



**Teversham Church of England
Primary School**

**SUPPORTING PUPILS AT
SCHOOL WITH MEDICAL
CONDITIONS AND
ADMINISTRATION OF
MEDICINE**

2026-27

STATUTORY

DATE ADOPTED: 19th May 2026

REVIEW DATE: May 2027

Inspired by God's love for us, we seek to be a loving, serving, learning community in which our belief that all people should be valued for who they are in God's image creates a culture where all can explore, discover, flourish and therefore achieve their best.

"We love because God first loved us" 1 John 4:19

In our school, the value of "love" underpins everything we do. At Teversham, each member of the school community is encouraged to love and respect themselves, others, God, and his world. We believe that all people are made in the image of God and are valued because of this. Our school is a place where everyone should be able to flourish in all aspects of their development. We ensure a tailored approach which gives each child the tools needed to succeed and values the uniqueness of each child.

Introduction

This policy describes the arrangements to provide support for pupils with medical conditions; it includes details on how the policy will be implemented effectively.

The policy covers the administration of medicines in school and the role of individual healthcare plans for those pupils who need them. It identifies who is responsible for the development of healthcare plans in supporting pupils at school with medical conditions. It describes the arrangements to actively support pupils with medical conditions for them to participate in school trips and visits, or in sporting activities.

It requires that written records are kept of all medicines administered to children.

It requires that staff are properly trained to provide the support that pupils need.

The policy sets out what should happen in an emergency situation.

It requires that the appropriate level of insurance is in place and appropriately reflects the level of risk, with risk assessment being carried out, when appropriate.

It requires parents to provide the school with sufficient and up-to-date information about their child's medical needs. This will be prompted with an annual data check.

Aims

At Teversham C of E Primary, we have high aspirations and ambitions for our children and we believe that all children should succeed. We strongly believe that it is not about where you come from but your passion and thirst for knowledge and your dedication and commitment to learning that make the difference between success and failure and we are determined to ensure that our children are given every chance to realise their full potential.

We are committed to ensuring that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. We aim to ensure that pupils with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

This policy has been developed in line with the Department for Education's statutory guidance (December 2015) "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014.

The statutory duty came into force on 1st September 2014
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible, so that all pupils with medical conditions are able to participate in all aspects of school life;
- monitor and keep appropriate records.

Definitions

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities, whilst they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Rationale

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required.

The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same

right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the medical profession which encourages self-administration of medication when possible.

Expectations

It is expected that:

- Any pupil with a medical condition requiring regular medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record which are stored safely in the school office. Inhalers will be kept in classrooms for easy access.
- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative. Staff and parents will agree together if both are satisfied that the child is able to safely self-administer.
- Where parents have written to request the school to administer the medication for their child, the prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage cannot be administered outside of school hours or has to be taken with meals. The name of the pharmacist should be visible.
- Pupils should not bring in their own medicine. This should be brought into school by the parent.
- The school takes the management of allergies very seriously. Staff are trained by professionals, and parents in some instances, to administer medicines such as EpiPens.
- Controlled drugs (such as Ritalin) may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence. Controlled drugs will be stored in a locked non-portable container and only named staff will have access.
- Asthma inhalers will be stored in classrooms with a record card to monitor usage. This will be given to parents or carers when completed so they are aware of the child's usage. A central record will be kept of asthma sufferers.
- Staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- Teversham CofE Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

- If parents wish over the counter medicines to be administered in school, they must comply with the requirements of this policy.
- Any medicines brought into school by the staff e.g. headache tablets; inhalers for personal use will be kept securely in appropriate storage and kept out of the reach of the pupils. Staff medicine is the responsibility of all staff concerned and not the school.
- The SENCO is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:
 - (a) sufficient staff are suitably trained
 - (b) all relevant staff are made aware of a child's condition
 - (c) cover arrangements in case of staff absence/turnover is always available
 - (d) supply teachers are briefed
 - (e) risk assessments for visits and activities out of the normal timetable are carried out
 - (f) individual healthcare plans are monitored regularly and reviewed annually or earlier if evidence is presented that the child's needs have changed. The plan 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 minimizes disruption.
 - (g) transitional arrangements between schools are carried out
 - (h) if a child's needs change, the above measures are adjusted accordingly

Individual Health Care Plans (IHCPs)

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

IHCPs are reviewed with parents every September for the new school year, or earlier if needs or treatment plans change. A hard copy is kept in the classroom and centrally in the office, and an electronic copy is held on the school system.

Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

What constitutes an emergency.

What to do in an emergency.

- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Roles and Responsibilities

The Governing Body

- Governors ensure, through this policy, that arrangements are in place to support pupils with medical conditions. They also ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Some children with medical conditions may be disabled. Where this is the case the governors, through this policy, comply with their duties under the Equality Act 2012. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. Some pupils may have special educational needs (SEND) and may have a statement or EHC plan which brings health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice 2014.
- In making these arrangements, the Governing Body takes 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. The focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The Governing Body, through this policy, intend that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. They intend that the arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- They intend that staff should be properly trained to provide the support that pupils need.
- The Governing Body intend that the arrangements put in place are sufficient to meet their statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.
- The Governing Body will ensure that this policy is reviewed at least annually.

The Headteacher and SENCO

- should ensure that this policy is implemented

- should consult with appropriate health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are appropriately trained to implement the policy and deliver IHCs, including in emergency and contingency situations
- should ensure the school and staff are appropriately insured
- is responsible for the development of IHCPs
- may contact the school nursing service in the case of any child with a medical condition
- should ensure appropriate records are kept
- should ensure all staff are aware of this policy
- should ensure the policy is reviewed annually and is developed effectively with partner agencies.

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- should familiarize themselves with procedure detailing how to respond when they become aware that a pupil with a medical condition needs help.
- should undertake training to achieve necessary competency to support pupils with medical conditions, if they are required to undertake that responsibility.
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- staff who undertake responsibilities within this policy are covered by the school's insurance
- staff should complete a Record of medicine administered to an individual child form before administering medication

School Nurses

- should liaise locally with lead clinicians on appropriate support.
- may support staff on implementing a child's IHCP and provide advice and liaison

Other healthcare professionals

- should notify other healthcare professionals as appropriate when a child has been identified as having a medical condition that will require further support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (e.g. Asthma, diabetes) and should be consulted where necessary

Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHCP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHCP
- should carry out any action they have agreed to as part of the IHCP implementation
- must come in to school to complete a written request for medicines to be administered by the school staff
- must abide by and follow this policy.

Day trips, residential visits and sporting activities

- where pupils are required to take medicine during a day trip etc, arrangements should be made to administer them in accordance with this policy. Inhalers, epi-pens and emergency medication kits are always taken with the group during off-site visits. Inhalers are taken outside during PE lessons as appropriate.
- pupils with medical conditions should not be precluded from taking part in day trips, residential visits or sporting activities unless evidence from a clinician such as a GP states that this is not possible.
- teachers should be aware of how a pupil's medical condition may impact on their participation and will complete a risk assessment as appropriate.
- school will consider any reasonable adjustments that may need to be made to enable pupils with medical conditions to participate fully and safely on visits.

Unacceptable practice

The following are generally considered to be unacceptable practice:-

- preventing children from easily accessing their inhalers and medication and administering them when necessary;
- assuming that every child with the same condition requires the same treatments;
- ignoring the views of the child or their parents; or medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone inappropriate;
- penalising children for their attendance record if their absences are related to their medical condition e.g., hospital appointments;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents, or making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child (though this may be mutually agreed as an appropriate reasonable adjustment during the risk assessment process).

Complaints

If parents or pupils are dissatisfied with the support provided by school, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of Section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Adopted: 19th May 2026

Date of next review:

May 2027

After approval by the Governing Body this policy will be electronically signed by Rev Nick Moir, Chair of Governors.

Individual Healthcare Plan



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 of 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

Symptoms/Signs:

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

[Empty rectangular box]

Describe what constitutes an emergency, and the action to take if this occurs

[Empty rectangular box]

Who is responsible in an emergency (*state if different for off-site activities*)

[Empty rectangular box]

Plan developed with

[Empty rectangular box]

Staff training needed/undertaken – who, what, when

[Empty rectangular box]

Form copied to

[Empty rectangular box]

Signature:.....

NameRelationship to child.....



Teversham Church of England Primary School



Support Plan for

Scenario 1 -

Scenario 2 –



Record of medicine administered to an individual child

Name of school/setting

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

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

--	--	--

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 – work

Telephone – mobile

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 should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give 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
	<input type="text"/> <input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
	<input type="text"/>	<input type="text"/>

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

Parent/carer's signature

Date

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Does your child tell you when he/she needs medicine?

Does your child need help taking his/her asthma medicine?

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

Does your child need to take any medicines before exercise or play?

If yes, please describe below

Medicine	How much and when taken
	<div style="border: 1px solid black; border-radius: 5px; padding: 2px;">How much and when taken</div>

Does your child need to take any other asthma medicines while in the school's care?

If yes, please describe below

Medicine	How much and when taken
	<div style="border: 1px solid black; border-radius: 5px; padding: 2px;">How much and when taken</div>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
		<div style="border: 1px solid black; border-radius: 5px; padding: 2px;">Job title</div>	<div style="border: 1px solid black; border-radius: 5px; padding: 2px;">Signature</div>

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

Asthma UK Adviceline Ask an asthma nurse specialist
0800 121 62 55 asthma.org.uk/adviceline 9am—5pm, Monday—Friday



