Transform Trust

Supporting Pupils with Medical Conditions Policy

Policy Number	Author	Publication Date	Review Cycle
201	Director of Inclusion	V4 September 2026	Every 2 years

Summary

This Policy contains both statutory and non-statutory advice. We expect our schools to give due regard to this Policy when carrying out their duties to make arrangements to support pupils at school with medical conditions. This Policy also applies to activities taking place off-site as part of normal educational activities.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

1. Introduction

On 1 September 2014 a new duty came into force for Trusts and Governing Bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this document is intended to help our Local Governing Bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, 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.

Medical conditions may include both physical and mental health needs. Schools will consider the support and reasonable adjustments required for pupils experiencing medical or mental health conditions to enable them to access education, participate fully in school life and achieve their potential. Support should be informed by the individual needs of the pupil and developed in partnership with parents, pupils and relevant professionals.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide; schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly

supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Schools recognise that unmet medical needs, poor attendance linked to health needs, concerns regarding a child's care, or barriers to accessing appropriate medical support may at times raise safeguarding and welfare concerns. Where such concerns arise, staff will follow the Trust's Safeguarding and Child Protection Policy and any associated procedures.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, our Local Governing Bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this Policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25.

The Special educational needs and disability code of practice explains the duties of schools to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this Policy with respect to those children.

2. Aims of this Policy

Key points:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Local Governing Bodies must ensure that arrangements are in place in schools to support pupils with medical conditions.
- Local Governing Bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The Local Governing Body will implement this Trust Policy by:

- Making sure they are meeting the duty to make arrangements to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Taking into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others.
- Ensuring the focus is on the needs of each individual child and how their medical condition impacts on their school life.

- Ensuring that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care.
- Ensuring that staff are properly trained to provide the support that pupils need.

The named person with responsibility for implementing this Policy is: Elizabeth Fisher, Assistant Headteacher for Inclusion

3. Legislation and Statutory Responsibilities

This Policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Trust and Local Governing bodies to make arrangements for supporting pupils at their school with medical conditions.
In meeting this duty, the Trust and Local Governing Bodies must have regard to the guidance issued by the Secretary of State (Department for Education's statutory guidance: Supporting pupils at school with medical conditions).

This Policy also complies with the Transform Trust's Funding Agreement and Articles of Association.

4. Roles and Responsibilities

a. **Transform Trust – Board of Trustees**

The Board of Trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the Trust. The Trustees have delegated this function to the individual Local Governing Bodies as part of their Scheme of Delegation. However, Trustees remain accountable for making sure the Trust is compliant with legislation.

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied or prevented from taking up a school place because arrangements for the medical conditions have not been made. However, in line with their safeguarding duties, school should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times when it would be detrimental to the health of that child or others to do so.

b. **Chief Executive Officer**

The CEO will highlight any issues found across Schools and the Trust to the Board of Trustees.

c. **The Local Governing Body**

- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. 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.

- Ensure the school has arrangements to support pupils with medical conditions.
- Ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make and set out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Ensure that their policies and procedures are readily accessible to parents and school staff.
- Ensure the development and monitoring of individual healthcare plans in supporting pupils with medical conditions; and ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.
- A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively.

d. **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.
- 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.
- Ensuring that staff are aware of a pupil's condition, where appropriate and ensuring there are cover arrangements to ensure that someone is always available to support pupils with medical conditions.
- Ensuring that Supply Teachers are provided with appropriate information about the policy and relevant pupils where appropriate.
- 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.
- Ensure there are risk assessments for school visits, holidays, and other school activities outside the normal timetable.
- Ensure there is effective monitoring of IHPs.

e. **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, this includes the administration of medicines, although they cannot be required to do so.

Those staff who take on the responsibility of supporting pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers (and Supply Teachers) will take into account the needs of pupils with medical conditions that they teach.

All staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

f. **Parents/Carers**

Parents/Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- As key partners, parents should 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.

g. **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.

Other pupils will often be sensitive to the needs of those with medical conditions.

h. **School nurses**

Every school has access to school nursing services. They are responsible for notifying the school when a pupil has been identified as having a medical condition that will require support in school. Wherever possible, this will be before the pupil starts school.

They would usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child's IHP and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

i. **Other healthcare professionals'/healthcare providers**

Other healthcare professionals, such as GPs and pediatricians, should notify the school nurse when a pupil has been identified as having a medical condition that will require support at school. They may provide advice on developing IHPs. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Providers of health services should co-operate with schools that are supporting pupils with medical conditions, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

j. **Local Authorities**

Local Authorities are commissioners of school nurses. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as schools, Integrated Care Boards (ICBs) and NHS England with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local Authorities and Integrated Care Boards must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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 school 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

k. **Ofsted**

Ofsted inspectors consider how effectively schools meet the needs of all pupils, including pupils with medical conditions, through the inspection framework in place at the time of inspection.

5. Procedure to be followed when notification is received that a Child has a Medical Condition

Procedures will be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put into place within 2 weeks.

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Schools should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being, and minimises disruption.

Individual healthcare plans (IHP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flowchart for identifying and agreeing the support a child needs and developing an IHP is shown below.

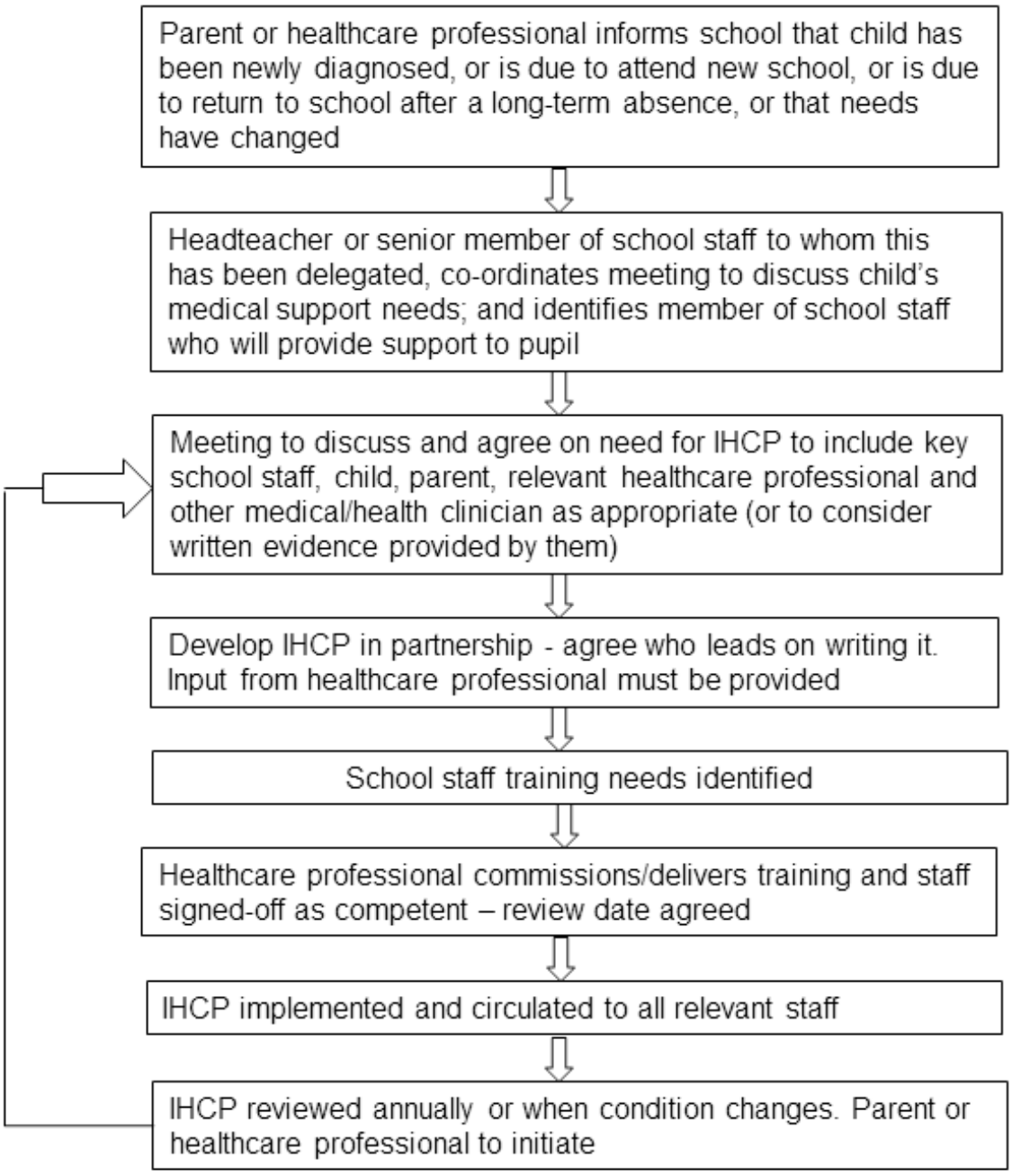
The format of an IHP may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on the school but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP.

IHPs (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the schools, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or pediatrician, who can advise on the particular needs of the child. Pupils should also be involved wherever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from the education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalized and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the IHP should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision, including home tuition, schools should work with the Local Authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

Process for identifying if an IHP is required



Note: IHCP (Individual Healthcare Plan) commonly referenced IHP throughout this document.

6. Individual Healthcare Plans

Where the school is the lead for the development of IHPs for pupils with medical conditions, the Headteacher will identify the named person in school.

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed, but should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupils' 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 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.
- 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. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

7. Staff Training and Support

This policy sets out clearly how staff will be supported in carrying out their role in supporting pupils with medical conditions and how this will be reviewed.

Any member of school staff providing support to a pupil with medical needs will receive suitable and sufficient training to do so.

Suitable training will be identified during the development or review of IHPs. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required and how this can be obtained. Schools may choose to arrange training themselves with all training being kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfill the requirements as set out in the IHP.
- Staff will need to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

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 family of a child will be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into account the training requirements as specified in the pupils' IHP.

8. The Child's Role in Managing Their Own Medical Needs

Schools should ensure that there are cover arrangements for children who are competent to manage their own health needs and medicines.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected in their IHPs.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to manage, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents should be informed so that alternative options can be considered.

Where a pupil's medical condition is managed through the use of electronic monitoring devices, medical apps or linked mobile technology (for example continuous glucose monitoring systems used in diabetes management), schools will make reasonable arrangements to ensure that pupils can access and use this equipment safely and appropriately. This will be with the oversight of staff. Any such arrangements should be set out within the pupil's Individual Healthcare Plan and should be consistent with the school's use safeguarding policies.

9. Managing Medicines on School Premises

Medicines should only be administered at school when it would be detrimental to the pupil's health or school attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent. In such cases, every effort should be made to encourage the child to involve their parents while respecting their right to confidentiality.

Pupils under 16 will never be given medicine containing aspirin unless prescribed by a doctor.

Medication, e.g. for pain relief, should never be administered without first checking 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 exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- Schools should have suitable arrangements in place to manage allergies and reduce the risk of anaphylaxis. This should include identifying pupils with known allergies, ensuring that relevant staff are aware of those allergies, providing appropriate staff training, maintaining clear emergency procedures and ensuring that medication required for emergency treatment is readily available. Early years settings should also ensure that arrangements relating to allergies and special dietary requirements are consistent with food safety and welfare requirements set out within the Early Years Foundation Stage framework and any local food safety procedures.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for disposal of needles and other sharps. If parents/carers do not pick up out of date medication, this will be taken to a local pharmacy for safe disposal.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all the medicines administered to individual children, stating when, how and how much was administered, when and by whom. Any side effects of the medication to be administered at a school should be noted in school.

Schools may hold asthma inhalers for emergency use. This is entirely voluntary. Where parents of pupils that have been diagnosed with asthma and prescribed an inhaler or prescribed a reliever inhaler have been specifically asked whether they give permission for their child to have access to the school's emergency inhaler in an emergency situation.

The school may administer the "spare" adrenaline auto-injector (AAI) obtained, without prescription, for use in emergencies to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the AAI has been provided.

10. Defibrillator (remove this section if no defibrillator in school)

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this 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. Modern defibrillators are easy to use, inexpensive and safe.

The school has installed a defibrillator and we have notified the local NHS ambulance service of its location. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

11. Record keeping

The Local Governing Body will ensure that the school maintains written records and that these are kept of all medicine administered to pupils. 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.

12. Emergency Procedures

As part of general risk management processes, the school should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an IHP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

13. Day Trips, Residential Visits and Sporting Activities

School should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. School should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP, states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Schools should also refer to the Health and Safety Executive (HSE) guidance on school trips.

Where schools provide or commission breakfast clubs, after-school clubs or other wraparound provision, they should ensure that appropriate arrangements are in place to support pupils with medical conditions during those activities.

14. 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 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.

15. Liability and indemnity

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The Trust is a member of the Department for Education's risk protection arrangement (RPA).

16. 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 Trust's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/496 of the Education Act 1996 and after other attempts at resolution have been exhausted.

17. Monitoring and Review of this Policy

This policy may be amended at any time to take account of changes in legislation. The normal cycle of review for this policy will be 2 years.

18. Links to other Policies

This Policy links to the following policies:

- Accessibility plan
- Complaints
- Equality
- First Aid
- Health and Safety
- Safeguarding/Child Protection
- Special Education Needs and Disability Information Report and Policy.

Templates

A. Individual Healthcare Plan

B. Parental Agreement for setting to Administer Medicine

C. Record of Medicine Administered to an Individual Child

D. Record of Medicine Administered to all Children

E. Staff Training Record – Administration of Medicines

F. Contacting Emergency Services

G. Model letter inviting Parents/Carers to contribute to IHP Development

Template A: Individual Healthcare Plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

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

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

Note: You may also want to include a section to capture child voice where appropriate.

Template B: Parental Agreement for setting to Administer Medicine

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

Date for review to be initiated by	
Name of school	
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	

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	[agreed member of staff]

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.

Signature(s) _____ Date _____

Template C: Record of Medicine Administered to an Individual Child

Name of school	
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			
Staff initials			

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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: Record of Medicine Administered to all Children

Name of school

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: Staff Training Record – Administration of Medicines

Name of school	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that ***(insert name of staff)*** has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated **(*insert name of staff)***.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number.
2. Your name.
3. Your location as follows ***(insert school address)***.
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code.
5. Provide the exact location of the patient within the school site.
6. Provide the name of the child and a brief description of their symptoms.
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
8. Put a completed copy of this form by the phone.

Template G: Model Letter inviting Parents/Carers to contribute to Individual Healthcare Plan Development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

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

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

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you to contact me by email or to speak by phone if this would be helpful.

Yours sincerely