

FIRST AID & ADMINISTRATION OF MEDICINES POLICY

Anglo-Portuguese School of London
25 Courthouse Way, London SW18 4QG

Approved by Trust Board	6/10/2026
Last reviewed	30/9/2025
Next review	6/10/2027

1. Statement of Intent

The believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the School.

The retains overall accountability for ensuring this policy is implemented effectively across all School settings. Operational responsibility is delegated to Principals.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at the School, and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the office/medical room. In order to manage their medical condition effectively, the The School will not prevent students from eating, drinking or taking breaks whenever they need to.

The School also has policies for Control of Infections and Allergy Awareness which are also relevant, and all staff should be aware of.

This policy has safety as its highest priority: safety for the students and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant School activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

Distribution of copies

Copies of the policy and any amendments will be distributed to the Principals; Premises Managers; Operations Managers; Health and Safety Representatives; All Staff; Governors/Schoollees; and Administration offices.

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2. Roles and Responsibilities

2.1 The Trust

- 2.1.1 The has ultimate responsibility for health and safety matters, including the provision of first aid and supporting students with medical needs in the School.
- 2.1.2 Ensure the first aid and administration of medicines policy needs policy is reviewed annually and/or after any operational changes, to ensure that the arrangements remain effective.
- 2.1.3 They will ensure that adequate resources, systems and competent persons are in place to support the safe management of first aid and students with medical needs, in line with the School's Scheme of Delegation.
- 2.1.4 Ensure that leaders 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.
- 2.1.5 They will receive reports on medical related incidents, training compliance, and identified risk trends to inform strategic oversight.
- 2.1.6 The are responsible for ensuring that this Policy is implemented across all The School within the School and that operational arrangements reflect the School's requirements.
- 2.1.7 They will ensure mechanisms are in place to monitor the effectiveness of this policy.
- 2.1.8 Ensuring that communication and reporting systems are in place so that medial related incidents, near misses, and emerging risks are reported to the.

Note that individual Principals remain responsible for the day-to-day implementation of this policy.

2.2 The Principal

- 2.2.1 The Principal is responsible for the day-to-day implementation of this Policy.
- 2.2.2 Ensuring incidents, near misses, and concerns are recorded and reported via the School's designated reporting systems and escalated as required.
- 2.2.3 To carry out a first aid needs assessment for the site, review annually and/or after any significant changes.
- 2.2.4 Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the and that their names are prominently displayed throughout the school.
- 2.2.5 Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.6 Contacting the school nursing service in the case of any pupil who has a medical condition that may require support at the, but who has not yet been brought to the attention of the school nurse.
- 2.2.7 Ensuring all staff are aware of first aid procedures.
- 2.2.8 Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- 2.2.9 Ensuring that adequate space is available for catering to the medical needs of students.
- 2.2.10 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 The Senior First Aider – Susan Spinola and class first aiders

- 2.3.1 Ensure that students with medical conditions are identified and properly supported in the, including supporting staff on implementing a student's Healthcare Plan.
- 2.3.2 Work with the Principal to determine the training needs of staff, including administration of medicines.
- 2.3.3 Administer first aid and medicines in line with current training and the requirements of this policy.
- 2.3.4 Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- 2.3.5 Assist with completing accident report forms and investigations.
- 2.3.6 Notify manager when going on leave to ensure continual cover is provided during absence.

2.4 Appointed Person(s) and First Aiders

- 2.4.1 The appointed people are responsible for:
 - a) Taking charge when someone is injured or becomes ill
 - b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
 - c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate
- 2.4.2 First aiders are trained and qualified to carry out the role and are responsible for:
 - a) Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
 - b) Sending students home to recover, where necessary
 - c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
 - d) Keeping their contact details up to date

2.5 Mental Health First Aiders

- 2.5.1 The appointed persons are responsible for:
 - a) Provide mental health first aid as needed, at their level of competence and training.
 - b) Providing help to prevent mental health issues from becoming more serious before professional help can be accessed
 - c) Promoting the recovery of good mental health
 - d) Providing comfort to an individual with a mental health issue
 - e) Acting as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change
 - f) Escalate and document any matters if required within a suitable timeframe
 - g) Ensure they maintain confidentiality, as appropriate
 - h) Being carried away from their normal duties at short notice
 - i) Listening non judgmentally

2.6 Staff Trained to Administer Medicines

- 2.6.1 Members of staff in the who have been trained to administer medicines must ensure that:

- a) Only prescribed medicines are administered and trained members of staff are aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- b) Wherever possible, students administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, a trained staff member will administer the medicine.
- c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- d) Records are kept of any medication given.

2.7 Other Staff

- 2.7.1 Ensuring they follow first aid procedures.
- 2.7.2 Ensuring they know who the first aiders in are and contact them straight away in the event of an incident. All first aiders at APSOL have a first aid pin badge on their lanyard.
- 2.7.3 Completing accident reports for all incidents they attend to, where a first aider is not called.
- 2.7.4 Informing the Principal or their manager of any specific health conditions or first aid needs.

3. Arrangements

3.1 First Aid Boxes

- 3.1.1 The first aid posts are located in:
- The Office
 - First aid bag (medical bag) in every classroom – these can be used in class or when the class is out of the premises.
 - After school club have their own medical box

3.2 Medication

- 3.2.1 Students' medication is stored in:
- The Office
 - In their year group medical bag in their classroom.

3.3 First Aid Needs Risk Assessment

- 3.3.1 Each will ensure a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.
- 3.3.2 Each will ensure this assessment is reviewed when significant changes occur.
- 3.3.3 A sufficient number of staff will be trained in First Aid at Work, Emergency First Aid at Work and Paediatric First Aid as per the outcome of the first aid risk assessment. Refresher training will be provided as required.
- 3.3.4 A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within students' individual health care plans.

3.4 Early Years Requirements

- 3.4.1 The School will ensure the first aid requirements set out in the Statutory Framework for Early Years Foundation Stage are in place.
- 3.4.2 The School will ensure a sufficient number of trained paediatric first aiders are in place, as per the first aid needs risk assessment and the Statutory Framework's requirements.
- 3.4.3 The School will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.
- 3.4.4 The School will ensure paediatric first aid training is renewed every 3 years.
- 3.4.5 The School will aim to achieve the Millie's Mark Award (<https://www.milliesmark.com/>). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:
- a) Raising standards in paediatric first aid
 - b) Increasing number of paediatric first aid trained staff
 - c) Increasing confidence and competencies in applying paediatric first aid
 - d) Enabling trained staff to respond quickly in emergencies
 - e) Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies
 - f) Providing reassurance to parents

3.5 First Aid Provision

3.5.1 In the case of an incident, the procedure is as follows:

- a) A member of staff will call for a first aider, if the injured person can walk, they will be taken to a first aid post and a first aider called
- b) The first aider administers first aid and records details in our treatment book.
- c) Where an injury to a student involves a bump on the head, they must be given a "bump on the head" note – communicated to parents by email and not home.
- d) Full details of the accident are recorded in the accident book
- e) If the injured person must be taken to hospital, or the injury results in lost time, then the accident must be reported to the Principal and recorded on CPOMS.
- f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the school will arrange for this to be done.

3.6 Insurance Arrangements

3.6.1 The school is covered by the Risk Protection Arrangements for academies.

3.7 Educational Visits

- 3.7.1 In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- 3.7.2 In the case of **day visits** a trained First Aider will carry a travel first aid kit in case of need.
- 3.7.3 Where identified within an educational visits first aid needs assessment, the Lead First Aider will arrange for additional equipment such as Adrenaline Auto-Injector (AAI), inhalers as relevant to health care plans.

3.8 Administering Medicines

- 3.8.1 Medicines will only be administered at the school when it would be detrimental to a child's health or attendance not to do so, and where appropriate arrangements are in place to manage this safely.
- 3.8.2 **Prescribed medicines** may be administered in school by members of staff appropriately trained by a healthcare professional where it is deemed essential. Wherever possible, the students should administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, a trained member of staff will administer the medicine.
- 3.8.3 If a student refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- 3.8.4 In all cases, the school must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in each office.
- 3.8.5 Staff will ensure that records are kept of any medication administered. Administration records will include the name of the student, the name and dose of medication administered, the date and time of administration and the name of the staff member administering the medication.
- 3.8.6 Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

3.9 Storage and Disposal of Medicines

- 3.9.1 Wherever possible, students will be allowed to carry their own medicines / relevant devices or will be able to access their medicines in the office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on trips. It is the responsibility of the to return medicines that are no longer required, to the parent for safe disposal.
- 3.9.2 Spare asthma inhalers and Adrenaline Auto-Injectors (AAI) will be held by the for emergency use, as per the Department of Health's protocol.
- 3.9.3 When medication is no longer required, disposal through a licensed waste disposal contractor will be arranged, or medication will be collected by parents

3.10 Accidents/Illnesses Requiring Hospital Treatment

- 3.10.1 If an incident which requires urgent or non-urgent hospital treatment occurs, the will be responsible for calling an ambulance in order for the injured person to receive treatment.
- 3.10.2 When an ambulance has been arranged for student, a staff member will stay with the student until the parent arrives, or accompany the student taken to hospital by ambulance if required. Parents will be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the with up-to-date contact names and telephone numbers.

3.11 Allergies

- 3.11.1 Arrangements are in place for whole awareness training on allergies.
- 3.11.2 Allergy Awareness is covered in depth in the School's Allergy Awareness policy that supports this policy.

3.12 Defibrillators

- 3.12.1 Defibrillators are available within each as part of the first aid equipment. First aiders are trained in the use of defibrillators.
- 3.12.2 The local NHS ambulance service has been notified of their locations.
- 3.12.3 Procedures are in place to maintain the equipment, in accordance with manufacturers recommendations.
- 3.12.4 The equipment is regularly *checked by each First Aider/Healthcare Lead.*

3.13 Students with Special Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) plans.

- 3.13.1 Some students have medical conditions or special educational needs that, if not properly managed, could limit their access to education. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. Such students are regarded as having special needs. Most students with special needs are able to attend regularly and, with support from the , can take part in most activities, unless evidence from a clinician or GP states that this is not possible.
- 3.13.2 Each will consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely on visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical needs are included.

- 3.13.3 Each will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of life. However, staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.
- 3.13.4. Individual health care plans (IHP) and Education, Health and Care (EHC) plans will help The School to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The School appreciates that students with the same medical condition do not necessarily require the same treatment. Not all students with medical needs will require an IHP or EHC, this will be agreed with a healthcare professional and parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision. Where a student has medical needs, but does not have a statement or EHC plan, their medical needs should be mentioned in their IHP.
- 3.13.5 Parents/carers have prime responsibility for their child's health and should provide the with information about their child's medical condition or special educational needs. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The First Aider/Healthcare Lead and/or Healthcare Professional may also provide additional background information and practical training for staff.
- 3.13.6 The procedure that will be followed when the is first notified of a student's medical condition or special educational needs:

Enter Details Here

This will be in place in time for the start of the relevant term for a new student starting at the or no longer than two weeks after a new diagnosis or in the case of a new student moving to the mid-term.

- 3.13.7 The procedure that will be followed annually or when there is a significant change in a student's medical condition or special educational needs:

Enter Details Here

3.14 Emergency Procedures

- 3.14.1 Staff will follow the normal emergency procedures (for example, calling 999).
- 3.14.2 Each student's IHP will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 3.14.3 If a student needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the student to hospital by ambulance.

3.15 Accident Recording and Reporting

3.15.1 First aid and accident record book

- a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. Where incidents involve students, a copy will be emailed or printed out and sent to parents
- b) As much detail as possible should be supplied when completing the School's accident form, which must be completed fully
- c) For students, a copy of the accident report form will also be added to their educational record by the relevant member of staff
- d) Records held in the first aid and accident book will be retained securely by the in accordance with legal, insurance, and data protection requirements.

- e) Accident records relating to employees will be retained for a minimum of three years, in line with Regulation 25 of the Social Security (Claims and Payments) Regulations 1979.
- f) Accident records relating to students will be retained until the student reaches the age of 25 years, to allow for the potential of personal injury claims.

3.15.2 Reporting to the HSE

- a) Principal and will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
 - a) Death
 - b) Specified injuries, which are:
 - I. Fractures, (other than to fingers, thumbs and toes)
 - II. Amputations
 - III. Any injury likely to lead to permanent loss of sight or reduction in sight
 - IV. Any crush injury to the head or torso causing damage to the brain or internal organs
 - V. Serious burns (including scalding)
 - VI. Any scalping requiring hospital treatment
 - VII. Any loss of consciousness caused by head injury or asphyxia
 - VIII. Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
 - c) Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
 - d) Reportable occupational diseases, where diagnosed by a doctor, including:
 - I. Carpal tunnel syndrome
 - II. Cramp of the hand or forearm
 - III. Occupational dermatitis
 - IV. Hand-arm vibration syndrome
 - V. Occupational asthma
 - VI. Tendonitis or tenosynovitis
 - VII. Any disease caused by an occupational exposure to a biological agent
 - VIII. Cases of occupational cancer
 - e) For non-employees, (including students, visitors and contractors), where the injury arose in connection with a work activity, and the person is taken directly from the scene of the accident to hospital for treatment or caused the death of the injured person
 - f) Dangerous occurrences, including, but not limited to:
 - I. The collapse or failure of load-bearing parts of lifts and lifting equipment
 - II. The accidental release of a biological agent likely to cause severe human illness
 - III. The accidental release or escape of any substance that may cause a serious injury or damage to health
 - IV. the failure of a pressure system (other than a pipeline) with the potential to cause the death of any person
 - V. An electrical short circuit or overload causing a fire or explosion
- c) Information on how to make a RIDDOR report is available here on the HSE's website: <http://www.hse.gov.uk/riddor/report.htm>

3.15.3. Notifying parents

- a) The first aider who has administered the first aid check will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

3.15.4 Reporting to Ofsted and child protection agencies

- a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- b) The Principal will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the care.

3.16 Mental Health First Aid

- 3.16.1 The School is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. mental health first aiders will also act as advocates for mental health in the workplace, helping reduce stigmas and enact positive change.
- 3.16.2 mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.
- 3.16.3 The School recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.
- 3.16.4 All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the School's confidentiality policy.
- 3.16.5 Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.
- 3.16.6 All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.
- 3.16.7 If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.
- 3.16.8 The School ensures all staff have access to supporting documentation and information. All staff are encouraged to access this information at any time. [Enter Details Here](#).

3.17 Controlled Medications

- 3.17.1 Some prescribed medicines are classified as controlled drugs under the Misuse of Drugs Regulations 2001. These medicines may be required to support students with long-term or complex medical conditions.
- 3.17.2 Controlled medicines shall only be administered at the where:
 - a) They have been prescribed for the individual student by a registered medical practitioner; and
 - b) It would be detrimental to the student's health or school attendance not to do so
- 3.17.3 Controlled medicines shall be stored securely in a locked, non-portable container, accessible only to authorised staff. Access to the container shall be strictly controlled and recorded.

3.17.4 A written record must be kept of all controlled medicines held and administered, including:

- a) The quantity received
- b) The date and time of administration
- c) The dose administered
- d) The name and signature of the staff member administering the medicine
- e) The balance remaining after each administration

3.17.5 Students may be allowed to carry and self-administer controlled medicines only where this is clinically appropriate, agreed with parents/carers and the prescribing healthcare professional, and documented in an Individual Healthcare Plan (IHP). Controlled medicines must never be shared between students and must only be administered to the student for whom they have been prescribed.

4. Conclusions

- 4.1. This First Aid and Medicine policy reflects the School's serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2. The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The School carries out regular reviews to check the systems in place meet the objectives of this policy.

5. Supporting Documents

The following documents form part of this policy and are to be used in conjunction with it. These provide the required forms and supporting materials necessary for the implementation of this policy.

- Contacting Emergency Services
- Health Care Plan
- Pupil Allergy Declaration Form
- Staff Allergy Declaration Form
- Parental Agreement to Administer Medicine
- Record of Regular Medicine Administered to an Individual Child
- EpiPen®: Emergency Instructions
- ANAPEN®: Emergency Instructions
- Emergency Contact Numbers
- Note to parent/carer for medication given
- Staff Training Record
- Checklist for Responding to Emergency Situations

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the School will keep under review to ensure links are current.

- Health & Safety Executive, (HSE)
<https://www.hse.gov.uk/>
- The Health and Safety (First-Aid) Regulations 1981
<https://www.legislation.gov.uk/ukxi/1981/917/contents/made>
- HSE – Incident Reporting in Schools, Guidance for Employers
<https://www.hse.gov.uk/pubns/edis1.htm>
- HSE – First Aid at Work: Guidance on Regulations, (L74)
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- Department for Education, (DfE)
<https://www.gov.uk/government/organisations/departments-for-education>
- HSE – RIDDOR
<https://www.hse.gov.uk/riddor/>
- DfE – Supporting Pupils with Medical Conditions at School
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- DfE – Early Years Foundation Stage Statutory Framework
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- Department of Health
www.dh.gov.uk
- Disability Rights Commission (DRC)
www.drc.org.uk

- Health Education School
<https://healtheducationschool.org.uk/>
- Contact a Family
www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/information-and-support/at-school/>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- Cystic Fibrosis School
<https://www.cysticfibrosis.org.uk/>
- Diabetes UK
www.diabetes.org.uk
- Epilepsy Action
www.epilepsy.org.uk
- National Society for Epilepsy
www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
www.hacsg.org.uk
- MENCAP
www.mencap.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/