  
Silver Street | Enfield | EN1 3ES

Single Point of Access TEL :0203 9887300  
Email: [northmid.CedarSN@nhs.net](mailto:northmid.CedarSN@nhs.net)

Team Leader: Caroline O'Brien  
Email: [caroline.obrien3@nhs.net](mailto:caroline.obrien3@nhs.net)  
Service Manager: Ruth Davis  
Email: [ruth.davis@nhs.net](mailto:ruth.davis@nhs.net)

I have these details ...

##### School Nurses:

School nurses are qualified public health nurses, who work in partnership with schools, parents and healthcare professionals to provide health promotion and protection for school aged children. The school nurse can advise, or will know where help can be sought on many health matters.

Enfield School Nursing Service is accessible through self-referral from children or families, referral from education staff, social services, LAC Nurse Specialist, Child Protection Named Nurse, medical colleagues and Health Visitors

##### Contact:

School Nursing Service

North Mid in the Community 0-19

Civic Centre

Block B

Silver Street

Enfield

EN1 3ES

Single Point of Access

TEL: 0203 988 7300

Team Leader: Caroline O'Brien

Email: [caroling.obrien@nhs.net](mailto:caroling.obrien@nhs.net)

Service Manage: Ruth Davis

Email: [ruth.davis@nhs.net](mailto:ruth.davis@nhs.net)

## Local Community Health Centres:

<b>Bowes Road Clinic</b>	269 Bowes Road, Enfield, N11 1BD
<b>Evergreen Health Centre</b>	1 Smythe Close, Edmonton, N9 0TW
<b>Forest Primary Care Centre,</b>	308A Hertford Road, Edmonton, N9 7HD
<b>Highlands Health Centre,</b>	3 Florey Square, Winchmore Hill, N21 1UJ
<b>Moorfield Road Health Centre</b>	Moorfield Road, Enfield, EN3 5PS
<b>St Michael's Primary Care Centre</b>	Gater Drive, Enfield, EN2 0JB

## Joint Service for Disabled Children:

The Joint Service for Disabled Children is an important partnership developed by Enfield's Children's Trust, to support and promote opportunities for all disabled children and their families in Enfield.

The Joint Service includes:

- Enfield Community Services
- The Early Intervention Support Service (EISS)
- Cheviots Specialist Children's Disability Centre/Service.

**Contact:** Janet Leach      Head of Service  
**Tel:** 020 8379 1316      **Mobile:** 07944265377  
**Alternative Telephone:** 020 8362 3666  
**Email:** [janet.leach@enfield.gov.uk](mailto:janet.leach@enfield.gov.uk)

## Environmental Health:

**Address:**  
PO Box 57  
Civic Centre  
Silver Street  
Enfield  
EN1 3XH  
**Tel:** 020 8379 1000

## National Contacts:

<b>Allergy UK</b> Allergy Help Line: (01322) 619898 Website: <a href="http://www.allergyuk.org">www.allergyuk.org</a>	<b>The Anaphylaxis Campaign</b> Helpline: (01252) 542029 Websites: <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a>
<b>Asthma UK</b> Helpline: 0300 222 5800 Website: <a href="http://www.asthma.org.uk">www.asthma.org.uk</a>	<b>SHINE</b> Tel: 01733 555988 Website: <a href="http://www.shinecharity.org.uk/">http://www.shinecharity.org.uk/</a>
<b>Council for Disabled Children</b> Helpline: 0808 808 3555 Website: <a href="http://www.councilfordisabledchildren.org.uk/">http://www.councilfordisabledchildren.org.uk/</a>	<b>Contact a Family</b> Helpline: 0808 808 3555 Website: <a href="http://www.cafamily.org.uk">www.cafamily.org.uk</a>
<b>Cystic Fibrosis Trust</b> Tel: 0300 373 1000 or 0208 379 2184 Website: <a href="http://www.cftrust.org.uk">www.cftrust.org.uk</a>	<b>Diabetes UK</b> Careline: 0345 123 2399 Website: <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a>
<b>Public Health England</b> <a href="https://www.gov.uk/government/organisations/public-health-england">https://www.gov.uk/government/organisations/public-health-england</a>	<b>Department for Education</b> Website: <a href="https://www.gov.uk/government/organisations/department-for-education">https://www.gov.uk/government/organisations/department-for-education</a>

<p><b>Epilepsy Action</b>  Freephone Helpline: 0808 800 5050  Website: <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a></p>	<p><b>Equalities and Human Rights Commission</b>  EHRC  helpline: 0808 800 0082  Textphone: 0808 800 0084  Website: <a href="http://www.drc-gb.org">www.drc-gb.org</a></p>
<p><b>Health and Safety Executive (HSE)</b>  Website: <a href="http://www.hse.gov.uk">www.hse.gov.uk</a></p>	<p><b>Health Education Trust</b>  Tel: (01789) 773915  Website: <a href="http://www.healtheducationtrust.org.uk">www.healtheducationtrust.org.uk</a></p>
<p><b>Hyperactive Children’s Support Group</b>  Tel: (01243) 539966  Website: <a href="http://www.hacsg.org.uk">www.hacsg.org.uk</a></p>	<p><b>Mencap</b>  Telephone: 0808 808 1111  Website: <a href="http://www.mencap.org.uk">www.mencap.org.uk</a></p>
<p><b>National Eczema Society</b>  Helpline: 0800 089 1122  Website: <a href="http://www.eczema.org">www.eczema.org</a></p>	<p><b>Psoriasis Association</b>  Tel: 01604 251 620  Website: <a href="http://www.psoriasis-association.org.uk/">www.psoriasis-association.org.uk/</a></p>
<p><b>British Thyroid Foundation</b>  <a href="http://www.btf-thyroid.org">www.btf-thyroid.org</a></p>	<p><b>Sickle Cell Society</b>  <a href="http://sicklecellsociety.org/">http://sicklecellsociety.org/</a></p>
<p><b>NHS Choices</b>  <a href="http://www.nhs.uk/Pages/HomePage.aspx">http://www.nhs.uk/Pages/HomePage.aspx</a></p>	