



Medical Conditions Policy

Adopted by the Local Governing Bodies of
New Road Primary and Nursery School and
Park Lane Primary and Nursery School
on 20th January 2026 and 27th January 2026

Policy reference:

This policy is to be reviewed:

Annually

The next review date is:

March 2026

Review is the responsibility of:

The Local Governing Bodies of New
Road Primary and Nursery School and
Park Lane Primary and Nursery School

Review History

Review ratified:

18th March 2024 (New Road)
19th March 2024 (Park Lane)

Review ratified:

11th March 2025 (New Road)
23rd March 2025 (Park Lane)

Review ratified:

20th January 2026 (New Road)
27th January 2026 (Park Lane)

Authorised by:

New Road Primary School and Park Lane Primary School and Nursery

Policy for Supporting Children at School with Medical Conditions

Purpose

- To ensure children at school with medical conditions are properly supported so they can play a full and active role in school life, remain healthy and achieve their full potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the children themselves.
- To comply with Section 100 of the Children and Families Act 2014 which places a duty of care to support children at school with medical conditions.
- A child's mental and physical health should be properly supported in school, so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.

Introduction

Both New Road and Park Lane Primary and Nursery Schools are inclusive communities that welcomes and supports all children, including those with medical conditions. We understand that children can suffer from long term, short term, chronic and acute illnesses and will provide for all children without exception or discrimination. This includes both physical and mental health conditions.

Roles and responsibilities

The Head teacher:

- Has overall responsibility for the implementation of this policy.
- Should make sure all staff are aware of the policy and understand their role in its implementation.
- Should ensure all staff who need to know are aware of a particular child's medical condition.
- Should ensure sufficient staff are appropriately trained.
- Has overall responsibility for the development of Individual Healthcare Plans (IHP for short).

School Staff:

- Should take into account the needs of children with medical conditions that they teach and make necessary adjustments to enable their medical needs are managed successfully.
- Should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should receive appropriate training before giving prescription medicines or undertaking health care procedures.
- Should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

School nurses and other healthcare professionals:

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- May support staff on implementing a child's individual healthcare plan (IHP) and provide advice.
- Can liaise with local medical staff on appropriate support for the child and associated staff training needs.

Children:

- Should be fully involved in discussions about their medical needs.
- Should contribute to their IHP and agree to follow the plan.

Parents:

- Should provide school with sufficient up-to-date information about their child's medical needs.
- Should be involved in the development and review of an IHP.
- Should carry out any action they agreed to as part of implementation of an IHP.

Policy procedure:

When school is notified that a child has a medical condition, the responsible person, (SENCo if the condition is a barrier to learning and the headteacher if not) makes sure that:

- The child and parents meet with school staff to record relevant information.
- An Individual Healthcare Plan (IHP) is completed within **two weeks** of this meeting.
- The office staff email all school staff with the relevant medical information and the support being provided. A medical note is also added on the child's record on SIMS.
- All relevant staff are given a copy of the IHP and more specific details of the support to be given.
- Sufficient staff are suitably trained by the school nurse or other medical professionals.
- When the regular adult support is unavailable, arrangements are in place for other suitably trained staff to cover their absence.
- Supply teachers are briefed by the relevant class teacher. If the class teacher is not available then written notes about children with medical needs should be left for the supply teacher.
- Risk assessments for visits and activities outside of the normal timetable are carried out.
- The Individual Healthcare Plan (IHP) is monitored and reviewed with parents, the child and relevant school staff on an annual basis. Interim review meetings to be held when necessary.
- Transition arrangements between schools are carried out.
- Any changing medical needs are reflected in the IHP which should be adjusted accordingly.

See appendix for a copy of the medical questionnaire used by the responsible person to assess how to support a pupil with a medical condition.

Children who join the school at the start of the academic year should have all arrangements in place before the start date. **Children who join mid-year, or who receive a medical diagnosis mid-year**, should have arrangements in place as soon as possible, and no later than one month after notification of the medical needs.

Individual Healthcare Plans (IHPs):

All children with a medical condition which requires medication or medical support in school should have an IHP. The IHP details the child's medical needs and the provision being made for those needs. They should be written with input from all relevant parties including the school nurse, parents and child. IHPs should be reviewed at least annually or earlier if there is evidence that the child's needs have changed.

The following information should be considered when writing an IHP:

- 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 or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in the case of emergencies.
- If a child is self-managing their medication, this should 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 child's medical condition from a healthcare professional; cover arrangements for when they are unavailable?
- Who in the school needs to be aware of the child's condition and the support required?
- Arrangements for written permission from parents and the Executive 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 child can participate, e.g. risk assessments.
- Confidentiality issues raised by the parent/child to be passed to the relevant school staff.
- What to do if the child refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, including whom to contact and contingency arrangements.
- Any special educational needs the child has should be mentioned in the IHP.

Where appropriate, the child should be encouraged to manage their own medical needs and medicines as follows:

- where possible, the child will carry their own medicines or devices or be able to access them quickly;
- appropriate training and supervision will be given to help the child to be able to manage their own medical needs and medicines;
- any decision about this will be made after discussion with parents and the child and will be reflected in the IHP;
- all the above points will be documented in the IHP;

If the parents, healthcare professionals and school staff agree that an IHP is not required, a record of the child's medical condition and any implications for the child will be kept on SIMS and in the child's individual file.

Staff training:

- The responsible person should ensure that relevant training is carried out and that sufficient staff are suitably trained.
- All training will be provided by medically trained personnel when required.
- A register will be kept of training dates and names of trained staff.

- All staff who need to know are informed of the medical needs of all children. This includes kitchen staff, lunchtime staff and cleaning staff.

Managing medicines on school premises, offsite visits and residential stays

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Parental written consent is required before any medication is administered by school staff
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's first aid policy.
- A child under 16 should 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 dose was taken. Parents should be informed.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know 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 should be always readily available to children and not locked away. This is particularly important to consider when off school premises e.g. on school trips.
- School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school. This must be updated after each dose is given.
- Appropriately trained school staff may administer a controlled drug to the child for whom it has been prescribed, providing it is stored in the original container as dispensed by a pharmacist. Staff administering medicines should do so in accordance with the prescriber's instructions. Two signatures are required when dispensing any medication to ensure that the correct dose of medication has been given to the correct child.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- School staff will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Two signatures are required. Any side effects of the medication to be administered at school should be noted and reported to parents.

Day trips visits and sporting activities

- School will carry out the usual risk assessments for all school visits and school activities outside of the normal timetable include provision for children with medical conditions.
- Additional risk assessments regarding the participation of children with medical needs will also be carried out.
- Clear emergency procedures for all off-site situations should be in place for identified children with medical needs.

- School will be as flexible as possible in making reasonable adjustments so that children with medical conditions can take part in all activities eg adjustments to sleeping arrangements, food provision and adjustments to the planned programme of activities.
- Parents will be consulted at the planning stage to ensure the child's medical needs are met
- All risk assessments for trips will be overseen by the Visits Co-ordinator and approved by the Head teacher.

Complaints Procedure

Should parents or children feel dissatisfied with the support provided, they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via school's complaint's policy.