

Supporting Children at School with Medical Conditions

May 2026

Responsibility:

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Review Date:

May 2027

Aims

- Pupils, staff and parent/carers 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 Body will monitor this policy.

The school will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making sure school leaders consult health and social care professionals, pupils and parents/carers, to ensure the needs of children with medical conditions are properly understood and effectively supported
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure 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 person with responsibility for implementing this policy is the Headteacher.

Legislation and statutory responsibilities

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

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#) and the Surrey guidance found [here](#).

The Special educational needs and disability code of practice [SEND code of practice: 0-25 years](#) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

This policy should be read alongside:

- Keeping Children Safe in Education (KCSIE)
- Promoting the Education of Looked-After Children and Previously Looked-After Children
- Children Act 1989
- Children Act 2004
- Equality Act 2010
- SEND Code of Practice
- School Safeguarding and Child Protection Policy

Roles and Responsibilities

The School Committee

The School Committee and Head teacher will ensure this policy is developed and implemented, that staff receive suitable training and are competent before they take on responsibility for supporting children with medical conditions and will ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure 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
- Ensure that all staff who need to know are aware of a child's condition
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the external 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date and reviewed at least annually

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.

Unless it is an emergency, medicines must be administered in a location where privacy and confidentiality of the child may be maintained.

All staff will be alert to the potential need for early help for a child who has a health condition.

Parents/Carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs, by filling out the initial IHP form sent by the school office
- 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

Pupils

Due to the age of our children in school, pupils with medical conditions will sometimes be best placed to provide information about how their condition affects them but this should be triangulated with families and professionals. Nevertheless, 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.

External School Nursing Service and Other Healthcare Professionals

The external 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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the Surrey Schools' Nursing Service Team and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

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/carers 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 in Template A will be followed to decide whether the pupil requires an IHP. 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. See Template A.

Individual Healthcare Plans

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:

- 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/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the external school nursing service, 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 plan (EHCP). If a pupil has SEND but does not have an EHCP, the SEND 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 governing body and Headteacher 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. A signed parent consent form must be submitted with any medication.

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, 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, e.g. asthma pump or EpiPen, 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 child's condition and the support required
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Managing Medicines

- Medicines should only be administered in school when it would be detrimental to the child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parents' written consent, except in exceptional circumstances
- Where possible, the school will request parents that medicines should be taken outside school hours in order to minimise disruption to teaching and learning time.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- It is good practice to provide two (in date) adrenaline auto-injectors; one of these will be stored centrally in the school's office and one will be stored in the pupil's classroom. Both auto-injectors must be taken off-site with the pupil during any off-site activities.
- The school will only accept non-prescribed medicines in school when it is detrimental to the child's health or school attendance not to do so. The decision must be made by the Head teacher/ or Deputy Head teacher.
- For non-prescribed medicines the school will record the name of the medicine, the circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration, monitoring of expiry dates and disposal. The administration protocol must include a check when they had their last dose and ensure the child/ young person has not already had the maximum amount in 24 hours.
- Non prescribed medicines must be kept in the manufacturer's original container which contains the manufacturer's instructions for use and any warnings.
- When staff give medicine, they will sign a record of what was given, the dose, by whom and the time. This record will be kept along with written parental permission.
- Medicines should be brought to the school by the parent or other responsible adult and handed to a member of staff in the school office. All medicines will be stored safely.
- Medicines that require refrigeration, will be stored in the Kitchenette refrigerator in a locked container. The Kitchenette door is also to be kept locked. Refrigerators should be between 2 and 8 degrees C, with temperatures routinely monitored. Advice on safe storage, temperatures, light, life span etc, can be obtained from Community Retail Pharmacists (local chemists)
- We will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily

accessed in an emergency. A record of doses will be kept and the amount of controlled drug kept in the school

- School staff may administer a controlled drug to a child for whom it has been prescribed, in accordance with the prescriber's instructions. We will keep a record of all medicines administered to individual children, stating what, how and how much, when and by whom. Any side effects will be noted.
- When no longer required, we will return medicines to parents to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

On 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, [for use in emergencies Emergency asthma inhalers for use in schools](#).

On 1st October 2017 this was extended to the use of Adrenaline Auto-Injectors (AAIs). [Using emergency adrenaline auto-injectors in schools](#).

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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other 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.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and it will be reflected in their IHPs.

The IHP should include whether administration of the medicine requires supervision. In addition to parent/carer consent, medical advice with regard to self-administration should be available and noted in the agreement.

However, it cannot be taken as an alternative to parental consent. A suitable location for administering the medicine should be made available.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers as soon as possible on the same day, so that an alternative option can be considered, if necessary.

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/carers
- 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
- 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 school to administer

medication or provide medical support to their pupil, 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

- 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/carers 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. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need. Medical information should be shared with school transport providers for home-to-school transport arranged by the local authority, especially in respect of emergency situations and pupils with lifethreatening conditions. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance. Health professionals are responsible for any decisions on medical treatment when parents are not available. Normally when a pupil becomes unwell, (other than minor cuts or bruises), the school will arrange for them to be looked after in a quiet comfortable place and arrange for the parent/carer to collect them as soon as possible. It will then be the responsibility of the parent/carer to accompany the pupil to their GP surgery or hospital outpatient department as appropriate. 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/carer arrives or accompany the pupil to the hospital by ambulance.

In some situations, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions, after using pre-loaded adrenaline injection, that will not respond to first aid treatment. The school will summon an ambulance in such cases and will communicate with parents/carers.

Staff are able to transport pupils to A&E in emergency situations. Appropriate safety measures, such as car seats and a minimum of two adults being in the car, should take place. Consent is generally not required for any lifesaving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e., blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the pupil cannot give consent for any medical treatment, as he/she does not have parental responsibility.

We acknowledge that medical emergencies, whether illness or injury, make significant emotional demands upon those involved. Dovers Green School will ensure support is available to those involved during and after the event. This might include a sympathetic listener and time to compose themselves.

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff, they may do so, exercising their duty of care. Dovers Green School will ensure there are contingency plans in case the normal routine for treatment breaks down, e.g., the trained staff members are absent. This should be included in the individual healthcare plan for the child and is likely to include calling for an 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 Headteacher. 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.

School Trips and Sporting Activities

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities. Staff will be aware of how a pupil's medical condition will impact on their participation, whilst allowing for enough flexibility for all pupils to participate according to their own abilities and with any reasonable adjustments, unless evidence from a clinician such as a GP states otherwise. A risk assessment will be undertaken which will take account of any steps needed to ensure that medical conditions are included. This may require consultation with parents, the pupil and advice from relevant healthcare professionals.

Record Keeping

The school will ensure that written records are kept of all medicine administered to pupils. Parents/carers will be informed if their child has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of. A new consent form will be completed if a new medicine is to be administered, or if there are changes to existing medicines; a verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

Disposal of Medicines

- Staff should not normally dispose of medicines, including controlled drugs, when no longer needed, but should return to parents. Parents are responsible for the disposal of expired medicines or those no longer required. However, in exceptional cases where this may not be possible, settings are advised to take them to a local pharmacy for disposal. Community retail pharmacies will not receive sharps for disposal. Records must be made.
- Used Auto Adrenaline Injector (AAI) devices can be given to ambulance paramedics on arrival, or disposed of in a pre-ordered sharps bin for collection by the local council.

Intimate or invasive treatment

In some settings, staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Parents and the responsible person must respect such concerns and should not put undue pressure on staff to assist in treatment.

Complaints

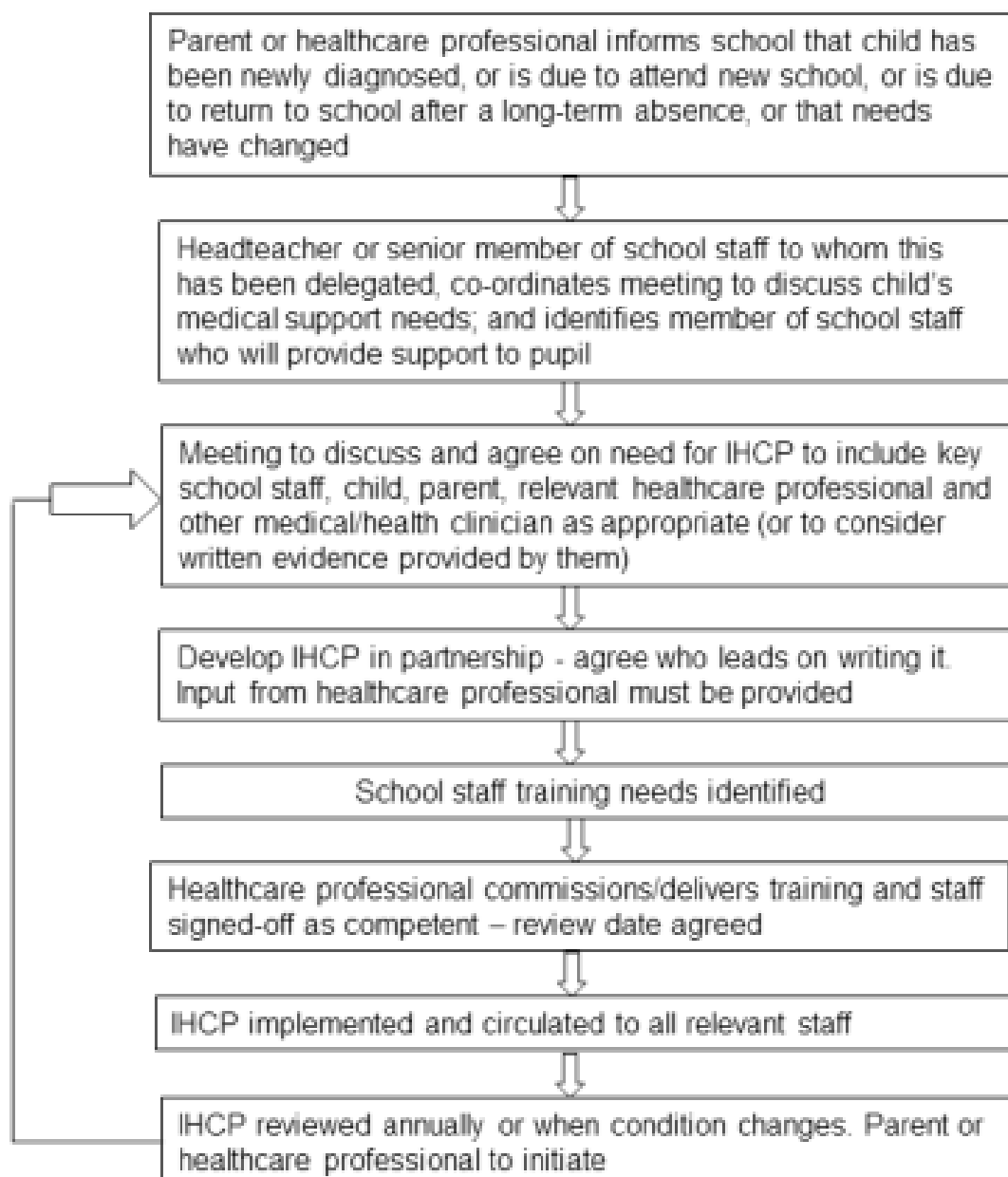
Parents/carers with a complaint about their child's medical condition should discuss this directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parent/carers to the school's complaints procedure.

Medic Alert – Bracelets/Necklaces

Medic alert bracelets/necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping

by the person in charge of the activity. In such cases staff will need to be alerted to the significance of these bracelets/necklaces and be clear whom they belong to when taking charge of them.

TEMPLATE A: BEING NOTIFIED A CHILD HAS A MEDICAL CONDITION



Individual Healthcare Plan

Child's Information

Child's name	
Date of birth	
Address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Contact one		Contact two	
Name		Name	
Relationship to child		Relationship to child	
Contact numbers:		Contact numbers:	
Address		Address	

Clinic/Hospital Contact

Name of clinic or hospital	
Name of contact	
Phone number	

GP

Name	
Address of surgery	
Phone number	

Who is responsible for providing support in school?	
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Describe medical needs and give details of the child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when it is to be taken, side effects, contra-indications, administered by/self - administered with/without supervision.

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What are the daily care requirements?

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What specific support is required for the child's educational, social and emotional needs?

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What specific arrangements are needed for out of school activities such as visits and trips?

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

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

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Who has been involved in the development of this plan?

Parents via emails and sharing of consultant letters.

What training has been undertaken?

Name	What training was given?	Who provided it?	Date	Review date

What training is needed?

Name	What training is needed?	Who will provide it?	Date to be completed by.

Parent/Carer Signature

Staff training record

Name	
Type of training received	
Date training completed	
Training provided by	
Training will need to be renewed by	

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

Trainer's signature_____

Date_____

I confirm that I have received the training detailed above and that I am confident in administering treatment for [insert name of child] and know the procedures to follow in the event of an emergency.

Name_____

Signature_____

Date_____

I confirm that I have read and understood the contents of this IHP and that I am confident in administering treatment and know the procedures to follow in the event of an emergency.

Name_____

Signature_____

Date_____

TEMPLATE D: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD



PUPIL MEDICATION CONSENT FORM



Occasional/long term prescribed medication

To be completed by the parent/carer

Name of child:	Class:	Date:
I agree to members of staff administering medicines/providing treatment to my child as directed on this form. I agree to update information about the child's medical needs held by the school. I will ensure that the medicine held by the school has not exceeded its expiry date. I agree to collect the medicine at the end of the day, or at the end of the course of antibiotics, and understand that if I do not, the medicine will be disposed of. Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.		
Name Parent/Carer:	Signature:	

Name of Medicine	Dose	Frequency/Times	Completion Date	Expiry Date

To be completed by Member of Staff

Date	Time Given	Medicine Given	Dose Given	Member Staff	Initials

TEMPLATE E: 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

TEMPLATE F: MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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 for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. 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 individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely