

# Willow School Policy



## Supporting Pupils with Medical Conditions Policy

Date: April 2026

Review Date: April 2028

## **Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The governing body 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)

**The named person with responsibility for implementing this policy is the Headteacher.**

## **Legislation and Statutory Responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

## **Roles and Responsibilities**

### **The Headteacher**

The Headteacher will be responsible for:

- Reviewing this policy alongside the proprietors.
- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.

- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the necessary professional where a pupil with a medical condition requires support that has not yet been identified.

### **Staff**

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

### **Parents**

Parents will be responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's IHP and may be involved in its drafting
- Carrying out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines, equipment and consent, and ensure they or another nominated adult are contactable at all times
- Being sensitive to the needs of pupils with medical conditions.

### **Pupils**

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable and able.

- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

### **Healthcare Professionals**

Healthcare professionals will liaise with parents and 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 and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

### **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. Details of these are included on pupil's individual healthcare plans.

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.

### **Being Notified that a Child has a Medical Condition**

When the school is notified that a pupil has a medical condition that requires support in school, they will arrange a meeting with parents, healthcare professionals and the pupil (where appropriate), with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks and discussions will be held during the pre-admissions meeting.

### **Individual Healthcare Plans**

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This will be delegated to the SENCo where applicable.

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 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 and a relevant healthcare professional, such as, a 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 plan (EHCP).

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Proprietor, Headteacher and SENCo 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 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 individual school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Deputy 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

All IHPs should be stored digitally on the pupil's profile on BromCom and a printed copy within the Induction Folder in The School Office.

### **Managing and Administering Medicines**

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

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health or school attendance not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

The school will only accept medicines that are:

- In-date
- Labelled
- In their original container
- Contain instructions for administration, dosage and storage.

The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the first aid cupboard and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

### Non-Prescription Medicines

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended.
- Parents will be asked to bring the medicine in or send via the taxi driver and ensure the appropriate paperwork is signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage and be in date. The name of the child will be written on the container by an adult if this helps with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

### Procedure for Receiving Medication

#### Notification of Medical Need

- Following the creation of an Individual Healthcare Plan (IHP), or where a medical need is identified, the parent/carer must inform the school in writing via email to the school office.
- Parents/carers must provide sufficient information about the pupil's condition and medication to enable safe support in school.

### Parental Consent and Agreement

- The school office will provide the *Administering Medication Parental Agreement Form* (Appendix 2), electronically or in paper format where required.
- Written parental consent is required prior to any medication being administered.
- No medication will be accepted or administered without a fully completed and signed consent form.
- A new consent form must be completed where there are any changes to medication, dosage, or instructions.

### Supply and Handover of Medication

- Parents/carers must notify the school office in advance when medication will be brought into school.
- Medication must be handed directly to the school office by the parent/carer or designated adult (e.g. taxi driver). Pupils must not transport medication themselves unless agreed as part of their IHP (e.g. inhalers).
- Medication must be provided in its original container, clearly labelled or outlined within this policy.

### Verification and Record Keeping

- Upon receipt, the school office will:
  - Complete the *Record of Medicines Received* 3)
  - Verify that the medication matches the parental consent form and prescribed instructions
  - Record the quantity received
  - Sign and date the record
- The pupil's initials will be clearly marked on the medication packaging.
- Records will be maintained in line with the school's record-keeping and data protection procedures.

### Storage of Medication

- Medication will be stored safely and securely in accordance with its storage requirements.
- Medication requiring refrigeration will be stored in a designated fridge.
- Emergency medication (e.g. inhalers, adrenaline auto-injectors) will be readily accessible at all times.
- All medication will be stored with appropriate regard to pupil safety and accessibility for authorised staff.

### Administration of Medication

- Medication will only be administered by trained and authorised members of staff.

- A designated member of staff will be responsible for administering the medication and will be informed by the school office when medication has been received.
- Medication will be administered strictly in accordance with the written instructions provided by the parent/carer and/or prescriber.
- Each administration will be recorded on the *Record of Medicines Administered* (Appendix 4).

#### Monitoring and On-going Supply

- The designated staff member will monitor medication levels to ensure continuity of care.
- When a minimum of five doses/tablets remain, the staff member will notify the school office.
- The school office will contact the parent/carer to request a further supply of medication.
- A new parental consent form (Appendix 2) will be required where appropriate.

#### Communication and Review

- Any concerns, errors, refusals, or changes in a pupil's condition will be recorded and communicated to parents/carers promptly.
- Medication procedures will be reviewed regularly as part of the pupil's IHP review and in line with school policy.

#### **Pupils Managing Their Own Needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

#### **Children with Asthma**

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. These will be kept in the classroom. Depending on the needs of the individual, inhalers should be taken to all physical activities. Children may carry their own inhalers, where appropriate. Inhalers must be labelled and include guidelines on administration.

All pupils with asthma should have a School Asthma Card (Appendix 5). This is to be completed by the parent/carer and updated annually. The Card should be stored in the Induction Folder in The School Office and a copy with the inhaler.

It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

An emergency inhaler is held in school. It is kept in the first aid cupboard.

### **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

### **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 arrives or accompany the pupil to hospital by ambulance.

An emergency inhaler and epi-pen are held within school and located in the first aid cupboard. These are available for use if directed by an emergency services call handler.

## **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. Where appropriate, 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 Headteacher/SENCo where appropriate. Training will be kept up to date.

First aid training takes place for staff within school, as well as administering medication and specific refresher training, such as, anaphylaxis.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **Record Keeping**

The headteachers 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.

## **Liability and Indemnity**

The Proprietor 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: Markel (UK) Ltd

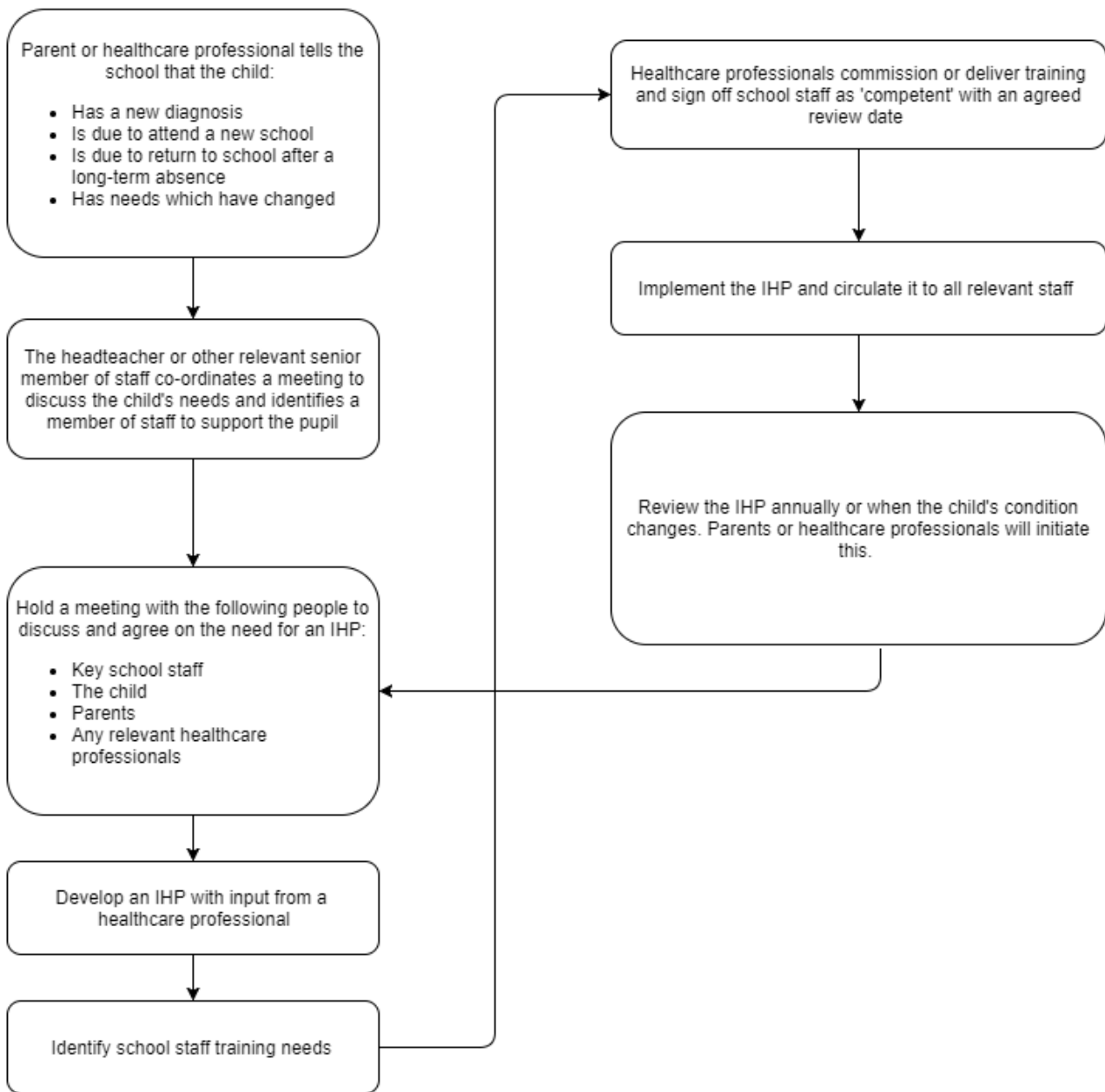
## **Complaints**

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

## **Monitoring Arrangements**

This policy will be reviewed and approved by the Governing Body annually.

## Appendix 1: Being Notified a Child has a Medical Condition



## Appendix 2: Administering Medicine Parental Agreement

The school will not give your child medicine unless you complete and sign this form.

Name of child

Date of birth

Class/Year group

Medical condition or illness


### Medicine

Name/type of medicine

*(as described on the container)*

Expiry date

Dosage, method and frequency

*(as described on the container)*

Timing

*(to be timed at break/lunchtime wherever possible)*

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – Yes / No

Procedures to take in an emergency

Quantity sent in


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

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

Signature(s) \_\_\_\_\_ (parent/carer) Date: \_\_\_\_\_

**Appendix 3: Record of Medication Received**

Quantity received

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Does medicine name, dose and pupil name match the details provided by the parent/carer? Yes / No

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Is the medication to be kept in the fridge? Yes / No

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Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Quantity returned to parent/carer

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Date returned

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Returned to (print name)

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**NB: Medicines must never be sent home via a pupil.**

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff: \_\_\_\_\_ Date: \_\_\_\_\_

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Appendix 4: Record of Administered Medication

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	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Dose given				
Tablets remaining				
Name of member of staff				
Staff initials				

	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Tablets remaining				
Dose given				
Name of member of staff				
Staff initials				

	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Tablets remaining				
Dose given				
Name of member of staff				
Staff initials				

	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Tablets remaining				
Dose given				
Name of member of staff				
Staff initials				

	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Tablets remaining				
Dose given				
Name of member of staff				
Staff initials				

	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Tablets remaining				
Dose given				
Name of member of staff				
Staff initials				

Appendix 5: School Asthma Card

# School Asthma Card

**To be filled in by the parent/carer**

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

**Reliever treatment when needed**

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature  Date

**Expiry dates of medicines**

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature  Date

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists  
 Call **0300 222 5800**  
 WhatsApp **07378 606 728**  
 (Monday-Friday, 9am-5pm)  
 AsthmaAndLung.org.uk

**What signs can indicate that your child is having an asthma attack?**

**Does your child tell you when they need medicine?**  
 Yes  No

**Does your child need help taking their asthma medicines?**  
 Yes  No

**What are your child's triggers (things that make their asthma worse)?**

Pollen <input type="checkbox"/>	Stress <input type="checkbox"/>
Exercise <input type="checkbox"/>	Weather <input type="checkbox"/>
Cold/flu <input type="checkbox"/>	Air pollution <input type="checkbox"/>

**If other please list**

**Does your child need to take any other asthma medicines while in the school's care?**  
 Yes  No

**If yes please describe**

Medicine	How much and when taken

**Dates card checked**

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

**Actions to take if a child is having an asthma attack**

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

