



**Roseberry**  
Primary School

# Supporting Pupils with Medical Conditions

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## **Contents**

1. Aims
2. Legislation and statutory responsibilities
3. Roles and responsibilities
4. Equal opportunities
5. Being notified that a child has a medical condition
6. Individual healthcare plans (IHPs)
7. Managing medicines
8. Emergency procedures
9. Training
10. Record keeping
11. Liability and indemnity
12. Complaints
13. Monitoring arrangements
14. Links to other policies

### **Appendices**

15. Being notified a child has a medical condition – model process
16. Template letter – Developing an Individual Healthcare Plan
17. Form 1 – Individual Healthcare Plan (IHP)
18. Form 2 – Parental agreement for the setting to administer medicine
19. Form 3 – School record of medication administered
20. Staff training record – administration of medicines (DfE Template E)
21. Contacting emergency services (DfE Template F)

# 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, where appropriate.
- Making sure there are cover arrangements so someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is **Deanne Richardson**.

## 2. Legislation and statutory responsibilities

This policy meets the requirements under **Section 100 of the Children and Families Act 2014**, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the **Department for Education (DfE) statutory guidance *Supporting pupils at school with medical conditions*** (current publication on GOV.UK and associated DfE templates).

## 3. Roles and responsibilities

### 3.1 The governing board

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

### 3.2 The Executive Headteacher/Head of School

They will:

- Make sure all staff are aware of this policy and understand their role in its implementation.

- Ensure there is a sufficient number of trained staff available to deliver against all IHPs, including contingency/emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs.
- Make sure school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service regarding any pupil who has a medical condition that may require support in school, but who has not yet been brought to the attention of the school nurse.
- Ensure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### 3.3 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, although they will not be required to do so. This includes administering medicines. Staff who take on responsibilities will receive sufficient and suitable training and 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.

### 3.4 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) and ensure they or another nominated adult are contactable at all times.

### 3.5 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.

### 3.6 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—before the pupil starts school, wherever possible—and may support staff to implement a child’s IHP. Healthcare professionals (e.g., GPs and paediatricians) will liaise with the school nurse and may provide advice on developing IHPs.

## 4. Equal opportunities

We actively support pupils with medical conditions to participate in school trips and visits, and in sporting activities, and do not prevent them from doing so. Reasonable adjustments will be considered to enable pupils to participate fully and safely. We will undertake risk assessments so that planning arrangements take account of any steps needed to include pupils with medical conditions, consulting pupils, parents and relevant healthcare professionals as needed. (See also Section 7 and our Educational Visits policy.) (Guidance on off-site visits: DfE *Health and safety on educational visits*.)

## 5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process in **Appendix 1** will be followed to decide whether the pupil requires an IHP. We will make every effort to ensure that arrangements are put in place within **2 weeks**, or by the beginning of the relevant term for pupils who are new to our school.

## 6. Individual healthcare plans (IHPs)

The Executive Head and Head of School have overall responsibility for the development of IHPs for pupils with medical conditions. This responsibility is shared between the Executive Headteacher, Head of School and SENDCO.

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 **what needs to be done, when, and 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, based on evidence. If there is no consensus, the headteacher will make the final decision.

IHPs will be drawn up in partnership with the school, parents and a relevant healthcare professional (e.g., 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 **education, health and care (EHC) plan**. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail will depend on the complexity of the condition and the amount of support needed. The Executive Head and Head of School will consider recording:

- The medical condition, triggers, signs, symptoms and treatments.
- The pupil's resulting needs (including medication dose, side effects and storage), testing, equipment, access to food/drink for condition management, dietary requirements, and environmental issues.
- Specific support for the pupil's educational, social and emotional needs (e.g., managing absences, exam access arrangements, rest periods, catch-up support, counselling).
- The level of support needed, including in emergencies; if self-managing, how this is monitored.
- Who will provide support, training needs, expectations, confirmation of proficiency by a healthcare professional, and cover for absence.
- Who needs to be aware of the pupil's condition and required support.
- Arrangements for written permission from parents and the headteacher for medication to be administered by staff or self-administered by the pupil.
- Separate arrangements/procedures for trips and activities outside the normal timetable (e.g., risk assessments).
- Confidentiality arrangements where relevant.
- What to do in an emergency, who to contact and contingency arrangements.

(For templates, see **Appendix 3** and DfE templates.)

## 7. Managing medicines

All medical equipment and medicines will be stored in accordance with manufacturer instructions and relevant health and safety requirements. This includes maintaining appropriate temperature control, protection from light where required, and ensuring items are stored in a clean, secure environment. Non-emergency medicines will be kept in a locked cupboard or designated medical storage area with access restricted to authorised staff only. Medical equipment (e.g. feeding pumps, suction devices, monitoring equipment) will be stored safely to prevent damage, contamination, or unauthorised use. A clear audit trail will be maintained for the storage, checking, and rotation of medicines, including expiry date monitoring. Regular checks will be undertaken to ensure all medicines and equipment remain in date, fit for purpose, and safely stored.

### **Administration and storage of medication in school**

- Only medicines that have been **prescribed** for a child will be administered in school.
- Parents should ensure that, wherever possible, medication is prescribed so that it can be taken outside the school day.

- If medication is required in school, parents/carers must complete an **Administration of Prescribed Medicines in School Consent Form** (Appendix 4). Medication cannot be administered without signed consent.
- The completed consent form and prescribed medication should be handed by the parent/carer to the designated member of staff.
- Medicines must be in the **original container** with a pharmacy label showing the child's name, dosage and relevant storage instructions, and must be **in date**. (Insulin may be supplied via pen or pump rather than original container but must be in date.)
- Pupils under 16 will not be given **aspirin-containing** medicine unless prescribed by a doctor.
- **Storage & access:** All medicines will be stored safely. Pupils will be informed where their medicines are kept and be able to access them **immediately** when required. **Rescue medicines** (e.g., inhalers, blood glucose meters, adrenaline pens) will **always be readily available** and not locked away.
- Medicines will be returned to parents for safe disposal when no longer required. At the end of each term, parents are asked to collect medications/equipment and provide **new, in-date** supplies at the start of the next term.
- Parents must inform the school **immediately** of any change in healthcare needs.
- Parents/carers are responsible for replenishing supplies and collecting out-of-date/no-longer-required medicines.
- Where competent, **children can self-administer** their own medicine. Parents should notify the school when this is the case (and whether supervision is requested).
- Parents/carers must request in writing if they wish their child to **carry** their own medication in school.
- The school will keep an **accurate record** of all medication administered or supervised (dose, time, date, staff involved). If a medication is not administered, parents/carers will be notified (Appendix 5).

The school will carry out routine audits of medical storage arrangements to ensure compliance with this policy and statutory guidance, and any concerns will be addressed immediately.

### **Disposal of medication**

If parents do not collect out-of-date/no-longer-required medicines within **14 days** of being asked, the medicine will be returned to a pharmacy for destruction.

### **Out-of-school activities / Extended school day**

Prior to any overnight or extended day visit, the school will meet with parents, the pupil and relevant healthcare professionals to plan any extra care required to support participation. This will be recorded in the pupil's IHP and accompany them on the activity. Risk assessments will consider the needs of pupils with medical needs, and a **trained member of staff** will be available to accompany a pupil with a medical condition on an off-site visit. (See also DfE guidance on educational visits.)

## 7.1 Controlled drugs

Controlled drugs (e.g., morphine, methadone) are managed in line with regulations. A pupil prescribed a controlled drug may carry it if **competent** to do so but must not pass it to another pupil. All other controlled drugs are kept in a secure cupboard in the school office with access for named staff only. Controlled drugs will be **easily accessible in an emergency** and usage/stock records kept.

## 7.2 Pupils managing their own needs

Competent pupils are encouraged to take responsibility for managing their own medicines/procedures (as reflected in their IHPs). Pupils may carry their own medicines/devices wherever possible. Staff will not **force** a pupil to take medicine or carry out a procedure; they will follow the IHP and inform parents so an alternative can be considered.

## 7.3 Unacceptable practice

While staff should use their discretion and judge each case with reference to the IHP, it is generally **not acceptable** to:

- Prevent pupils from easily accessing their inhalers and medication, or administering medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil/parents or medical evidence/opinion (though it may be challenged).
- Send children home frequently or prevent them from staying for normal activities (including lunch) for reasons related to their medical condition unless specified in the IHP.
- Send an unwell pupil to the office/medical room **unaccompanied** or with someone unsuitable.
- Penalise attendance if absences relate to their medical condition (e.g., hospital appointments).
- Prevent pupils from drinking, eating or taking toilet/other breaks when needed to manage their condition.
- Require parents to attend school to administer medication or provide medical support (including toileting) because the school is failing to support the child's needs.
- Prevent participation or create unnecessary barriers to participation in any aspect of school life, including trips (e.g., by requiring parents to accompany).
- Administer, or ask pupils to administer, medicine in school toilets.

## 8. Emergency procedures

Staff will follow the school's normal emergency procedures (e.g., **call 999**). All IHPs will clearly set out what constitutes an emergency and 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.

(See **Appendix 8**: DfE model prompt for **contacting emergency services**.)

## 9. Training

Staff responsible for supporting pupils with medical needs will receive **suitable and sufficient training**. Training needs will be identified during the development/review of IHPs; staff who provide support will be included in relevant meetings. Healthcare professionals will lead on identifying type/level of training, agree this with the headteacher, and keep it up to date.

Training will:

- Ensure staff are **competent** and confident to support pupils.
- Fulfil the requirements in IHPs.
- Help staff understand the medical conditions they are asked to deal with, implications and preventative measures.

Healthcare professionals will provide **confirmation of proficiency** in a medical procedure or providing medication. All staff will receive awareness training on this policy and emergency measures during induction.

**Record-keeping of training:** The school will maintain training records using **Appendix 7 (DfE Template E)**.

## 10. Record keeping

The governing board will ensure **written records** are kept of all medicines administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place known to all relevant staff.

## 11. Liability and indemnity

The governing board will ensure the appropriate level of **insurance** is in place and reflects the school's level of risk.

Details of the school's insurance policy: **QBE European Operations, Public Authority Medical Malpractice Liability, Insurance (UK)**.

## 12. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these with the Head of School first. If unresolved, the school's **Complaints** procedure applies.

## 13. Monitoring arrangements

This policy will be reviewed and approved by the governing board **every 2 years**.

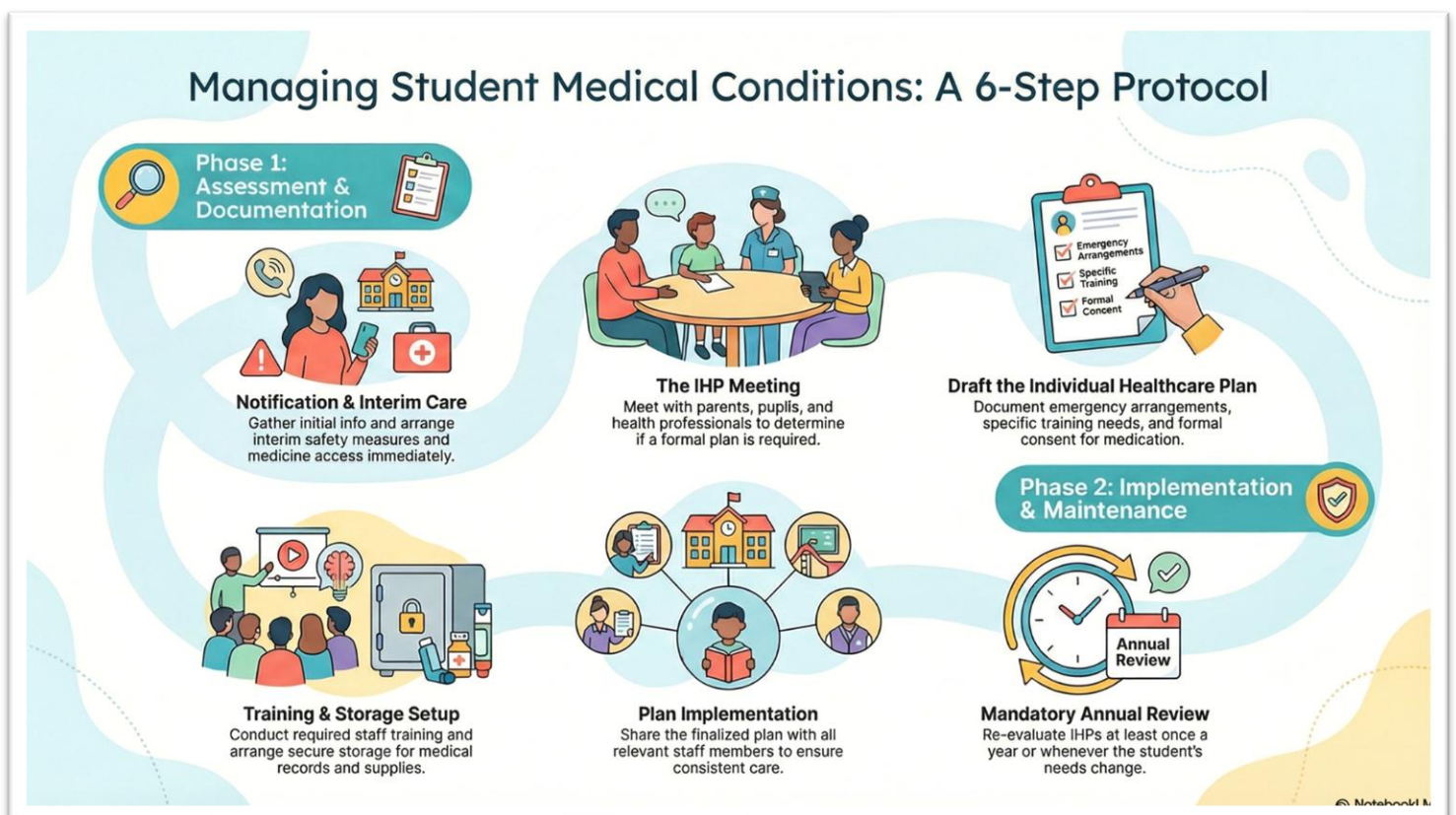
## 14. Links to other policies

- Accessibility Plan
- Complaints
- First Aid
- Health and Safety
- Safeguarding
- Special Educational Needs (SEN) Information Report and Policy
- Educational Visits / Trips Policy (cross-reference for risk assessment and inclusion)

# Appendices

## Being notified a child has a medical condition – model process

1. **Notification received** (parent/guardian, health professional or LA).
2. **Initial response** by Head of School/delegate to gather information and consider interim arrangements (e.g., risk assessment, medicines access).
3. **Meeting scheduled** with parents, pupil (where appropriate), relevant staff and **healthcare professional** (e.g., school nurse) to determine whether an **IHP** is required.
4. **IHP drafted** (if required) using Appendix 3, including emergency arrangements, training needs and consent for medicines.
5. **Training arranged** (if required) and **records kept** (Appendix 7).
6. **Plan implemented** and shared with relevant staff; records/medicines storage arranged.
7. **Review** IHP at least annually or sooner if needs change; update staff as required.



# Template letter

## Developing an Individual Healthcare Plan for Your Child

*This letter mirrors the DfE approach to engaging parents in IHP development.*

**Dear Parent/Carer,**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions.

A central requirement of the policy is for an **Individual Healthcare Plan (IHP)** to be prepared, setting out what support your child needs and how this will be provided. IHPs are developed in partnership between the school, parents, pupils, and the relevant healthcare professional(s). The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although IHPs are helpful in most cases, not all children will require one. We will need to judge how your child's medical condition impacts on participation in school life; the level of detail depends on the complexity of their condition and the degree of support needed.

A meeting to start developing your child's IHP has been scheduled for **[dd/mm/yy]**. Please confirm whether you can attend. The meeting will involve **[names/roles]**. Let us know if you would like us to invite another medical practitioner/healthcare professional or if there is other evidence you want us to consider.

If you are unable to attend, please complete the attached **IHP template** and return it, together with any relevant evidence, ahead of the meeting. If helpful, I (or a member of staff involved in plan development) would be happy to speak by phone or email.

Yours sincerely,  
**Head of School**

# Individual Healthcare Plan (IHP)

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

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

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

# Parental agreement for the 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  
*(as described on the container)*

--

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

[agreed member of staff]

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 \_\_\_\_\_

# School record of medication administered

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

# Staff training record – administration of medicines

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 \_\_\_\_\_



# Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

