



# Medical Conditions Policy

St Barnabas CofE Primary School

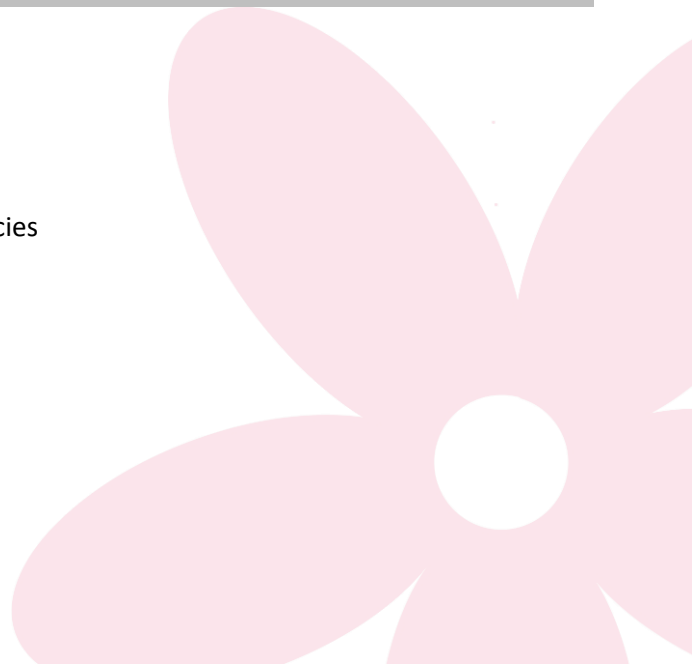
**Approved by:** St Barnabas LGB

**Last reviewed on:** March 2026

**Next review due by:** March 2027

This policy supersedes all previous Medical Conditions policies

Fioretti Trust  
Aspiration Wisdom Compassion



## **Supporting Pupils with Medical and Dietary Needs**

### **Introduction**

- This policy aims to show:
- Procedures involved for the development of healthcare plans
- Specific procedures for managing prescription medicines which need to be taken whilst in school
- A clear statement on the role and responsibilities of staff for managing and administering or supervising the administration of medicines
- A clear statement of parents' responsibilities in respect of their child's medical needs and written agreement for medicines to be administered to their child
- Staff training in dealing with medical needs
- Storage of medicines within the school
- Long term medicine administration
- Non-prescribed medicines
- Managing asthma, diabetes, epilepsy and anaphylaxis
- Risk assessment and management procedures

### **Individual Healthcare Plans**

- The main purpose of an individual healthcare plan for a pupil with medical needs is to identify the level of support that is needed at school. The school, in consultation with medical professionals, parents/carers and pupils, will make judgements upon the pupil's ability to cope with poor health or a particular medical condition. It will be agreed together what measures need to be taken to ensure the health and safety of a pupil. The school will make reasonable adjustments in line with the Equality Act 2010 to ensure pupils with medical conditions are not disadvantaged. Where medical needs impact attendance, the school will work with families and professionals to ensure appropriate provision and avoid unnecessary absence.
- Healthcare plans are determined upon information provided to the school by parents/carers through the school's admissions process. The following process is used to obtain a healthcare plan for a child:
- The school office will notify the Senior Administrator & Pastoral Manager of any child whose parent/carer has disclosed that their child has a medical need, dietary need or suffers from any allergies.
- The Senior Administrator & Pastoral Manager will review the information and where appropriate seek the parents/carers consent to make a referral to the school nurse or specialist nurse/consultant for guidance and support.
- Upon receiving the appropriate consent for the referral, the Senior Administrator or Pastoral Manager will scan a copy of the referral form across to the appropriate agency.
- A member of the school nurse team/specialist nurse will make direct contact with the parent/carer of the child and arrange a meeting.
- During the meeting the needs of the child will be discussed and if necessary, a health care plan will be drawn up.
- The school nurse will meet with the Senior Administrator or Pastoral Manager and any other school personnel who may need to be involved in the child's on-going care whilst within the school.
- It will be agreed who is the most appropriate staff member to administer medication and attend training provided by the specialist nurse.

**The Health Care Plan will indicate:**

- Pupils' details
- Details about their medical needs, signs, symptoms and treatments.
- The resulting needs of the pupil, including medication, facility requirements, dietary requirements and environmental issues.
- Specific support for the pupils' educational, social and emotional needs
- Level of support needed, including emergencies and if self-administer their medication.
- Written permission from parents/carers for medication to be administered or self-administered by pupil during school hours.
- If needed, procedures regarding school trips and other school activities including curriculum access
- Procedures required in an emergency

A copy of the plan will be available in the school office and in the children's classroom with their medication in the class grab bag.

A copy of the plan will also be held on file within the child's school admissions file.

The Senior Administrator & Pastoral Manager will review all IHCPs annually or as and when changes occur. The school Nurse team will be involved if required to do so. The SENDCo will support the identification of pupils whose medical needs impact learning and ensure alignment between IHCPs and EHCPs or SEND support plans, if required.

**Managing Prescription Medicines**

- Medicine should only be brought into school when essential; that is where it would be detrimental to the child if the medicine was not administered during the day. Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The label must be legible to read clearly, including the name of the child. Staff will only administer medicine if the label states it is clinically necessary during school hours or more than 3 times a day.
- The school cannot accept medication that has been taken out of the container as originally dispensed or make changes to dosage on parental request. School will only administer what has been prescribed by the GP

**Parental Consent Form**

- If medicines need to be administered parents /carers must complete a medication administration form
- Staff must ensure that the form is completed fully before accepting the medication.

**Refusing Medication**

If pupils refuse to take their medication the school will not force them to do so. However, the school will contact the pupil's parents/carers as a matter of urgency to let them know that the child has refused their medication.

**Storage of Medication**

- Pupils, staff and parents/carers will be told where their medication is stored and where to collect it at the end of each day.
- A few medicines, such as asthma Inhalers, insulin, adrenaline pens must be readily available to pupils and staff and must not be locked away and kept within easy reach for the child during their day at school. Grab bags with all children's medication, IHCP & consent forms are in the classrooms. Accompanying medical forms will be also kept within the grab along with care plans for EpiPens.
- Some medications must be stored within a fridge. The school has a nominated fridge,

which is lockable, just for medication. The temperature of this fridge is recorded every half term. If temperature sensitive medication is received, temperature checks will be carried out weekly.

### **Emergencies**

- Staff will follow emergency procedures as set out in the healthcare plan.
- In an emergency, staff will not delay calling 999 if required. All staff will be aware of emergency procedures and key roles during an incident as detailed in the First Aid policy.

### **School Trips & Excursions**

- Medicines will be administered on trips and excursions where it would be detrimental to a child's health not to do so. Parents/carers will need to complete the appropriate authorisation form.
- A designated member of staff, usually the class teacher, but indicated on the risk assessment will be responsible for the transportation, control and administration of medicine for the duration of the excursion/trip. The designated person will ensure medical records and medication consent forms are taken or have access to medical tracker.
- A risk assessment should be carried out so that planning arrangements take account of any steps needed to ensure the pupil's medical needs are included.
- There must be at least one member of staff who is trained to administer the required medication on any trip.

### **Sporting Activities**

- Most pupils with medical conditions can participate in extra-curricular sport or the PE curriculum. Any restrictions on a pupil's ability to participate in PE must be included in the pupil's individual healthcare plan. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.
- Grab bags should be taken when activities are away from the classroom.

### **Roles & Responsibilities for Managing & Administering Medicines**

- Staff will ensure that parents/carers requesting administration of medicines for their child complete a medication consent form (Appendix A).

Before accepting the medicine, staff must ensure they:

- Check the medicine name, previous dosage (given at home) details, prescribed dose, expiry date, and child's name, written instruction provided by prescriber on label or container (typed in most cases).
- On receipt of medicines these should be taken and immediately stored within the medicine fridge or in the first aid box where appropriate.
- Medicine may only be administered by a trained staff member unless the pupil self-administers.
- Before administering medication to a child an additional colleague needs to also witness the medication name, previous dosage details, prescribed dose, expiry date on medicine/label, and written dosage on the medication permission form and stay whilst the medicine is administered or self-administered.
- Medication is administered and witnessed by an additional adult; this is to be recorded on Medical Tracker and notifications to parents sent.
- All completed medical forms are shredded when the course of medication has ended. All medicines administered have been recorded on medical tracker.

### **Parent's/Carers Roles & Responsibilities**

- Parents/Carers have the prime responsibility for their child's health and should provide the school with information on their child's medical needs/conditions.
- Parents /Carers requesting medicines to be administered during the school day must ensure that they provide:
  - Information on the reason for medication
  - Previous dosage details given at home
  - Medicines are clearly labelled with child's name
  - Prescribed dose
  - Expiry date of medication
  - A signed medication consent form
- Parents/Carers will hand over the medication every day to a member of the office staff. This will be checked against paperwork. Children are not to bring in medication. All medication will always be handed back from the office to an adult and not to a child.
- Parents have a responsibility to ensure that the school has the appropriate amount of medication in school and that any medication that is past its expiry date is replaced.

### **Medical Needs Staff Training**

- Training will be given regarding the administration of medicines or regarding the caring or supporting of a child with specific medical needs. Frequency of training for all staff should be refreshed regularly to enable settings to be fully inclusive.
- All staff have annual asthma, epilepsy, and anaphylaxis training.
- If a child with Epilepsy/Seizures requires emergency rescue medication (e.g. Buccolam) training must be accessed before staff can administer this medication and then updated annually. Schools can access additional training through the school nurse or specialist agencies for medical needs like Hemophilia.

### **Responsibilities for Parent and Carers**

- Parents/Carers are responsible for providing the school with sufficient information about their child's medical condition and treatment or special care at school. They should, with staff, jointly agree on the school's role in supporting the pupil's medical needs.
- Parents have a responsibility to ensure that the school has the appropriate amount of medication in school and that any medication that is past its expiry date is replaced. It is parents and carers' responsibility to ensure this is done quickly. Any failure to do so in a reasonable time frame will be passed to a DSL as this is an issue for keeping children safe.

### **By approving this policy, the Governing Body ensures:**

- The school's policy covers the role of individual healthcare plans in supporting pupils at school with medical conditions.
- That individual healthcare plans are implemented and shared with all who are relevant to the welfare of the pupil.
- That the care plans have appropriate information as set out in statutory guidance
- Arrangements are made to support pupils with medical conditions in school
- That sufficient staff have received suitable training and are competent before they take responsibility to support children with medical conditions.
- Appropriate records regarding administering of medication are kept and monitored.
- Arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so.

- That the policy indicates what should happen in case of emergencies.

**The Headteacher should ensure that:**

- The school's policy is developed and effectively implemented by all stakeholders.
- Staff are aware of pupils who have an Individual healthcare plan.
- Sufficient trained numbers of staff are available to implement the policy and deliver against the pupil's Individual healthcare plan.
- They have overall responsibility for the development of Individual healthcare plans.
- Staff are appropriately insured and aware they are to support the pupils.
- Appropriate contact is made with health professionals if any child has a medical condition that may require support.

**Staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines.
- All staff who are trained and have not registered that they are not willing to administer epi-pens, are expected to do so.
- Staff lists of designated first aiders are displayed in school.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support pupils with medical conditions. They should read and implement procedures as set down in the Individual Healthcare plan and follow emergency procedures if required.

**Safeguarding**

Medical needs may present as, or be linked to, safeguarding concerns. The Designated Safeguarding Lead (DSL) will be informed of any concerns, patterns or anomalies (including attendance concerns, repeated illness, or possible fabricated or induced illness) Medical information will be considered alongside wider safeguarding information and recorded on CPOMS where appropriate.

**Pupils**

Pupils who have a medical condition will often be best placed to provide information about how their condition affects them. They should fully be involved in discussions about their medical support and contribute as much as possible to the development of and comply with their Individual healthcare plan.

## **Appendix A**

### **Parental agreement for school/setting to administer medicine:**

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

NOTE: Medicines must be supplied in their original container as dispensed by the pharmacy.

Name of School : St Barnabas CE Primary

Date:

Child's Name:

Class:

Medical Condition:

Medication Name/

Strength:

Expiry Date:

Dosage/how to give and how long for:

End date to give medication:

When to give/time:

Time last dose administered:

Date for review:

(Annual or when needs change)

Contact Number for Parent & Address for Parent

GP Name GP Tel No:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staffing administering medication in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in the dosage or frequency of the medication or if the medication is stopped.

Parent Signature:

Parent Name:

Date:

If more than one medicine is to be given a separate form must be completed for each one.

## **Appendix B**

### **Recommended Exclusion Periods for Common Illnesses**

The following guidance is based on current UKHSA infection-control advice and NHS recommendations. The school will update this appendix if national guidance changes.

#### **Vomiting and/or Diarrhoea**

- Pupils should remain at home for 48 hours after the last episode.
- This helps prevent the spread of norovirus and other gastrointestinal infections.  
Aligned with: UKHSA "Guidance on infection control in schools" & NHS vomiting/diarrhoea advice.

#### **Fever**

- Pupils should not attend school until they have been fever-free for 24 hours, without the use of fever-reducing medication.  
Aligned with: NHS guidance on fever in children.

#### **Respiratory Infections (including colds, flu-like symptoms, mild coughs)**

- Pupils may return when they are well enough to take part in school activities and do not have a high temperature.
- Pupils with a persistent cough may attend if they are otherwise well.  
Aligned with: UKHSA respiratory infection advice.

#### **COVID-19**

- Pupils with a high temperature should remain at home until the temperature has resolved and they are well enough to return.  
Aligned with: UKHSA respiratory illness guidance.

#### **Chickenpox**

- Pupils should remain off school until all spots have crusted over, usually around 5 days after they first appeared.  
Aligned with: NHS chickenpox advice.

#### **Impetigo**

- Pupils may return 24 hours after starting antibiotics, provided the affected areas are covered.  
Aligned with: NHS impetigo treatment guidance.

#### **Scarlet Fever**

- Pupils may return 24 hours after starting appropriate antibiotics.  
Aligned with: UKHSA scarlet fever guidance.

#### **Conjunctivitis**

- Pupils may attend school if they feel well enough.  
Aligned with: NHS conjunctivitis guidance.

**Head Lice**

- No exclusion required; treatment should begin immediately.  
Aligned with: NHS head lice guidance.

**Measles**

- Pupils must remain off school for 4 days after the appearance of the rash.
- Measles is highly infectious, and exclusion helps prevent transmission, particularly to vulnerable pupils and staff.

**Prolonged or Recurrent Illness**

Where absence becomes prolonged or repeated due to health issues:

- We may request medical evidence (e.g., GP note, appointment card).
- The pupil may be referred to the school nurse for additional support.