



Wessex
Learning Trust

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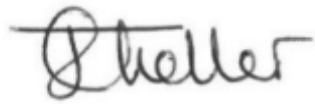
Medical Conditions in Schools Policy



Wessex Learning Trust

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This policy will be reviewed by the Board of Trustees every three years.

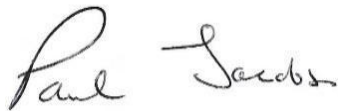


Signature:

Name: Mrs Jayne Keller

Position: Chief Executive

Date: 24 September 2026



Signature:

Name: Mr Paul Jacobs

Position: Chair of the Board

Date: 24 September 2026

Date approved by Trust Board: September 2026

Review Date: September 2029

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our schools 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.

2. Legislation and statutory responsibilities

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

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

This policy should be read in conjunction with the government's guidance on the use of emergency inhalers and adrenaline auto-injectors (such as an Epi-Pen).

Department of Health – [Guidance on the use of emergency Salbutamol inhalers in schools](#)

Department of Health – [Guidance on the use of adrenaline auto-injectors in schools](#)

Department for Education - <https://www.gov.uk/government/publications/allergy-safety-in-schools>

3. Roles and responsibilities

3.1 The Board of Trustees

The Board of Trustees has ultimate responsibility to support pupils with medical conditions. The Trustees delegate this responsibility to the Headteacher of each school to ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Ensure all staff are aware of this policy and understand their role in its implementation.
- Ensure 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
- Ensure all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school.
- 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 is a safe and secure area to store medications.

3.3 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, although they will not be required to do so if they feel uncomfortable doing so. This includes the administration of medicines.

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

Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- 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.

3.5 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 IHP.

3.6 School nurses and other healthcare professionals

Where a child is identified as having a medical need, healthcare professionals, such as GPs and pediatricians/ community/specialist nurses may be involved in planning an IHP as appropriate, and some conditions may require training by NHS or expert staff.

4. Equal opportunities

Our schools are 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, unless participation would be beyond reasonable adjustment.

Each school will consider what reasonable adjustments need to be made to enable pupils to participate fully and safely on school trips, visits and sporting activities.

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/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to their school.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. They may delegate this responsibility to another member of the school team.

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/carers 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/carers and a relevant healthcare professional (where appropriate), such as the school nurse, specialist or pediatrician, 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 (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The school 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.

- 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/carers 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/carer or 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.

7. Managing medicines

7.1 Prescription medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and;
- Where the school has parents/carers' written consent.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers

The Headteacher may decide to administer non-prescription medicines in exceptional circumstances and for a short period of time for a pupil. If this is the case the medicine must be in its original labelled bottle, showing the dosage and not be in an unlabelled bottle or in a syringe

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

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 school will not, for example, accept an unlabeled bottle or a syringe of medication

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

7.2 Storage of medicines

All medicines will be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.3 Administration of medicines

A written log of medicines administered by school staff must be kept and signed off by two members of staff (see appendix 2 template c). Two members of staff must witness the taking of medicine, the form *cannot* be signed at a later date by the second member of staff.

Standard Practice:

- Parent/carer completes a medicine administration request (see appendix 2 template b)
- When giving medicine refer to the above request
- Check the child's name on the form and the medicine, ensuring it is the correct child
- Check the prescribed dose
- Check the expiry date
- Check the prescribed frequency of the medicine
- Measure out the prescribed dose (parents/carers should provide spoon/syringe if it is required)
- If the child is competent to do so, they can measure out their own medicine under supervision
- Complete and sign the administration of medicine record form once the child has taken the medicine
- The form should be counter-signed by another member of staff witnessing the giving of medication
- If uncertain do not give the medicine and contact the parents/carers as soon as possible
- If the child refuses medication or spits the medication out do not re-administer, record and inform parent/carer as soon as possible

7.4 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.5 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/carers, and it will be reflected in their IHP.

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/carers so that an alternative option can be considered, if necessary.

7.6 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/carers.
- 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.
- 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child.
- Administer, or ask pupils to administer, medicine in school toilets.

8. Medical devices

8.1 Asthma inhalers

The school must allow pupils who are capable of carrying their own inhalers to do so, ensuring that parental consent for this has been obtained. The school will ensure that spare inhalers for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working. Each school will keep spare asthma inhalers in case of emergency.

8.2 Adrenaline Auto-Injector devices (AAIs)

The school must allow pupils who are capable of carrying their own AAIs to do so, ensuring that parental consent for this has been obtained. The school will ensure that spare AAIs for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working. Each school will keep spare AAIs in case of any emergency.

9. Educational trips and visits

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers.

If the medication is of a type that should not be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. The visit leader will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication. The visit leader may delegate the giving of medication to another member of staff on the school trip.

If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure.

10. Emergency procedures

Staff will follow the school's normal emergency procedures:

1. Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
2. Speak clearly and slowly and be ready to repeat information if asked. They may ask -
 - your telephone number
 - your name
 - your location address
 - state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
 - provide the exact location of the patient within the school setting or the location if not on the school site
 - provide the name of the child and a brief description of their symptoms
 - date of birth of the child, home address of the child
 - you may need a mobile phone to make the call and the person making the call will need to be with or very near to the child
 - inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

3. Complete a form/log of the event in line with school procedures.

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/carer arrives or accompany the pupil to hospital by ambulance.

11. 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. 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 the Headteacher (or member of staff with delegated responsibility for the development of IHPs) in each school.

Training will be kept up to date.

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.

12. Record keeping

The school will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

The Department for Education has released a set of templates for schools to use in supporting pupils with medical conditions. A copy of each template is shown in Appendix 2.

13. Liability and indemnity

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The Trust central team will ensure that all schools are a member of the Department for Education's risk protection arrangement (RPA).

14. Complaints

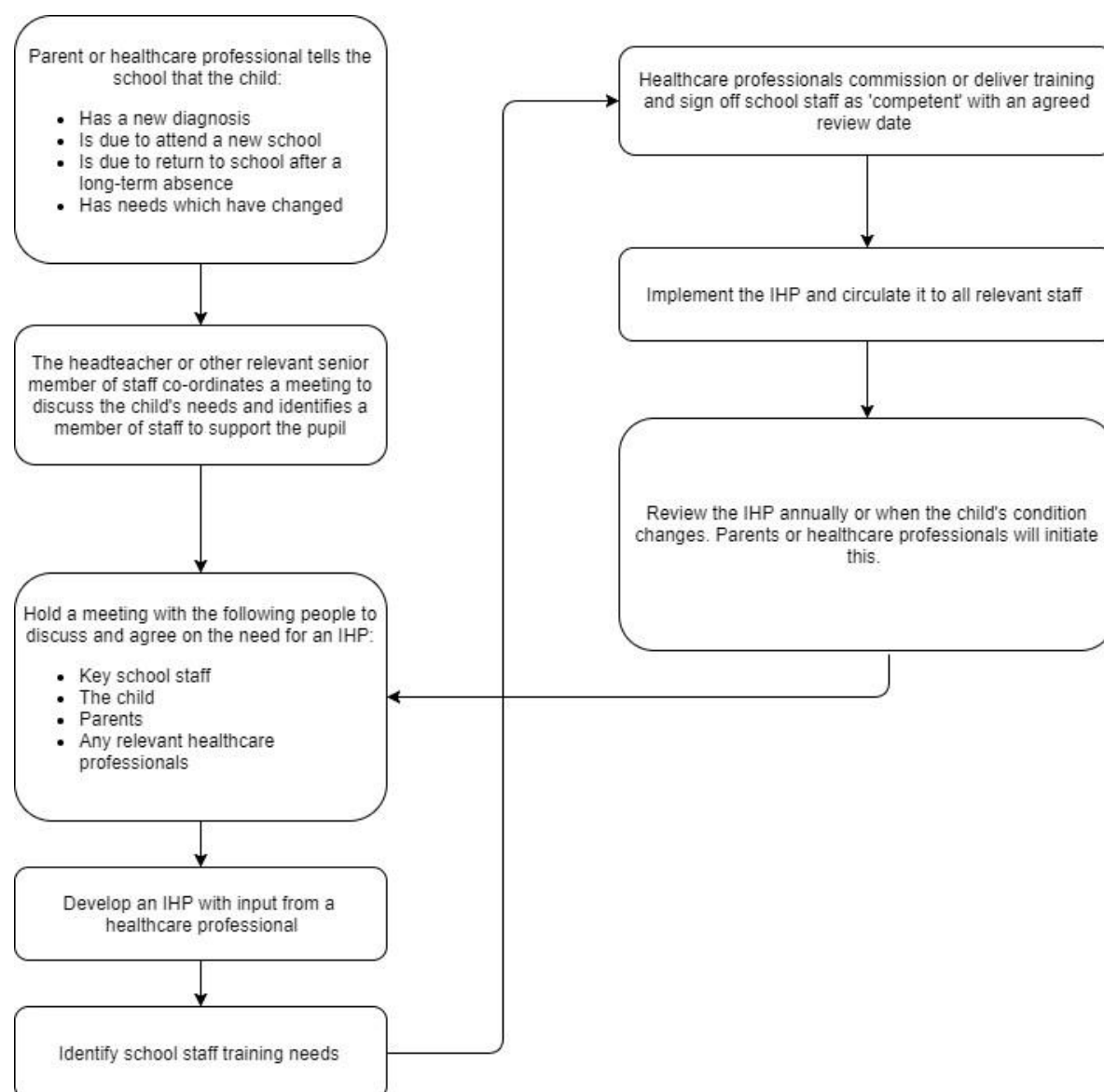
Parents/carers with a complaint about their child's medical condition should discuss these directly with the member of staff in the school with the delegated responsibility for the development of IHPs for students with medical needs in the first instance. If the matter remains unresolved, they will direct parents/carers to the Trust complaints policy.

15. Links to other policies

This policy links to the following policies:

- Complaints Policy
- Equality information and objectives
- First Aid Policy
- Health and Safety Policy
- Safeguarding Policy
- Special Educational Needs Policy
- Allergy Safety and Anaphylaxis Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Templates for Supporting pupils with medical conditions

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, the DfE have prepared the following templates. They are provided as an aid to schools, and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: Individual Healthcare Plan

Name of school/setting

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.

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

Template B: parental agreement for setting to administer medicine

The school/setting 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/setting

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/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
(administrator)

Staff initials

Name of member of staff
(witness)

Staff initials

Date

Time given

Dose given

Name of member of staff
(administrator)

Staff initials

Name of member of staff
(witness)

Staff initials

Date

Time given

Dose given

Name of member of staff
(administrator)

Staff initials

Name of member of staff
(witness)

Staff initials

Template D: record of medicine administered to all children

Name of school/setting

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[illegible]

Template E: staff training record – administration of medicines

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

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member 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/setting 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 setting
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 [the following people]. 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 [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely