



## DOGSTHORPE INFANT SCHOOL

# Supporting Children with Medical Conditions in School Policy (including Managing Medications)

**Ratified by: Standards**

**Date: 23<sup>rd</sup> March 2026**

**Minute: 10**

**Review Date: Inline with new government guidance due by Autumn 2026**

**Welcome to our school family where children are...**

-  **inspired to dream and develop the building blocks to be independent, confident and inquisitive life-long learners.**
-  **nurtured, valued and individual differences are respected in an exciting, learning community where everyone belongs.**
-  **little stars who deserve to shine.**

### **Policy Overview.**

<b>What is the policy for?</b>	The policy is for all members of the Dogsthorpe Infant School family so that there is common understanding about how we can achieve best outcomes for our pupils with medical needs.
<b>Who has devised and contributed to this policy?</b>	This policy is based on the latest model policy from The Key has been devised by the Headteacher and Medical Lead in response to statutory requirements
<b>How will this policy be communicated?</b>	The policy is available on the school website, My Concern and a copy is available from the school office.
<b>How will this policy be monitored?</b>	Headteacher & Medical Lead report to the Safeguarding Committee on a ½ termly basis
<b>Which other policies are linked to this policy?</b>	All Safeguarding policies  SEND  This policy meets the requirements of the Statutory framework for the Early Years Foundation Stage Setting (2014)

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## 1. Aims

This school is an inclusive community that welcomes and supports pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out of school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. The aim is to ensure that all children with medical conditions are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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 pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers, where necessary, 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: Tina Gardner.**

## 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's statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

## 3. Roles and responsibilities

### The Governing Board

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

### The head teacher 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
- Ensuring that all staff who need to know are aware of a child's condition and have signed to say they fully understand the child's needs and care
- 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.

All staff 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 are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's IHP and may be involved in its drafting
- Carrying out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Giving written permission for staff to administer medication
- Providing in date clearly prescribed medicines for the school to use
- Providing contact details for themselves or nominated adult that are contactable at all times
- Allowing information sharing between the school and healthcare providers

## **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**

The school nursing service or relevant healthcare professional 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, if applicable or as soon as the medical condition has been identified.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

Support staff on implementing a child's IHCP (advice and liaison)

## **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.

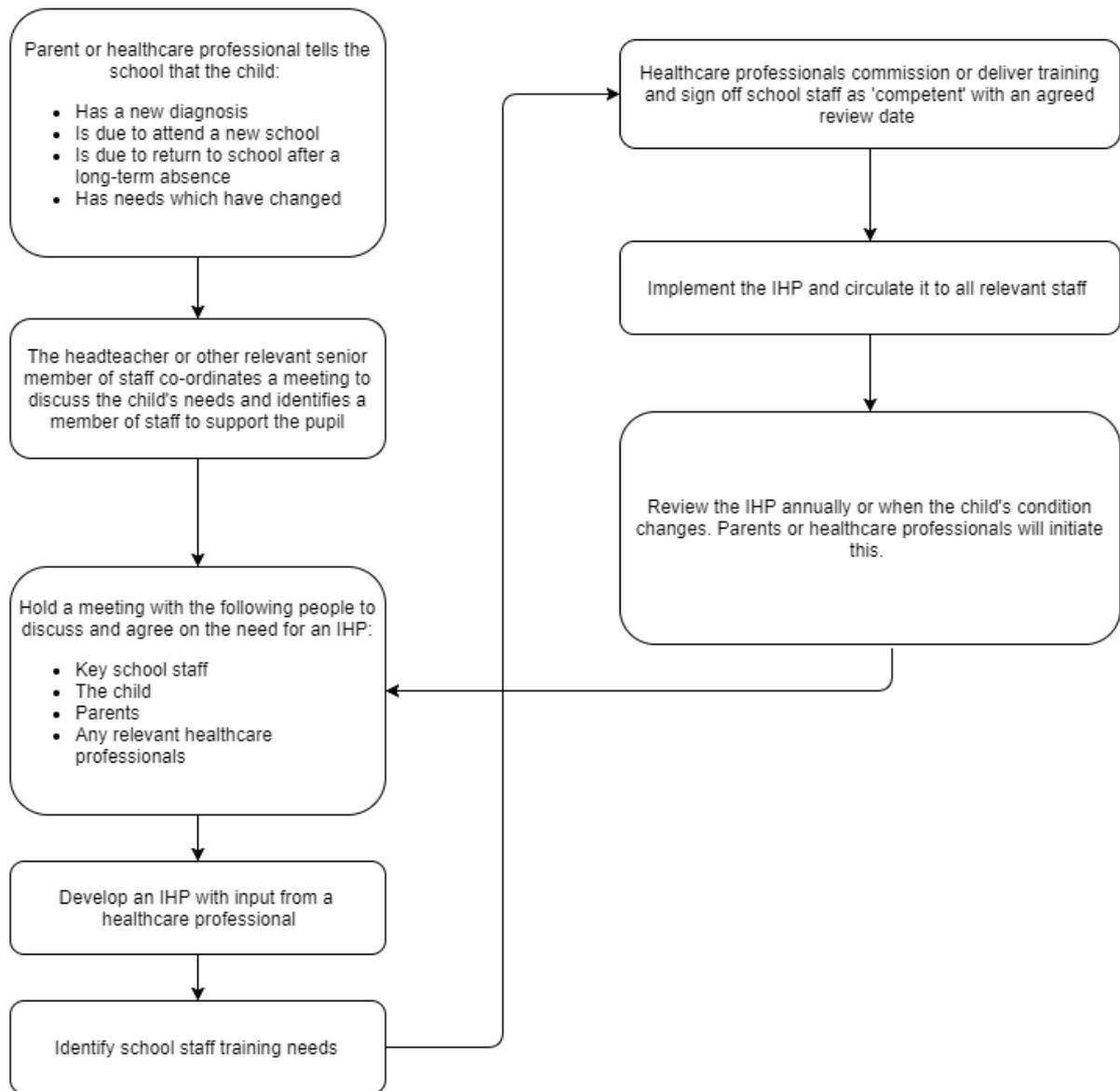
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

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

The school's admissions form requests information on pre existing medical conditions. This is then followed up and co-ordinated under the direction of the Headteacher & Tina Gardner.

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.

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.



## 6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to : Tina Gardner

IHPs will be reviewed at least annually, or when a child's medical circumstances change, whichever is sooner

IHPs 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 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.

IHPs 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 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 in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body, Headteacher & Tina Gardner, 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 work, 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 head teacher 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

## 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' 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 or allergy relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

Medication (with the exception of Asthma Inhalers) will always be given in the presence of a school adult witness.

Emergency Inhalers are kept in the school office to be used in the event of a child's inhaler having run out or if the child does not have their inhaler in school but we hold a signed medication consent form.

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 and blood glucose testing meters will always be readily available to pupils and not locked away. Adrenaline pens will always be in the immediate vicinity of the pupil at all times and not locked away.

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

Sharps bins will be returned to parents, when full, for appropriate disposal.

Records will be kept of **ALL** medication administered during the school day.

## **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 and it will be reflected in their IHPs.

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 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

- 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 eg 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 pupil, 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

## **8. Emergency procedures**

All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If unsure/necessary dial 111 for relevant advice or 999 for an ambulance. Parents should be informed.

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. Only staff with business insurance cover may drive a child to hospital and must be accompanied by the child's parent or another staff member.

## **9. 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 head teacher or person responsible. 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 & First Aid procedures will be provided for new staff during their induction.

The school will arrange annual asthma and epipen training for ALL staff.

## **10. 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. These are added to My Concern. Parents will be informed if their pupil has been unwell at school

Copies of current IHPs are kept in a readily accessible place which all staff are aware of. A copy will also be scanned onto My Concern.

### **Medical Conditions Register**

A medical conditions register is kept, updated & regularly reviewed by Tina Gardner.

All student facing staff should have overview of the list of students in their care within easy access. In classroom medical baskets/MDS books.

Supply staff should similarly have access on a need-to-know basis. Parents should be assured data sharing principles & pupil confidentiality is adhered to. The school will seek permission from parents before sharing medical information with any other party.

## **11. Liability and indemnity**

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

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA)

## **12. Complaints**

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

## **13. Monitoring arrangements**

This medical conditions policy will be reviewed, evaluated, updated and approved by the governing board every two years. The school will seek feedback from key stakeholders including pupils, staff, parents, partners and health care professionals.

## **14. Communication Strategy**

This policy will be read & signed off by ALL staff via My Concern. It will be available on the School Website for parents and stakeholders.

## **15. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Attendance
- Intimate Care

## **16. Appendices**

Appendix 1 – Individual Health Care Form

Appendix 2 – Medication Consent Form

Appendix 3 – Record of Medication Administered

Appendix 4 – Medication Consent Form – Asthma Inhalers

Appendix 5 – Record of Inhaler Administered

**Appendix 1**

**DOGSTHORPE INFANT SCHOOL**  
**INDIVIDUAL HEALTH CARE PLAN**

Child's photo to be placed here

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

**Family Contact Information**

Name	
Relationship to child	
Phone no.	
Name	
Relationship to child	
Phone no	

**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

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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

Form copied to

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix 2**

**DOGSTHORPE INFANT SCHOOL**

**MEDICATION CONSENT FORM**

The school will not give your child medicine unless you complete and sign this form. Medication will only be administered in conjunction with our Supporting Children with Medical Conditions Policy.

Date for review to be initiated by	
Name of child	
Date of birth	
Class	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the original 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Appendix 4-**

**DOGSTHORPE INFANT SCHOOL**

**MEDICATION CONSENT FORM – ASTHMA INHALERS**

The school will not give your child medicine unless you complete and sign this form. Medication will only be administered in conjunction with our Supporting Children with Medical Conditions Policy.

Name of child	
Class	

**Medicine**

Expiry date of inhaler	
Dosage	
Frequency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will ensure that the school has adequate supplies of medication.

I understand that this will be reviewed annually.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

