Supporting pupils with medical conditions policy

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Version 1

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Content

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

1. Aims

At Albrighton Primary School and Nursery we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.
Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school

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- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is [Karen Tearle – Headteacher and Kelly Brookes Medical Needs lead].

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 statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to the headteacher Karen Tearle and medical needs lead – Kelly Brookes

3.2 The headteacher and Medical Needs Lead
The headteacher/named person will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure 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
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- 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
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- EYFS Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

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3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- 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 our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. 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. 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 Appendix 1 will be followed to decide whether the pupil requires an IHP.

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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.

EYFS settings: 5.1 Obtaining information about medicines
The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 10 of this policy).
We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

We ask that parents/carers proactively inform us by either phone call to the school 01902 372558 or an email to admin@albrightonprimary.com if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to Kelly Brookes Medical Needs Lead

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 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 special educational needs (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 board and the headteacher/role of the individual with responsibility for developing IHPs, 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 exams, use of rest periods, 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

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- Arrangements for written permission from parents/carers and the headteacher 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/carer or 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 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 person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

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 recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

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

Medicines will be returned to parents/carers 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.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures if they are old enough to do so but they will still be overseen by an adult. This will be discussed with parents/carers and it will be reflected in their IHPs.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

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Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice 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
- 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
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- 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

7.4: Managing Medication (EYFS-Specific Requirements)

In addition to the procedures set out in our whole-school Medicines Policy, the Early Years Foundation Stage (EYFS) requires settings to have clear, age-appropriate systems for managing medication safely. The following arrangements apply specifically to children in the EYFS:

Partnership With Parents and Healthcare Professionals

For children with ongoing or complex medical needs, we work with parents/carers and relevant health professionals to create a Health Care Plan that outlines the child's needs, triggers, symptoms, and agreed responses.

Staff ensure that parents/carers are kept fully informed about any changes in a child's health presentation during the day, particularly where this may affect medication needs.

Safe Storage Within the EYFS Environment

Medication is stored in a way that is safe, secure, and appropriate for the age of the children, while still ensuring that emergency medication is immediately accessible to trained staff.

Storage arrangements take into account the EYFS requirement for children to be within sight or hearing at all times, ensuring medication is accessible without compromising supervision ratios.

Administering Paracetamol (Toddlers and Preschool Only)

In line with EYFS requirements and our duty to safeguard the health and wellbeing of younger children, the nursery may administer paracetamol (e.g., Calpol) to children before their Reception year under strictly controlled circumstances.

When Paracetamol May Be Given

Paracetamol will only be administered when:

- A child has a rising fever and is showing signs of increasing discomfort or distress.

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- A parent/carer has been telephoned and asked to collect their child, and we have confirmation that they are on their way.
- The nursery holds written parental consent, provided at the point of application, authorising the administration of paracetamol in these specific circumstances.
- Paracetamol is not used to keep a child in nursery or to mask symptoms that would otherwise require them to go home.

Consent and Communication

- Written consent is obtained during the child's enrolment and reconfirmed verbally during the collection phone call.
- Parents/carers are informed of the exact time and dosage administered when they arrive to collect their child.
- If a child has already received paracetamol at home, parents/carers must inform staff on arrival so that safe intervals between doses can be maintained.

Administration and Monitoring

- Paracetamol is administered by trained staff following the manufacturer's age-appropriate dosage guidance.
- Two members of staff check the medication, dosage, and timing before administration.
- Staff monitor the child closely after administration and record their observations in the EYFS medication record on FAMLY.

Storage and Safety

- Paracetamol is stored securely but remains accessible to trained staff when needed for emergency fever management.
- Only unopened, in-date bottles supplied by the nursery are used to ensure consistency and safety.

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.

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.

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 headteacher and Medical Needs Lead. 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 support 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 that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

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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. Parents/carers will be informed if their child has been unwell at school.

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

EYFS settings: 10.1 Recording information about medicines
We will:

- Enter each pupil's medicine need in the school's system and on FAMLY
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

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.

The details of the school's insurance policy are:

As an academy part of the Four Hills Education Trust we ensure that we are a member of the DfE's risk protection arrangement (RPA). Unlimited professional indemnity.

12. 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 headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure which

13. Monitoring arrangements
This policy will be monitored by the headteacher.
It will be reviewed by the headteacher every year and approved by governors if changes are made.

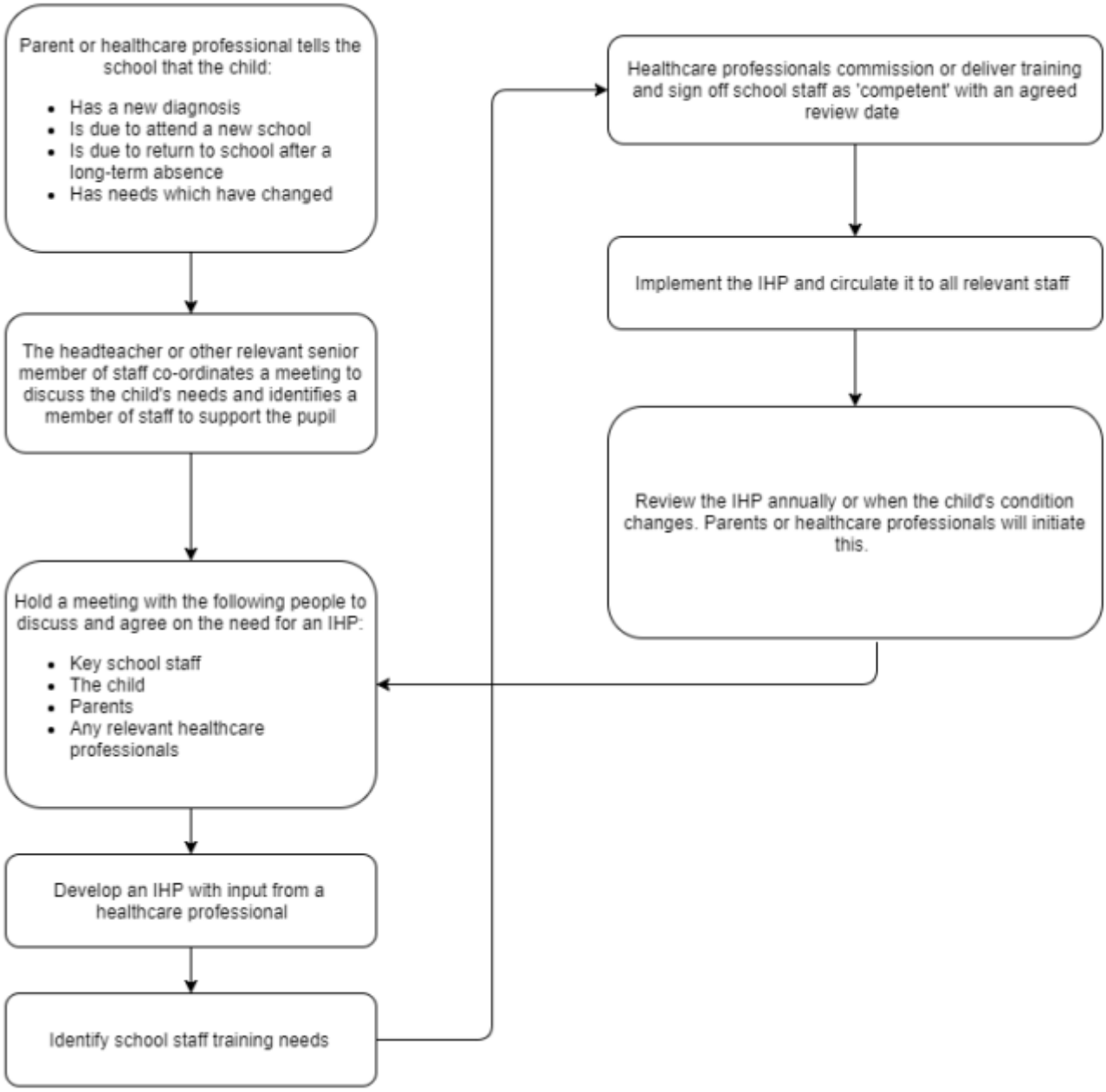
14. Links to other policies

This policy links to the following policies:

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

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Appendix 1: Being notified a child has a medical condition



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Appendix 2: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease

If a child starts a course of antibiotics, they should not return to school until they have been on medication for at least 24 hours and are well enough to attend.
If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school

- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- Establishing a daily cleaning routine for:
    - Nappy changing facilities
    - Play areas
    - Toys, activities and equipment

Signed-

Headteacher _____ Date _____

Chair of governors _____ Date _____

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