

Supporting Pupils at School with Medical Conditions Policy

Date of issue:	June 2024
Originator:	Lynn Wood
Responsible Sub Committee:	Learner Experience Committee
Linked Policies:	Health & Safety Policy Child Protection and Safeguarding Policy Data Protection Policy Complaints Policy
Review Date:	June 2027
Target Audience:	All stakeholders in TSAT
Dissemination Via:	Email, SharePoint

Version	Section	Amendments	Date	Author
1.0		Previously school policy, now a Trust policy	June 2021	Lynn Wood, Executive Safeguarding Lead
2.0	1, appendix 1&2. 8	Updated to clarify emergency medical treatment can be administered without consent All medicine administered by staff must be witnessed. Clarified consent recording for medical treatment.	October 2024	Lynn Wood, Executive Safeguarding Lead

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I. Principles and Legal Responsibilities

Tapton School Academy Trust (TSAT) wishes to ensure that pupils with medical conditions receive appropriate care and support at school.

The health, safety, and well-being of all individuals across our sites are of paramount importance.

Where we believe there is a medical emergency, schools are committed to providing immediate, life-preserving medical treatment to all students, staff, visitors, and any other persons on site. This includes administering first aid and contacting emergency medical services without delay.

Staff are trained to respond to emergencies, and appropriate medical supplies are maintained on-site to support timely intervention. Our priority is to ensure that every individual receives the necessary care to preserve life until professional medical assistance arrives.

All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014, "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1 September 2014. [/supporting-pupils-at-school-with-medical-conditions](#)

The key points of this guidance are:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- The Trust will ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- School leaders should consult health and social care professionals, pupils, and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools, and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require Educational Health Care (EHC) Plans, compliance with the Special Educational Needs and Disabilities (SEND) code of practice will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

TSAT will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

TSAT aim to:

- Treat pupils with respect as individuals
- Provide for pupil needs wherever possible

- Ensure every young person feels safe and happy
- Deliver outstanding teaching and learning.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing once they leave school.

TSAT understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

Relevant school staff need to be aware of medical conditions and how they affect pupils in the Trust. Relevant staff receive training on the impact medical conditions can have on pupils.

Ofsted places a clear emphasis on meeting the needs of pupils with SEND, also including those pupils with medical conditions.

2. Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice /guidance, ensuring schools have access to suitable training from the relevant professionals to schools and their staff to ensure Individual Healthcare Plans (IHCP) (Appendix I) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) Trust Board

- Legally responsible and accountable for fulfilling its statutory duty to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to, protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability, or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.

- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.

c) The Headteacher is responsible for:

- The Headteacher is the named person with responsibility for implementation of the policy.
- Ensuring parents, partner agencies staff and Healthcare professionals are aware of this policy.
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures.
- Liaising with Healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing (IHCPs) (Appendix 1) and delegation to appropriately trained staff.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring that contact is made with the appropriate Health Professionals in the case of any child/young person who has a medical condition that you require support with.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care.

d) Staff members, where relevant, are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where medications for pupils are stored and how to access these safely, including controlled drugs.
- Taking account of the needs of pupils with medical conditions in lessons.

- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- Staff who are trained in the appropriate skill for managing a child's medical condition are responsible for maintaining their own competence and raising concerns. This includes accessing training and updates, access to the child's IHCP and escalating any concerns to Senior Leaders within school if they feel they are unable to carry out this duty.
- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions, and that they are signed off as competent to do so. Staff to have access to information, resources, and materials.
- Ensuring written / electronic records are kept of any and all medicines administered to pupils.
- Being aware of the level of insurance in place to reflect the level of risk and advising the Board of any increased risk that may affect insurance.

e) Health Professionals are responsible for:

- Collaborating on developing an IHCP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHCP and then participate in regular reviews of the IHCP.
- To facilitate in the implementation of the IHCP with support, advice and where appropriate training including updates as requested by school.
- Information sharing including face to face, virtual and report writing as part of the Education, Health and Care (EHC) process.
- Liaising locally with lead clinicians on appropriate support and assisting the Headteacher in identifying training needs and providers of training.

f) Parents and Carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health, including changes to IHCP's.
- Participating in the development and regular reviews of their child's IHCP, where possible this should be developed before the child/young person starts school.
- Completing a parental consent form (Appendix 2) to administer medicine or treatment before bringing medication into school.
- Providing the school with in-date medication their child requires and keeping it up to date, including collecting leftover medicine.
- Carrying out actions assigned to them in the IHCP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

- Providing information on how their medical condition affects them, depending on the school setting and the individual.
- Contributing to their IHCP.
- Complying with the IHCP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents/carers.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of the First Aid Officer/First Aider in the medical room. This will then be recorded in the appropriate paper/electronic area in school and in the pupil's planner.
- If pupils refuse to take medication or to carry out a necessary procedure, parents/carers will be informed so that alternative options can be explored.

3. Training of staff

- a) Newly appointed staff, supply, agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- b) The clinical lead for each training area/session will be named on each IHCP.
- c) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent. The training can be completed face to face or online.

- d) School will make sure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.
- e) School will keep a record of medical conditions supported, training undertaken, and a list of staff/cover staff qualified to undertake responsibilities under this policy. Records will be kept in line with the Data Protection Policy.
- f) IHCPs will be developed with the child's/young person's best interests in mind and ensure that the school assesses and manages risks to the child's/young person's education, health, and social wellbeing, and minimises disruption.
- g) During transition, school will liaise with previous providers in sharing appropriate information relevant to a child's/young person's medical condition to support a smooth entry into a new education setting. This includes care and support and IHCP's in place.

4. Medical conditions register / list

- a) Schools' admissions forms request information on pre-existing medical conditions. Parents/Carers must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from Health Professionals involved to have input into the IHCP and also to share information for recording attendance.
- b) A medical conditions list or register should be kept, updated, and reviewed regularly by the nominated member of staff. Each class / Form Tutor should have an overview of the list for the pupils in their care, within easy access.
- c) Supply staff and support staff should similarly have access on a need-to-know basis. Parents/carers should be assured data sharing principles are adhered to.
- d) For pupils on the medical conditions list, key stage transition points meetings should take place in advance of transferring to enable parents/carers, school and health professionals to prepare IHCP and train staff if appropriate.

5. Individual Health Care Plans (IHCPs)

An IHCP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

A child's IHCP should explain what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings.

This school has a centralised register of IHCPs, and an identified member of staff has the responsibility for this register.

- a) Where necessary (Headteacher will make the final decision) an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher and Special Educational Needs Coordinator (SENCO), with appropriate staff members in school and medical professionals.
- b) IHCPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality in line with the Data Protection Policy. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHCP as visitors /parent helpers etc. may enter. If consent is sought from parents/carers, a photo and instructions may be displayed. More discreet location for storage such as electronic or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone. Pupils may keep a copy of their IHCP on their person for emergency use.
- c) IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner, by school and the lead Health Professional.
- d) Where a pupil has an Education, Health and Care plan (EHC) or special needs statement, the IHCP will be linked to it or become part of it.
- e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the Local Authority /Alternative Provision provider and school is needed to ensure that the IHCP identifies the support the child needs to reintegrate.

6. Transport arrangements

- a) Home-to-school transport is the responsibility of Local Authorities, who may find it helpful to be aware of a pupil's/young person's Individual Healthcare Plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions. It is up to transport to access training in relation to emergency procedures to support an IHCP.
- b) For some medical conditions, the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- c) When prescribed controlled drugs need to be sent in to school, parents/carers will be responsible for handing them over to the adult in the vehicle in a suitable bag or container. They must be clearly labelled with name and dose etc.
- d) Controlled drugs will be kept under the supervision of the adult in the vehicle throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

7. Education Health Needs (EHN) referrals

- a) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to

arrange educational provision for such pupils.

- b) In order to provide the most appropriate provision for the condition the EHN (Educational Health Needs) team accepts referrals where there is a medical need identified with supporting guidance from Health Professionals.

8. Medicines/Equipment

- a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- b) If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form (Appendix 2). This agreement needs to be reviewed and discussed with parent/carers and can be part of the IHCP review.
- c) No child will be given any prescription or non-prescription medicines without written parental consent unless our belief is that it is a life-threatening event where we would administer any medication/treatment to preserve life.
- d) All medicines administered will be witnessed by another individual (A TSAT form is provided to evidence this). In secondary schools the witness can be the student if they are Gillick competent. In primary schools the witness must be a member of staff.
- e) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- f) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- g) Medicines MUST be in date, labelled with the child's name and instructions for administration and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- h) A maximum of four weeks' supply of the medication may be provided to the school at one time.
- i) Medications, except emergency medication, will be stored within a locked cupboard securely within the First Aid/Health & Wellbeing office.
- j) Controlled drugs: Storing, Transporting, Destroying and Disposing of Controlled Drugs:
- Storing:
 - A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
 - If a child is to be in possession of their controlled drug then an individual risk assessment

must be completed with parent/carer and the child and clearly documented in the child's records.

- It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- Controlled drugs should be kept in a locked non-portable container and only named staff should have access which should be recorded by the school.
- Controlled drugs should be easily accessible in an emergency and should not be difficult to access.
- Recording:
 - Controlled drugs are to be signed onto and off school site by two members of staff checking:
 - Date/Time.
 - The details of the drug e.g. name, dose.
 - Quantity that is being signed in and out. Tablets are to be counted, and visual checks of liquids carried out and documented if part filled bottles are sent into school. Schools should document on completion of a bottle.
 - Staff signatures including names printed.
 - Only trained school staff members can sign controlled drugs in and out of school.
 - School staff that have completed a medicine's management course may administer a controlled drug to the child/young person for whom it has been prescribed. School staff administering medicines should do so in accordance with the prescriber and medication instructions.
 - Schools should keep a record of all medicines administered to individual children stating:
 - What is the drug name, not brand name.
 - The route it was given by.
 - How much was administered (Puffs, Mls).
 - Date and time it was administered.
 - Who gave it.
 - Any side effects of the medication that are observed should be recorded on school records and appropriate action taken.
 - All schools should complete stock check audits on stock kept on school site once a month to ensure all medication can be accounted for and escalate concerns if needed. These are to be carried by two trained members of staff.
 - As set out in this policy we do not require consent to administer life saving medical treatment. Our management information system will therefore records all students as having consent for emergency treatment. This is due to the fact that the system does not allow this consent box to be recorded as "not applicable".

- When controlled drugs are no longer required, they should be returned to the parents to arrange safe disposal. This must be recorded when controlled drugs are signed out of school premises.
- k) Any medications left over at the end of the course will be returned to the child's parents/carers.
- l) Written/electronic records will be kept of any medication administered to children. If written records these should be scanned to the pupil's details on the school system.
- m) Pupils will never be prevented from accessing their medication.
- n) Emergency salbutamol inhaler kits may be kept voluntarily by school.
- o) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room.
- p) School cannot be held responsible for side effects that occur when medication is taken correctly. If there are any side effects parents/carers will be contacted and if appropriate medical guidance to be sought and the incident documented on the pupil's records.
- q) Staff will not force a pupil if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHCP which will include informing parents.
- r) Children will be informed where their medicines are at all times and be able to access them immediately. Where relevant, they will be told who holds the key to the storage facility.
- s) The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. Should the sharps box need to be used on an off-site visit it will be returned to parent/carer for safe disposal. Clinical waste will be disposed of in line with local policies.

9. Emergencies

- a) Medical emergencies will be dealt with under the school's emergency procedures, which will be communicated to all relevant staff, so they are aware of signs and symptoms.
- b) Pupils will be informed in general terms of what to do in an emergency such as telling a member of staff.
- c) If a pupil needs to be taken to hospital two members of staff will travel with the pupil and the driver should ensure they have business insurance. A member of staff will remain with the child until their parent/carer arrives. If the parent/carer cannot be contacted the member of staff is to inform the Designated Safeguarding Lead/Deputy in school.

10. Day trips, Residential Visits, Sporting Activities and Off-Site

Education/Work Experience

- a) Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, and not prevented from doing so. A trained staff member or First Aider will be given a copy of the students IHCP who is attending on the trip.
- b) To comply with best practice risk assessments should be undertaken, in line with Health and Safety Executive Guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents/carers, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHCP requirements for the school day.
- c) Off-site education or work experience:
 - The school will be responsible for pupils with medical needs who are educated offsite.
 - The school will conduct risk assessments before off-site education commences.
 - The school will be responsible for ensuring that a workplace provider has appropriate health and safety and safeguarding policies in place.
 - The school will ensure that parents, carers, and students give their permission before relevant medical information is shared with the off-site provider.

II. Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in school.

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents/carers or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school.
- e) Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents/carers feel obliged or forcing parents/carers to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

- j) The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

School makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

The medical conditions policy is regularly reviewed, evaluated, and updated. Updates are produced every year.

In evaluating the policy, school seeks feedback from key stakeholders including pupils, parent/carers, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors, and the school employer. The views of pupils with medical conditions are central to the evaluation process.

12. Insurance

- a) Insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher/School Business Manager.

13. Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the Trust's Complaints Policy.

14. Definitions

- a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- b) 'Medical condition' for these purposes is either a physical, emotional, and mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose, and storage.
- e) A 'staff member' is defined as any member of staff employed by the school.

Individual Health Care Plan (IHCP) for

.....
.....
.....

Description of medical need: *Describe medical need and give details of child/young person's symptoms, triggers, signs, treatments, facilities, equipment or devices etc.*

Describe what constitutes an emergency and what the action to take if this occurs

Note – Where we believe there is a medical emergency, schools are committed to providing immediate, life-preserving medical treatment to all students, staff, visitors, and any other persons on site. This includes administering first aid and contacting emergency medical services without delay.

Who is responsible in an emergency (State if different for off-site activities)

Daily Care Requirements: *Diet plan, medication regime, skin integrity assessment etc.*

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Other information

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Specific support for child/young person's education, social and emotional needs

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Plan developed with

1. 2. 3. 4.

16. Appendix 2 - Parental agreement for school to administer prescribed medication

The school will not give your child medication unless you complete and sign this form or as set below:

Note – Where we believe there is a medical emergency, schools are committed to providing immediate, life-preserving medical treatment to all students, staff, visitors, and any other persons on site. This includes administering first aid and contacting emergency medical services without delay.

Name of Child: Form:

Date of Birth:/...../.....

Medical Condition or
Illness:.....
.....

Medicine

Name of medicine

Expiry date: / /

Dosage to be administered

Method:

Timing:

Has your child taken this medication before?

.....

Are there any side effects that the school need to know about?

Self-Administration in the first aid room Yes / No (delete as appropriate)

Procedures to take in an
emergency:.....
.....

Contact Details

Your name (please print)
.....

Daytime telephone number Relationship to child:

Address:

I understand that I must deliver the medicine personally to a member of staff in the first aid room

.....
I, the parent/Carer, understand that I must notify the school of any changes in writing.

Signed: (Parent/ Carer) Date.....

Tapton School Academy Trust Privacy Notices:

Under the General Data Protection Regulation (GDPR), Tapton School Academy Trust is registered with the Information Commissioners Office. The Trust has a duty to protect the personal data that we hold. For further information please see our privacy notices:

[Privacy Notices](#)