# Supporting Children with Medical Conditions / medicine policy

## Water Orton Primary School

### 1.0 Introduction

1.1 This policy is based on Section 100 of the Children and Families Act 2014, which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
It is also based on the DfE publication 'Supporting Pupils in School with Medical Conditions" published April 2014, which includes statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
Since September 2002, schools and Local Authorities have been under a duty:

- not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled
- to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled

At Water Orton Primary School we are committed to these principles.

**1.2 The key aims of this policy are as follows:**

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The governing body ensures that arrangements are in place in schools to support pupils at school with medical conditions.
- The governing body ensures that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
  With regard to the management of medication within the school, this policy aims to provide:
  - procedures for managing prescription medicines which need to be taken during the school day
  - procedures for managing prescription medicines on trips and outings
  - a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines a clear statement on parental responsibilities in respect of their child's medical needs
  - the need for prior written agreement from parents for any medicines to be given to a child
  - the circumstances in which children may take any non-prescription medicines
  - the school or setting policy on assisting children with long-term or complex medical needs
  - policy on children carrying and taking their medicines themselves
  - staff training in dealing with medical needs

- record keeping
- safe storage of medicines
- access to the school's emergency procedures
- risk assessment and management procedures

## 2 Roles and Responsibilities

### 2.1 It is the role of the Governing Body:

- To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening so that the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.
- To make arrangements which give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school; showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that pupils need.
- To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - in particular procedures for administration of medicines.
- To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school.
- To ensure that any complaints concerning the support provided to pupils with medical conditions is listened to and responded to appropriately.
- To review regularly the policy for supporting pupils with medical conditions and ensure it is readily accessible to parents and school staff.

### 2.2 It is the role of the Head teacher:

The headteacher has the overall responsibility for this policy and its implementation.

- To ensure that the school's policy for supporting pupils with medical conditions is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- To ensure that all staff who need to know are aware of the child's condition and 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.

### 2.3 The role of the staff:

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, though they cannot be required to do so. Whilst administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. This will be arranged by the headteacher.

## 2.4 The role of school nursing services

- School nursing services are responsible for notifying the school 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 would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but should support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

## 2.4 The role of pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

### 2.5 The role of parents

- Parents 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.
- Parents are asked at the beginning of each school year to inform school of any changes in writing.

### 2.6 The role of the named person & individual health care plans

- The named person, is to ensure that procedures are followed whenever a school is notified that a pupil has a medical condition (see procedures below).
- The named person is responsible for individual healthcare plans and their development and use in supporting pupils at school with medical conditions.
- Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and assess and manage risks to the child's education, health and social well-being and minimises disruption.
- When deciding what information should be recorded on individual healthcare plans, the named person considers the following:
    - the medical condition, its triggers, signs, symptoms and treatments;
    - the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
    - specific support for the pupil's 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; the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring; who will provide this support, their training needs, expectations of their role and confirmation of

proficiency to provide support for the child's medical condition from healthcare professional; and cover arrangements for when they are unavailable;
    - who in the school needs to be aware of the child's condition and the support required;
    - arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
    - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
    - where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements.
    - Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## 3 Administering Medicines.

**At Water Orton Primary, we recognise that there is no legal duty that requires school or staff to administer medicines. However, where staff are willing, they should follow the following guidelines:**

- Parents should provide full written information about their child's medical needs, including details on medicines their child needs. (see appendix)
- Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.
- The school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. However as part of our 'loco parentis' role we may also administer mild analgesics such as Calpol, or over the counter cough remedies. **However, a child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- **The School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental** No child under 16 should be given medicines without their parent's written consent.
- Any member of staff giving medicines to a child should check:
    - the child's name
    - prescribed dose
    - expiry date
    - written instructions provided by the prescriber on the label or container
- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.
- The schools should also arrange for staff to complete and sign a record each time they give medicine to a child. ***The form in Appendix 1*** must be used for this purpose. Good records help demonstrate that staff have exercised a duty of care.

## 4 Advice for parents about prescribed medicine instructions

It is helpful, where clinically possible / appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabelling of medicines by parents

## 5 Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Members of school staff should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Travel sickness medication is administered in the same way as other medication at Water Orton Primary School – parents should fill in a form (see Appendix 1), medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.
If members of staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. See DfE guidance on planning educational visits.

In the case of residential trips, separate forms are issued at the appropriate time to all children. Please speak to the school office for more information on these forms.

## 6 Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff

supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## 7 Short -Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the school day.

## 8 Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEND) Code of Practice advises that a medical diagnosis or a disability does not necessarily imply SEND. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan / protocol for such children, involving the parents and relevant health professionals.

This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

## 9 Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind

when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.
Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate.

## 10 Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in this policy or in an individual child's health care plan. Parents should be informed of the refusal as a matter of urgency and always on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed (see 17 below).

## 11 Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

## 12 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes. A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence.

## 13 Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the

original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. At Water Orton Primary they are kept in the school office or, for children with inhalers, in the child's classroom.

Criteria under the national standards for under 8s day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There is restricted access to a refrigerator holding medicines. A fridge is available for medicines that need to be kept cold which is located in the school office.

Local pharmacists can give advice about storing medicines.

## 14 Access to Medicines

Children need to have immediate access to their medicines when required. The school or setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

## 15 Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.
Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services. The sharps disposal box will be kept in the school office.

## 16 Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. If close contact is required to administer medicine then PPE should be worn by the staff member in order to protect against Covid19 infection.

## 17 Emergency Procedures

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This is part of the school's first aid

policy and provision. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff know how to call the emergency services.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. The office staff are usually responsible for calling emergency services at Water Orton Primary but any member of staff can do this. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care plans include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

## 18 Policy Review

This policy will be reviewed annually, or if a situation occurs which necessitates any amendment.

**Policy Last Reviewed March 2024**

**Next review October March 2025**

**Appendix 1**

**WATER ORTON PRIMARY SCHOOL**

**Plank Lane, Water Orton, Birmingham B46 1SG**

**Tel/Fax: 0121 747 2851**

**Headteacher: Emma Smith**

**Pupil Medical Consent Form (to be completed by the parent/carer)**

Pupil Name: _____

Pupil's Class: _____

| Name of Medicine | Dose | Time to be administered | Further notes<br><br>e.g. storage of medicine |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| For Asthma inhalers and EpiPen only | |
|---|---|
| In an emergency situation I give my permission for the school emergency 'Blue' reliever inhaler to be given to my child | |
| In an emergency situation I give my permission for the school emergency EpiPen to be given to my child | |

***Please note**: Any prescribed medicine must be supplied to the school in a container clearly labelled (by the pharmacist) with the name of the medicine, full instructions for use and the name of the pupil. All medicines should be in the original container bearing the manufacturer's instructions/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.*

*This form should be renewed by the parent/guardian if there are any changes to a pupil's medication.*

| Parent/Carers Signature | |
|---|---|
| Name | |
| Relationship to Child | |
| Date | |

## MEDICTION RECORD OF EACH DRUG ADMINISTERED IN SCHOOL

### (USE A SEPARATE LINE FOR EACH PRESCRIBED MEDICATION)

| Medication | Date | Time | Amount | Administered by (Name) | Witnessed by (Name) |
|---|---|---|---|---|---|
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**Appendix 2: Useful Documentation**

*Code of Practice for Schools – Disability Discrimination Act 1995: Part 4* (Disability Rights Commission, 2002). Ref: COPSH

www.drc-gb.org/thelaw/practice.asp
Order:Disability Rights Commission Tel: 08457 622 633.
*Drugs: Guidance for Schools* (DfES, 2004)
Ref: DfES/0092/2004
www.teachernet.gov.uk/drugs/
*Guidance on First Aid for Schools: a good practice guide* (DfES, 1998)
Ref: GFAS98. www.teachernet.gov.uk/firstaid
*Health and Safety: Responsibilities and Powers* (DfES, 2001)
Ref: DfES/0803/2001. www.teachernet.gov.uk/responsibilities/
*Health and Safety of Pupils on Education Visits: a good practice guide* (DfES, 1998)
Ref: HSPV. www.teachernet.gov.uk/visits/. Also three part supplement:
*Part 1 – Standards for LEAs in Overseeing Educational Visits* (DfES, 2002)
Ref: DfES/0564/2002;
*Part 2 – Standards for Adventure* (DfES, 2002) Ref: DfES/0565/2002;
*Part 3 – Handbook for Group Leaders* (DfES, 2002) Ref: DfES/0566/2002.
*Home to school travel for pupils requiring special arrangements* (DfES, 2004)
Ref: LEA/0261/2004
www.teachernet.gov.uk/wholeschool/sen/sentransport/
*Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units* (DfES, 2004)
Ref: DfES/0354/2004
www.teachernet.gov.uk/exclusion
*Insurance – A guide for schools* (DfES, 2003)
Ref: DfES/0256/2003
www.teachernet.gov.uk/management/atoz/i/insurance/index.cfm?code=keyd
*School Admissions Code of Practice* (DfES, 2003)
Ref: DfES/0031/2003
www.dfes.gov.uk/sacode/
*Special Educational Needs Code of Practice* (DfES, 2001)
Ref: DfES/0581/2001
www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390
*Standards for School Premises* (DfEE, 2000)
Ref: DFEE/0029/2000
www.teachernet.gov.uk/sbregulatoryinformation
*Work Related Learning and the Law* (DfES, 2004)
Ref: DfES/0475/2004
www.dfes.gov.uk/qualifications/document.cfm?sID=2

**Department of Health (including joint publications)**

*Guidance on infection control in schools and nurseries* (Department of Health/Department for Education and Employment/Public Health Laboratory Service, 1999)
Download only from: Wired for Health at www.wiredforhealth.gov.uk/doc.php?docid=7199
*National Service Framework for Children and Young People and Maternity Services: Medicines and Children and Young People.* Website: www.dh.gov.uk/healthtopics (click on Children's Services).
Order:DH Publications Tel: 08701 555 455

**Allergy UK**

Allergy Help Line: (01322) 619864
Website: www.allergyfoundation.com

**The Anaphylaxis Campaign**

Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

**Association for Spina Bifida and Hydrocephalus**
Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org
**Asthma UK** (formerly the National Asthma Campaign)
Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk
**Council for Disabled Children**
Tel: (020) 7843 1900
Website: www.ncb.org.uk/cdc/
**Contact a Family**
Helpline: 0808 808 3555
Website: www.cafamily.org.uk
**Cystic Fibrosis Trust**
Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)
Website: www.cftrust.org.uk
**Diabetes UK**
Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk
**Department for Education and Skills**
Tel: 0870 000 2288
Website:www.dfes.gov.uk
**Department of Health**
Tel: (020) 7210 4850
Website:www.dh.gov.uk
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**Disability Rights Commission (DRC)**
DRC helpline: 08457 622633
Textphone: 08457 622 644
Fax: 08457 778878
Website: www.drc-gb.org
**Epilepsy Action**
Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)
Website: www.epilepsy.org.uk
**Health and Safety Executive (HSE)**
HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk
**Health Education Trust**
Tel: (01789) 773915
Website: www.healthedtrust.com
**Hyperactive Children's Support Group**
Tel: (01243) 551313
Website: www.hacsg.org.uk
**MENCAP**
Telephone: (020) 7454 0454
Website: www.mencap.org.uk
**National Eczema Society**
Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)
Website: www.eczema.org
**National Society for Epilepsy**
Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)
Website: www.epilepsynse.org.uk

**Psoriasis Association**
Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)
Website: www.psoriasis-association.org.uk/
**Sure Start**
Tel: 0870 000 2288
Website: www.surestart.gov.uk