

Supporting Pupils with Medical Conditions Policy

Policy Data Sheet

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Contents

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

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how a Big Life 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 local governing committees 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 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)

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 local governing committees 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](#).

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

3. Roles and responsibilities

3.1 The local governing committee

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

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 enough 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 the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

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- 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 consider 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. 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.

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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

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.

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 Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs (appendix 2) for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupils' 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 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.

If an IHP does not require but medicinal treatment is still required such as for asthma then (Appendix 5) should be used for gaining parental consent. In addition to this schools will use Asthma UK to record an Asthma plan with pupils this is relevant to.

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

IHPs will be linked to, or become part of, any 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 local governing committee and the 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

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to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.

- Specific support for the pupil's educational, social, and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours. (appendix 3)
- 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 (appendix 4):

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

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

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

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

The school will only accept prescribed medicines that are:

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

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

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma

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inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

7.1 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 will be required to store this in the staff office.

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

7.2 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupils, 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

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.

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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.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so, (appendix 5).

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 understand 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.

10. Record keeping

The local governing committee will ensure that written records are kept of all medicine 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 which all staff are aware of.

11. Liability and indemnity

Big Life schools are a member of the Department for Education's risk protection arrangement (RPA), ensuring adequate insurance is in place supporting this policy in practice.

12. Complaints

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

13. Monitoring arrangements

This policy will be reviewed and approved by the local governing committee every three years.

14. Links to other policies

This policy links to the following policies:

- SEND and Accessibility plan
- Comments and complaints

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- Equality policy
- First aid
- Safeguarding

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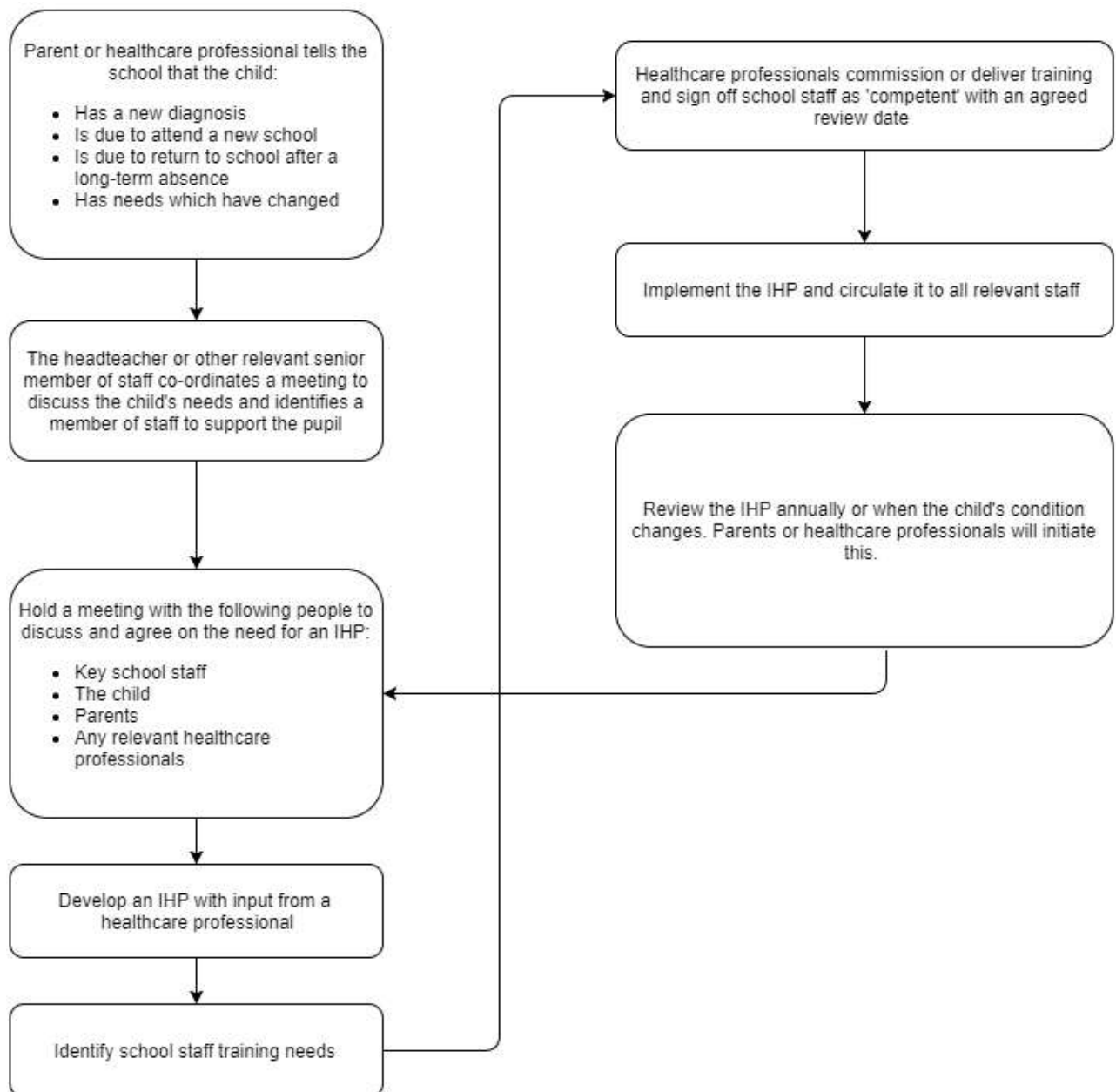
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Page 8 of 23

Appendix 1: Being notified a child has a medical condition



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Appendix 2 – individual healthcare plan and parental agreement to administer medicine

Pupil Name:	Date of Birth:	Class	Male / Female
Member of staff responsible for home – school communication:			
Pupil's medical Need:			
<u>CONTACT INFORMATION</u> Pupil Address:			
Contact 1	Name:		Relationship:
Phone number:	Work	Home	Mobile
Contact 2	Name:		Relationship:
Phone number:	Work	Home	Mobile
Clinic /Hospital/specialist Contact	Name:		Number:
GP	Name:		Number:
Medical condition information	Details of pupil's medical information		
Signs and symptoms of this pupil's condition:			
Triggers or things that make this pupil's condition(s) worse:			
What to do in an emergency			
Routine Health care requirements During school hours:			
Out of school hours:			

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Regular medication taken during school hours Medication 1. Name/ Type of medication (as described on the container):			
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets/ inhaler, injection):			
When is it taken (time of the day)?:			
Are there any side effects that could affect this pupil at school:			
Are there any contraindications (signs when this medication should not be given)?:			
Self administration: can this pupil administer the medicine themselves?	Yes	No	Yes, with supervision
Medication expiry date:			
First Aiders names:			
Medication 2. Name/ Type of medication (as described on the container):			
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets/ inhaler, injection):			
When is it taken (time of the day)?:			
Are there any side effects that could affect this pupil at the academy:			
Are there any contraindications (signs when this medication should not be given)?:			

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Self administration: can this pupil administer the medicine themselves?	Yes	No	Yes, with supervision
Medication expiry date:			
First Aiders names:			
Emergency Medication (please complete even if it is the same as regular medication) Name / type of medication (as described on the container):			
Describe what signs or symptoms indicate an emergency for this pupil:			
Dose and method of administration (how the medication is taken and the amount):			
Are there any contraindications (signs when the medicine should not be given)?:			
Are there any side effects the Academy needs to know about?:			
Self administration: can this pupil administer the medicine themselves?	Yes	No	Yes, with supervision
First Aiders name:			
Is there any other follow up care necessary?:			
Who should be notified?	Parent	GP	
Regular medication taken outside of school hours (for background information and to inform planning for residential trips) Name / type of medication (as described on the container):			

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Are there any side effects that the school needs to know about that could affect school activities:		
Specialist staff trained to administer medications for this pupil	Regular Medication:	Emergency Medication:
Specialist education arrangements required (e.g. activities to be avoided, special educational needs):		
Any specialist arrangements required for off-site activities (please note the academy will send parents / carers a separate form prior to each residential visit / off site activity):		
Any other information relating to the pupils healthcare in school?:		

Parental and Pupil agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the academy of any changes in writing. **ANY CHANGES TO MEDICATION SHOULD BE NOTIFIED TO THE ACADEMY IMMEDIATELY.**

I understand that I must deliver the medicine personally to the agreed member of staff
For locked storage in the academy and accept that this is a service which the academy is not obliged to undertake.

Signed:	(Pupil)	Date:
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PRINT NAME:

Signed:	(Parent / Carer)	Date:
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PRINT NAME:

Healthcare professional agreement

I agree that the information is accurate and up to date.

Signed:	Date
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PRINT NAME:		Job Title	
Signed:		Date	
PRINT NAME :		Job Title	
Signed:		Date	
PRINT NAME :		Job Title	
Permission for medication / emergency medication			
I agree that my child can be administered their medication by a member of staff in an emergency			☐
I agree that my child cannot keep their medication with them and school will make necessary medication storage arrangements			☐
I agree that my child can keep their medication with them for use when necessary			☐
Name of medication carried by pupil:			
Signed:		(Parent / Carer)	Date:
PRINT NAME:			
Principal's agreement			
I agree that			(pupil name)
Will receive the above listed medication at the above time			(tick box)
Will receive the above listed medication in an emergency			(tick box)
(Pupil name)	will be given / supervised whilst he / she takes their medication by (member of staff(s) name (s))		
The agreement will continue until		(either end date of course of medication or until instructed by parents)	
I agree to the above medication being stored (locked cabinet) within school			
Signed:		Date:	
(PRINCIPAL)			
Signed:		Date:	
(on behalf of principal)			
PRINT NAME:		Job Title:	

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Date:	Review Date:	Copies held by:
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Appendix 3: record of medicine administered to an individual child

Record of medicine administered to an individual child

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			

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Staff initials			
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C: 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																			

Appendix 4: 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 _____

Appendix 5

Parental agreement for setting to administer medicine

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

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

I understand that I must deliver the medicine personally to the school office

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				
Contact Details				
Name				
Daytime telephone no. (must be contactable in an emergency)				

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Relationship to child	
Address	

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

Signature(s)

Date

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