



Supporting Pupils with Medical Conditions Policy

December 2025

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Introduction

This policy is written in line with the requirements of:-

- Section 100 of the Children and Families Act 2014
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE September 2015
- SEND Code of Practice: 0 to 25 Years, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equality Act 2010
- Schools Admissions Code, DfE December 2014.

This policy should be read in conjunction with the following school policies:

- SEND Information Report/Policy
- Child Protection and Safeguarding Policy
- Complaints Policy.

The statutory duty of the Trust Board

The Trust Board remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Trust Board fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. The school will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions;
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided;
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines;
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records;
- Ensuring that the policy sets out what should happen in an emergency situation;
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so; and
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions.

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Board of Trustees. The Trust Board has conferred the following functions of the implementation of this policy to the school staff, however, the Trust Board remains legally responsible and accountable for fulfilling its statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Headteacher will be responsible for briefing/updating staff, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of Individual Healthcare Plans. She will also be responsible in conjunction with the SENCo and parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members

of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration, after a period of absence or when pupils' needs change. For children being admitted to school for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. The school will make every effort to ensure that arrangements are put in place as soon as possible for a child with a new diagnosis or a child moving to school mid-term.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a General Practitioner (GP) states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk, for example from infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Headteacher and the SENCo, and following this discussion an individual healthcare plan will be written in conjunction with the parent/carers and be put in place.

Roles and responsibilities

The Trust Board

The Trust board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Headteacher is responsible for:

- Making sure all staff are aware of this policy and understand their role in its implementation.
- Ensuring that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Taking overall responsibility for the development of IHPs.
- Making sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contacting the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.

- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

Pupils

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

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below in Appendix A, will be followed to decide whether the pupil requires an Individual Healthcare Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Individual Healthcare Plans (IHP)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

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- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trust Board and the Headteacher who have responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

All medicines require specific written consent from the pupil's parents using Template B shown below. A record for each child detailing the medicine that has been administered will be made using Template C.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All prescribed, controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Non-prescription /over the counter (OTC) medication

OTC medication can be administered by schools and does not need a GP signature/authorisation in order for the school to give it.

Non-prescription medicines should only be given to a pupil if:

- Specific prior written consent has been received from the pupil's parents.
- It is in accordance with the school policy.
- Staff receiving and administering the medication have checked, and received parental confirmation that the medicine has previously been used by the pupil without any negative effect.
- All medicines should be in their original container. Clear dosage, times, and administration instructions should be provided.
- All medicines are handed over to the school office, ahead of any trips, to ensure staff have relevant training in administering the medicine.

Providing non-prescription medicines for trips

The school may provide non-prescription medicines if it feels that they are an appropriate part of the first aid supplies required for a trip. However, school will ensure that they:

- Purchase medicines from a reliable source.
- Ensure medicines are in date.
- Check medicines for allergens.
- Get prior written consent from parents to administer medicines.
- Use appropriate funding.
- Confirm that the pupil has taken it before and did not have any adverse reactions to it.
- Make a record for each child detailing what medicine has been administered and when.

- Inform the pupil's parents.

Pupils managing their own needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the Individual Healthcare Plan.

When age applicable children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily, we will ensure that the safeguarding of other children is not compromised. The school also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable 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 their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher and the SENCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction. Staff training will be recorded on Template D.

Record keeping

The Trust Board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school. IHPs are kept in a place that is readily accessible to all staff.

Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

- The Trust Board ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions.
- The school holds an insurance policy with the Department for Education – Risk Protection Arrangement's covering liability relating to the administration of medication. The policy has the following requirements:
 - All staff must have undertaken appropriate training.
- The school holds an insurance policy with Department for Education – Risk Protection Arrangement's covering healthcare procedures.
- All staff providing such support are provided access to the insurance policies.

Complaints

Should parents/carers be unhappy with any aspect of their child's care at school, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this does not resolve the issue, the parent/carer must make a formal complaint using the school's complaints procedure.

Governor approval and review dates

Changes since last policy version

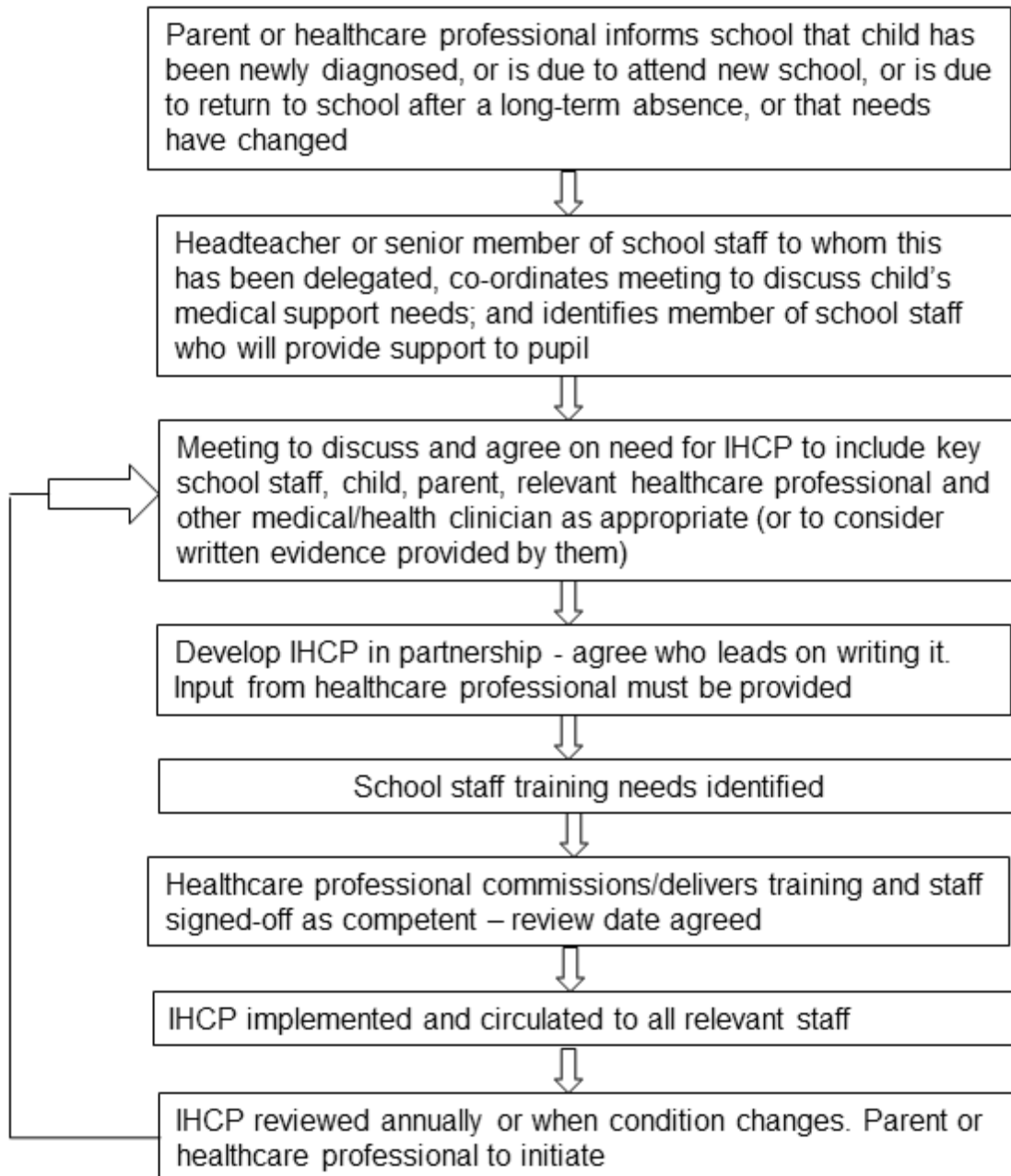
Version	Date	Amendment
V1	December 2020	Complete Policy Revamp using guidance from the KEY
V2	December 2021	Non-prescription /over the counter (OTC) medication - details
V3	September 2022	Grammar on P6
V4	December 2024	None – Just Dates
	December 2025	None – Just Dates

Approval

This policy was reviewed and accepted by the Board of Trustees at its meeting in **Autumn 2025**.

This policy is due for review **in Autumn 2026**.

Appendix A: Model process for developing Individual Healthcare Plans



Template A: Individual Healthcare Plan

Child's name	Date of birth:
Class teacher:	Class: Year:
Address:	
Diagnosis: Asthma	
Date:	Review Date:

Emergency Contact Details			
1 Name and relationship:	Home	Mobile	Work
mother			
2 Name and relationship:	Home	Mobile	Work
father			
3 Name and relationship:	Home	Mobile	Work
grandmother			

Healthcare Contact Information	
GP	Telephone Number
Hospital specialist	Telephone Number

Person Responsible for Giving School Advice		

Health Concerns

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

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

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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*)

- Qualified First Aider

Plan developed with

-

Staff training needed/undertaken – who, what, when

-

Form copied to

- Class teacher
- School Medicine Folder

Parent voice:

Child's voice:

Parent signature: _____ **Date** _____

Template B: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by				
Name of school/setting				
Name of child				
Date of birth				
Group/class/form				
Medical condition or illness				
Medicine				
Name/type of medicine <i>(as described on the container)</i>				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – y/n				
Procedures to take in an emergency				
NB: Medicines must be in the original container as dispensed by the pharmacy				
Contact Details				
Name				
Daytime telephone no.				
Relationship to child				
Address				
I understand that I must deliver the medicine personally to				

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template D: Staff training record – administration of medicines and/or medical procedures

Name of school/setting				
Name				
Type of training received				
Date of training completed				
Training provided by				
Profession and title				

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____