



Prior Weston Primary School and Children's Centre

Managing Medical Conditions in School Policy

Supporting Children with Medical Conditions and The Administration of Medicines Policy		
	Name	Date
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Governing Body	Children, Curriculum and Standards Committee	March 2026
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Reviewed by	Simone De Juan	

Children and young people with short term illness and chronic medical conditions or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential. The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented. At Prior Weston, the Coordinator for pupils with medical needs is: **Simone De Juan (SENDCo)**.

Pupils at school with medical conditions must be properly supported so that they have full access to education, including school trips and physical education. Some children with medical conditions may be disabled. Where this is the case, Prior Weston will comply with the duties under the Equality Act (2010) (EA). Some of the children at Prior Weston may also have special educational needs (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children and others are not put at risk.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may require medicines on a long-term basis, e.g. children with well-controlled epilepsy. Others may require medicines in particular circumstances, e.g. children with severe allergies who may need antihistamines and / or an adrenaline injection.



1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/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

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)'s statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 The governing board

The Governing body will:

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life
- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care, in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical



conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

• **Governing bodies should ensure that written records are kept of all medicines administered to children.**

Governors will ensure that the above are adhered to by including an annual item on the agenda of the Resources Committee. In addition, the governor with responsibility for Health & Safety will hold an annual conversation with key staff to ensure effective compliance.

Individual healthcare plans (IHPs)

Children that have long term medical needs will have an Individual healthcare plan in place. Where children have conditions such as asthma, allergies or epilepsy, the Individual health care plan will be drawn up by medical professionals such as GP or Paediatrician. The school will review the plans annually to ensure they are up to date. It is parent/carer's responsibility to provide updated plans when they are given by medical professionals.

Plans contain the following:

- The medical condition, triggers, signs, symptoms and treatment
- Any medication needed to treat condition including dose and frequency
- By whom
- What to do in an emergency

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 school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. Any emotional needs of the child arising from their medical condition will also be considered and support offered where possible.

Parent/Carers are also required to complete document (Appendix 1) to give permission for staff to administer medication. They may also give permission for their child to be given the emergency Epi-Pen or Inhaler kept onsite.



The School's Right to Challenge

The school will listen to children and parents but may challenge and ask for a second opinion if there is doubt or dispute about a child's medical condition. The headteacher will consult with the local education authority and the NHS paediatrician based at the Northern Health Centre, Holloway Rd, London N7. The local education authority will also be asked give advice if there is a dispute between the parents and the school.

3.2 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
- Take overall responsibility for IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact 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
- Ensure that 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 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.



3.4 Parents/carers

Parents/carers 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 with the relevant medical professional
- 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
- Parents need to keep medication and equipment updated and refilled as required

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. 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 school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

3.7 GPs, paediatricians and other healthcare professionals:

- May notify the school health advisor when a child has been identified as having a medical condition that will require support at school.
- They may provide advice on developing healthcare plans.
- Specialist professionals may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy or other health needs as appropriate)

3.8 The Local Authority



Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

4. 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.

5. 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. 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



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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.

The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, pupils can still receive their medication from a trained member of staff. The headteacher will also ensure that a sufficient number of staff have been trained in administering medication in an emergency by a healthcare professional.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g. the school nurse.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the pupil is necessary

Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

Training for administering AAls (e.g. EpiPen)

The school will arrange specialist training for staff on an annual basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAls will be



appointed to administer this medication. As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAls in the case of an emergency.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members for administering AAls are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAls on site at all times.

6. Being notified that a child has a medical condition

Prior Weston ensures that clear lines of communication are in place to cover any other transitional arrangements between schools including reintegration or when pupil's needs change, and arrangements for any staff training or support.

In cases, such as a new diagnosis or children moving to a new school mid-term, Prior Weston ensures that all of the appropriate parties are informed of existing medical needs and arrangements are put in place, ideally within 2 weeks.

Any supply staff or regular teachers who cover classes in school are informed of an existing Individual Health Care Plan and are directed to where the relevant documentation can be found. Prior Weston also ensures that transition arrangements have a clear focus on any children with medical needs or who currently hold an individual Health care plan so that relevant training and planning can take place.

7. 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/carers' written consent



The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

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/carers 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.

The parents of pupils who need medication administered at school will be sent an administering medication parental consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16. A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present. Consent obtained from parents will be renewed annually.

8.1 Storing Medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAls, will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g. a locked cupboard.

The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these pupils. Medication stored in the school will be:

- Kept in the original container alongside the instructions for use.



- Stored in a box with child's photo on in their class (in cupboard above the sink)
- Stored alongside the accompanying administering medication parental consent form. Medication that does not meet the above criteria will not be administered.

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

8.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Prior Weston has a defibrillator on site (main office). Staff will receive regular defibrillator training as part of First Aid training.

8.3 Emergency auto-injectors and asthma inhalers

Spare AAls are not located more than five minutes away from where they may be required. The emergency AAls can be found at the following locations:

- Baby/Toddler First Aid cupboard
- First Aid Area in Upper School (above cupboard)

The school will ensure that risk assessments regarding the use and storage of AAls on the premises are conducted and up to-date.

Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of spare AAls in emergency situations. The spare AAls will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the pupil's IHP.

8.4 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.

9. Educational trips and visits

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers when children are in Year 6. Medication will only be given when supervised by an adult.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. Staff members will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication.

If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure.

10. 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/carer arrives, or accompany the pupil to hospital by ambulance.

11. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

12. 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
- 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/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

encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

13. Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.



Some children with medical conditions may have a disability. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing other agencies with relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement.

The school will do all that it can to maintain links with appropriate agencies and the Local Authority. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

14. Liability and indemnity

The governing body will ensure that an appropriate level of insurance is in place and appropriately reflects the level of risk for individual members of staff working with individual children. All Islington schools (not academies or free schools) are covered by the Islington Council policy with Zurich.

14. Complaints

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

15. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding



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- Special educational needs information report and policy



Appendix 1

Parental Agreement for School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form.

Name of school	
Name of child	
Date of birth	/ /
Class and Year	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Has this medicine been administered to the child before, without any adverse side affects?	Please give details if No
Are there any side effects that the school/setting needs to know about?	
Self administration?	
Procedures to take in an emergency	



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Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
Who is the person to be contacted in an emergency	
I understand that I must deliver the medicine personally to	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date _____ Signature(s) _____



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Appendix 2

Child's name:

Date	Time	Name of medicine	Dose given	Any reactions	Signature of staff who administered	Signature of staff who witnessed	Parent informed – by who?