Supporting pupils with medical conditions policy

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Contents

1. Context 4
2. Legislation and Guidance 4
3. The role of staff 4
4. Procedures to be followed when notification is received that a pupil has a medical condition 6
5. Individual health care plans 7
6. The child's role in managing their own medical needs 7
7. Unacceptable practice 8
8. Complaints 9
Administration of Medication Guidelines 10
Appendix D: administration of medication permission and record 24
Administration of medication continuation sheet 25
Appendix E: example consent form for residential visit 27
Contact details 28
Appendix F - Consent form: Use of Emergency Salbutamol Inhaler 29

1. Context

Futura Learning Partnership (the trust) believes that pupils and pupils with medical conditions should be properly supported so that they have full access to all educational opportunities and experiences.

Section 100 of the Pupils and Families Act 2014 and the Equality Act 2010 places a duty on the Local Governance Committee and Senior Leadership Team to make arrangements for supporting pupils with medical conditions in their school. This policy sets out the arrangements that are in place to support those pupils with short term, long term and complex medical needs.

Failure to appropriately support a pupil with a medical condition may place the pupil at risk and may constitute a safeguarding concern. Any concerns regarding the wellbeing or safety of a pupil arising from unmet medical needs will be managed in line with the Trust's Safeguarding and Child Protection Policy and reported through the school's established safeguarding procedures.

2. Legislation and Guidance

- All action is taken in line with the following legislation/guidance:
- Children's and Families Act 2014
- The Equality Act 2010
- Mental Capacity Act 2005
- Special Educational Needs and Disability code of Practise: 0-25 2014
- Supporting Pupils at School with Medical Conditions (DfE, 2014)
- Working Together to Safeguard Pupils 2023
- Management of medicines and medical support in schools, in line with current DfE and NHS guidance

3. The role of staff

Records of staff training relating to the administration of medication and support for pupils with medical conditions will be maintained centrally. Training needs will be reviewed regularly, and refresher training provided where required to ensure staff remain competent and confident in supporting pupils safely.

Local Governance Committee

- Ensure that arrangements are in place to support pupils with medical conditions
- Monitor staff training in order to provide the support that pupils need
- Assign the role and responsibilities for implementing this policy within the school
- Ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The Headteacher has been given the overall responsibility for the creation and implementation of this policy and is responsible for ensuring that:

- All staff are aware of the policy for supporting pupils with medical conditions
- Appropriate Individual Health Care Plans (IHCP) are in place
- School staff work with the school nurse or specialist nurse in the case of any pupil who has a medical condition that may require specialist support at school
- Ensure IHCPs are accessible and brought to the attention of all relevant members of staff
- The number of pupils with medical needs are monitored and the types of conditions to ensure that adequate numbers of first aiders are available and appropriately trained
- Arrangements are in place to ensure a member of staff is always available to support a pupil with medical conditions
- New staff are inducted into the arrangements and guidelines set out in this policy
- Risk assessments are completed for school visits, residential activities and other activities outside of the normal timetable
- Ensure supply teachers are briefed in relation to pupils' medical needs
- Ensure first aiders hold valid first aid qualifications and be assessed by an appropriate healthcare professional before carrying out any medical procedure.

School staff should:

- Comply with the universal duty for staff to respond to an emergency. Training should be given to all staff concerning how to respond in emergency circumstances.
- Read and adhere to the expectations in an IHCP for all relevant pupils.
- Every pupil who has an IHCP should be clearly identified to staff on the register. Staff must ensure they read the IHCP for every pupil they teach.
- Staff should not deliver care if: they are unfamiliar with the IHCP, if the child's condition is unstable, if information or training has been inadequate, or if there is parental concern.
- Pupils with medical needs are vulnerable to bullying: all staff should be watchful and act on any concerns in accordance with Anti-Bullying Policy.

Parents and carers should:

- Disclose full information about their child's health to the school
- Ensure medications and any necessary equipment is available for their child to use at school from the supplies available to the family at home
- Work together with the school to ensure agreed support programmes are followed.

Pupils should, where possible:

- Be involved in developing their IHCP to help ensure compliance with their care.

Every pupil should be consulted in a way appropriate to their level of understanding about their wishes and what is important to them when receiving medical care. Where appropriate,

arrangements should be made for pupils who are competent to manage their own health needs and medicines.

School nurse or specialist nurse should:

- Notify the school, when notified by parents/carers that a pupil has been identified as having a medical condition which requires support in school.
- Help the school in implementing the pupil's IHCP. Where the medical needs are more complex school will also liaise with specialist nurses such as Dietetic nurses or the Lifetime nurses.

GPs and paediatricians should:

- Notify the school nurse when a pupil has an identified medical condition and what effects the medical condition may have on schooling.

4. Procedures to be followed when notification is received that a pupil has a medical condition

The school will ensure that the correct procedures will be followed whenever it is notified of a pupil's medical condition.

Pupils with medical conditions will be identified as part of the school admissions process and brought to the attention of the appropriate member of staff and the school nurse. A Team Around the Child meeting may be held to ensure a smooth transition from one setting to another.

If a pupil's medical needs change, then the parent/carer or member of staff should bring this to the attention of the appropriate member of staff who will then liaise with the school nurse to ensure any amendments to IHCPs and/or arrangements for any staff training or support can be made.

The school will ensure that no pupil with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made.

However, in line with safeguarding duties, schools will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases. Pupils will therefore not accept a pupil in school at times where it would be detrimental to the health of that pupil or others. On these occasions the school will seek advice from The Health Protection Agency.

The school does not have to wait for a formal diagnosis before providing support to pupil/pupils. In cases where a medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers and the pupil. Where evidence and information available varies, negotiations in conjunction with the School Nurse may be necessary to ensure that the appropriate support can be put in place. Following the discussions an IHCP or guidelines will be put in place.

5. Individual health care plans

IHCPs (Appendix A) will be written and reviewed in conjunction with the School Nurse. Parent/carers and the pupil will be involved in this process. It will be the responsibility of all members of staff supporting the individual pupils to ensure that the Plan is followed. Every child who has an IHCP is clearly identified to staff. Staff must ensure they read the IHCP for every pupil they teach.

IHCPs will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

IHCPs will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEND but does not have a statement or Education Health Care Plan (EHCP), his/her SEND should be mentioned in the IHCP. Where the pupil has a SEND identified in an EHCP, the Individual Health Care Plan must be linked to or become part of that EHCP.

IHCPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

For guidance on when and how an IHCP should be completed, please see Appendix C.

6. The child's role in managing their own medical needs

If it is deemed, after discussion with the parents/carers, that a pupil is competent to manage his/her own health needs and medicines, the school will encourage him/her to take responsibility for managing his/her own medicines and procedures. Where appropriate this will be reflected within the IHCP.

Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the Medical Room/Medical Cupboard to ensure that the safeguarding of other pupils is not compromised. It is also recognized that pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. This might be the case for pupils with asthma or attention deficit hyperactivity disorder (ADHD). If a child is not able to self-medicate, then relevant staff should help to administer medicines and manage procedures for them. If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the IHCP. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

The following are the procedures to be followed for managing medicines:

- All parents/carers should submit **appendix D** if they would like medicine to be administered at school

- No pupils under 16 should be given prescription or non-prescription medicines without written consent of a parent/carer
- The school will only accept medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely in the Medical Room/Medical Cupboard. Secondary Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, which will be all First Aiders. For Primary Pupils, medicines should either be administered or the pupil watched when taking medication and the log completed
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils and not locked away; these will be stored in the Medical Room/Medical Cupboard where both the First Aiders and pupils know how to access them
- Pupils with asthma are unlikely to have an individual health care plan. In this instance an authorisation to Administer Medication form should be completed by parent/carer. A spare inhaler(s) should be kept in school and inhaler(s) carried by the pupil. Each pupil should be aware that s/he must tell staff if his/her asthma is becoming worse and be reviewed by a First Aider
- During educational visits, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required. Pupils will bring the medication they usually carry on them (i.e. inhaler, epipen). When educational visits are abroad school will translate basic medical emergency information in to the country's native language; be familiar with the country's emergency procedures and the nearest hospital/medical treatment centre
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Written records are kept of all medicines administered to pupils (Appendix D). These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed
- When no longer required or expired, medicines will be returned to the parent/carer to arrange for safe disposal and they will ensure provision of necessary medication if appropriate. Sharps boxes should always be used for the disposal of needles and other sharps.

7. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHCP, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment

- Ignore the views of the pupil or his/her parents/carers; or ignore medical evidence or opinion, (although this may be challenged)
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- Send an ill pupil to the appropriate school office or medical room unaccompanied or with someone unsuitable. Pupils with epilepsy, diabetes or epipens must be escorted by a member of staff
- Penalise pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including educational visits, e.g. by requiring parents/carers to accompany the child. N.B. If a child refuses to be cleaned by staff, or in the event that the soiling is too bad to clean, the parent must be called either to clean the child or take the child home.

8. Complaints

Should parents/carers or pupils be dissatisfied with the support provided they should refer to the school's complaints procedure. A copy of this document can be found on the school website.

Administration of Medication Guidelines

Rationale

Futura Learning Partnership (the trust) accepts that some pupils will require medication or medical treatment during the school day to maintain their health and wellbeing.

Medication will be administered by staff as appropriate and in strict accordance with written instructions and their use properly recorded.

Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. The trust is committed to ensuring that pupils with medical needs have the same right of access as other pupils.

Purpose

The purpose of this policy is to provide governors, staff and parents with the necessary guidance to ensure the health & safety of pupils and protection of staff in the administration of medication.

Staff will not be required to administer medication or apply medical treatment, other than those that are competent and content to apply, and which Trade Unions, in association with Local Authority Health & Safety have declared to be reasonable.

Futura Learning Partnership follows national health and safety legislation and guidance and takes account of relevant advice and support provided by the Local Authorities within which its schools operate. The Trust is guided by Health and Safety Executive (HSE) and Department for Education guidance in developing and implementing its health and safety arrangements.

Role of parents and carers

Parents and carers should, wherever possible, administer or supervise the self-administration of medication to their pupils. This may be by spacing the doses so that they are not required within school hours, or by the parent and carer coming in to school at lunchtime to administer the medication. However, this might not be practicable and in such a case parents and carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administration of Medication Permission and Record form (Appendix D). Medication must not be given to the class teacher, or brought into school by the child themselves. If medication is for a short term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

Prescribed medication

Medication is only permitted in school when the pupil's doctor deems it to be essential and prescribes it. No medication will be administered unless written consent and instructions to do so have been obtained from the parents or carers.

All medication sent to school must have the child's name on the outside, it should clearly state the dose and time to be given, the medication dated and have the parent's written consent for the

school to administer it. All new medication or change in dosage must be confirmed in writing by the parent or carers.

Pupils requiring long term medication should have a completed care plan in school that is regularly reviewed by the relevant nursing service or have emergency instructions from their GP or hospital.

Medication must be administered in strict accordance with written instructions and their use properly recorded.

The giving of all medication must be recorded, signed and witnessed by 2 people. Supply staff should not be given the responsibility to administer medication.

Procedures

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. This will usually be school office staff/student support staff, but in their absence another appropriately trained member of staff may carry it out. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the School Office/Student Support Office. The SENDCo will maintain a record of staff trained in specialist medication for pupils with Care Plans.

The Headteacher holds overall responsibility for ensuring appropriate arrangements are in place for the administration of medication. Day-to-day operational oversight, including record-keeping and storage arrangements, is delegated to the School Office Manager and the First Aid Lead.

When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet (Appendix D) will be used as necessary.

- Staff must not accept medication brought to school in a syringe – the bottle/container must be left together with a spoon or syringe
- Staff must not cut a tablet if a child needs half or a quarter. A normal tablet may be broken into two for ease of swallowing
- Staff must not crush a tablet with spoons – if the child requires the tablet to be crushed, parents must supply a pill crusher.

Non-prescribed medication

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix D), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

Long-term medical needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

Controlled drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled

drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

Emergency inhalers

In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school can keep emergency reliever (blue) inhalers for the emergency use of pupils whose own inhaler is not available for any reason. They will be stored in the Medical Cupboard, along with appropriate spacers. Parents must sign a "Consent form: use of emergency salbutamol inhaler" (Appendix F) to consent to their child being allowed to use the emergency inhaler. These will be kept in the medical file in the School Office/Student Support.

The decision to hold an inhaler for emergency use will be made the Headteacher of each school within the trust.

Self-management

It is important that as pupils get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action). Pupils should know where their medicines are stored.

Refusing medication

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

Offsite visits

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all pupils who suffer from asthma.

Travel sickness

Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.

Residential visits

All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exception are asthma inhalers, which should be kept by the child themselves. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix E.

Disposal of medicines

The School Office/Student Support staff will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. 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. If any child requires regular injections (eg. Insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family contact information	
Full family name	
Phone no. (work)	
(home)	
(mobile)	
Name referred to	
Relationship to child	

Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Clinic/hospital contact	
Name	
Phone no.	
GP	
Name	
Phone no.	
Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	

Arrangements for school visits/trips etc	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

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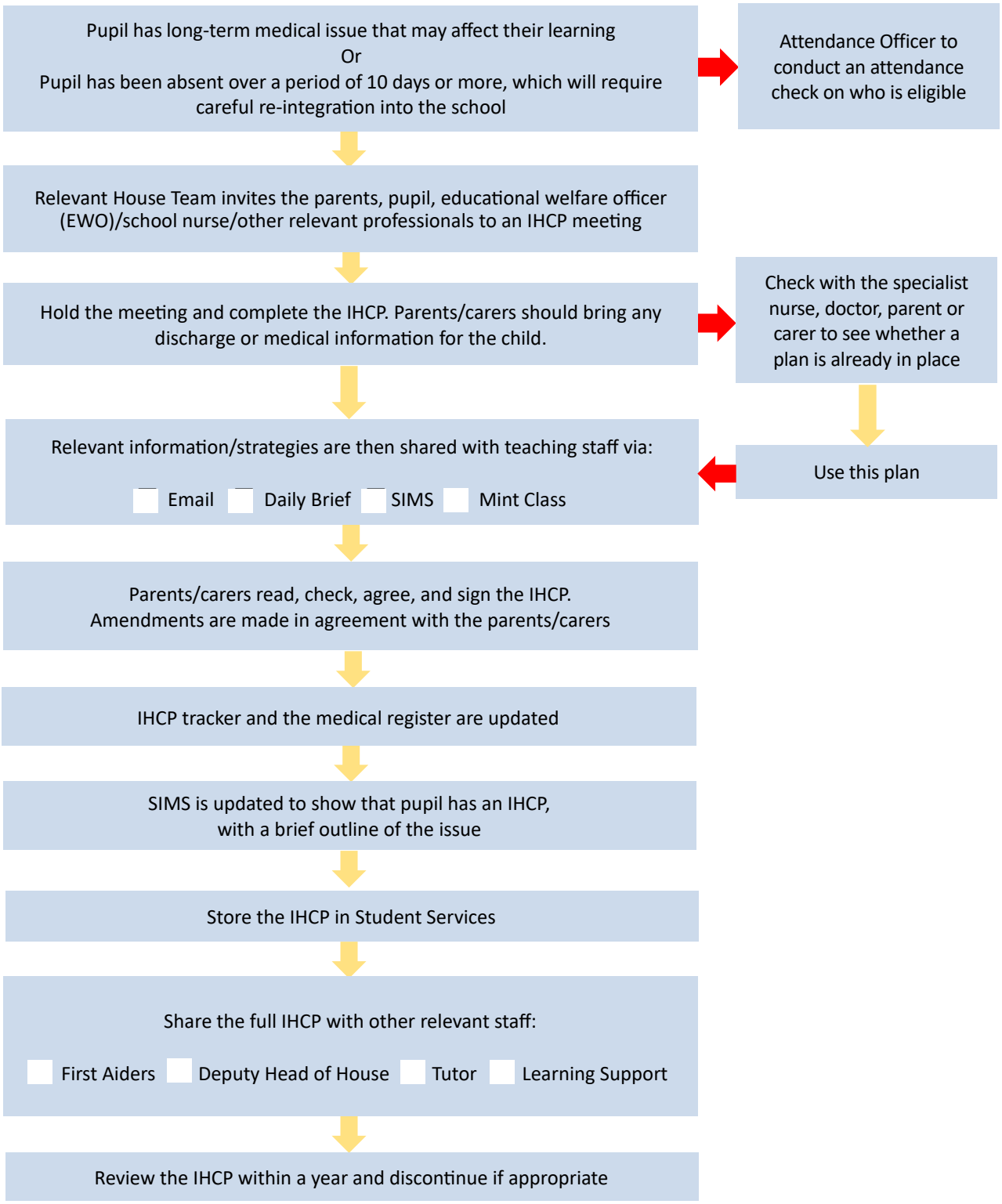
Emergency medication logs will be reviewed regularly by the School Office Manager or First Aid Lead to identify any patterns, ensure appropriate follow-up, and confirm compliance with this policy.

ONLY TO BE USED IN THE EVENT THAT A CHILD REQUIRES EMERGENCY MEDICATION HELD BY THE SCHOOL AND HAS VERBAL CONSENT FROM PARENTS TO ADMINISTER (CALPOL, PIRITON, ETC)

Pupil log……

Date	**Number of tablets received/dosage given**	**Quantity and name of medication administered**	**Any reaction**	**Administered by**

Appendix C - Individual Health Care Plan (IHCP) Process



Appendix D: administration of medication permission and record

Name of pupil	
Class/tutor group	
Date	
Details of illness	
Medicine	
Times and dosage of medicine	
Relevant side effects to be observed if any	
Medicine to be administered from:	
Medicine to be administered to:	
Parent/carer: I hereby give permission that the above medication, ordered by the doctor/dentist for my child. Which will be administered by school personnel	
I understand that I must supply the school with the prescribed medicine in the original container dispensed and properly labelled by pharmacist and will provide no more than a five-day supply of said medication. I understand that this medication will be destroyed if it is not picked up on the day this order terminates.	
Signature	
Relationship to child	
Telephone	

Administration of medication continuation sheet

Sheet no	
Name of pupil	
Class/tutor group	
Date	

Date	Time given	Dose give	Member of staff	Initials

Sheet no	
Name of pupil	
Class/tutor group	
Date	

Date	Time given	Dose give	Member of staff	Initials

Appendix E: example consent form for residential visit

Parental consent for visit to ……

Date of visit: ……

I agree to ……. taking part in the visit and am happy

for them to participate on the activities described.

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Has your child got any condition requiring medical treatment? **Yes/no**

Please list below:

……

……

Is your child allergic to any medication? **Yes/no** ……

Please list below:

……

……

I agree to my son/daughter receiving medication as instructed and any emergency, dental, medical or surgical treatment considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact details

Work: …… Home: ……

Home address: ……

……

……

Name of family doctor: …… Telephone no: ……

Address: ……

Alternative emergency contact:

Name: ……

Telephone no: ……

Address: ……

Signed (parent/carer): ……

Date: ……

Appendix F - Consent form: Use of Emergency Salbutamol Inhaler

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they keep in school.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from emergency inhaler held by the school for such emergencies.

Signed: ..... Date: .....

Name (print): .....

Child's name: .....

Class: .....

Parent's/carer's address and contact details:

.....

.....

.....

Telephone: .....

Email: .....