Supporting Children with Medical Conditions Policy			
Reviewed by	Susannah Holmes	Authorised by	WGB Committee
Last Review	Autumn 2026	Date	September 2026
Next Review	Autumn 2028	Review Cycle	2 years

This policy should be read alongside:

- First Aid Policy
- Anaphylaxis and Allergy Policy
- Safeguarding and Child Protection Policy
- SEND Policy
- Attendance Policy

1. Introduction

Section 100 of The Children and Families Act 2014 places a statutory duty on the governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

2. Key Roles and Responsibilities

2.1 Governing bodies.

Governing Bodies make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.

They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

Governing bodies will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The governing body will monitor this implementation.
They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed to allow them to participate fully in school life

2.2 The Headteacher

The Headteacher should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

The Headteacher should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Headteacher has overall responsibility to ensure individual healthcare plans are in place. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 Inclusion Manager
The Inclusion Manager holds operational responsibility for ensuring Individual Health Care plans are in place and are consistently reviewed They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

2.4 School staff
Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

2.5 School nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

3. Local Arrangements – identifying children with health conditions

The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is pending or is unclear, we will implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

4. Individual Health Care Plans

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Headteacher, the SENCO to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Inclusion Manager will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan.

Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan.

The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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, use of rest periods or additional support in catching up with lessons, ELSA sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Educational Provision for Children Unable to Attend School Due to Medical Needs

Freegrounds Infant School is committed to offering equal opportunities for all, regardless of race, religion, gender or ability.

It is possible that, from time to time, schools may need to seek support from the Hampshire Education and Inclusion Service (EIS) for children and young people who are temporarily unable to attend school on a full-time basis because of their medical needs. These children and young people are likely to be:

children and young people suffering from long-term illnesses;

children and young people with long-term post-operative or post-injury recovery periods;

children and young people with long-term mental health problems (emotionally vulnerable).

For the purposes of this policy statement, "long-term" is defined as any period exceeding 15 continuous school days of absence from school because of medical needs. The Education and Inclusion Service considers that education provision for absences of up to 15 days remains the responsibility of the pupil's home school.

Where it is clear that an absence will be for more than 15 continuous school days, then Education and Inclusion Service provision should begin at the earliest possible date and should not automatically be delayed until the 16th day of absence.

It is important that the referring school must notify the School Nurse service at the point it is identified that the child or young person's medical need is preventing their attendance at school.

At all times during the period of Education and Inclusion Service provision the young person will remain on the roll of their home school and the home school will retain ultimate educational responsibility for the young person.

Referral to the Education and Inclusion Service

Referral to the Education and Inclusion Service will be made by the school via the Education and Inclusion Service referral form and in partnership with the School Nurse service. Referrals should normally be supported by an appropriate medical or professional practitioner.

The school will normally convene a multi-agency planning meeting to determine whether Education and Inclusion Service support is appropriate and, if so, establish arrangements for educational provision, monitoring and reintegration.

School Responsibilities During Medical Absence

The home school will retain responsibility for:

- monitoring the agreed action plan for the pupil and informing all relevant parties of any changes;
- providing or loaning specialist resource materials where possible;
- making examination arrangements where required;
- overall collation and assessment of examination coursework;
- any appropriate off-site activity.
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Reintegration Following Medical Absence

If a child is returning following a period of hospital education or alternative provision (including home tuition), the school will work with Hampshire County Council and any education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

The school will work collaboratively with healthcare professionals, the Education and Inclusion Service, parents and other agencies to support a successful return to full-time education wherever possible.

5. Training

The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans).

All new staff will be inducted on the policy when they join the school through their Induction Training. Records of this training will be stored in the Health and Safety folder.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually.

All staff will have a basic awareness of common medical emergencies, including allergy/anaphylaxis, so they can recognise symptoms, get help quickly and support the initial response.

Staff with specific responsibility will have additional training so they're confident in what they're doing.

The awareness training will be provided to staff by Susannah Holmes the SENCO.

We will retain evidence that staff have been provided the relevant awareness training on the policy by keeping minutes of meetings and through a register.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training

6. The child's role

The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children know where their medicine is stored. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

7. Managing Medicines on the School Premises

The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. If medicines are required 3 times or less during a 24 hour period we ask that as per staff training these are administered at home unless a child is attending afterschool club. However, the Headteacher responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to do so. Staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

The school holds 4 spare adrenaline pens (2x child and 2x adult) these are stored in the cupboard in the office. The pens are checked and ready to use.

8. Storage

All medication (for example antibotics, calpol, antihistamine) other than emergency medication (such as inhalers and Adrenaline auto injectors) will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with, and can be easily removed from the premise in an evacuation.

Where medicines need to be refrigerated, they will be stored in a office fridge in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

9. Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Although we currently do not have the need for Sharps boxes in the event of us needing them, they will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through our local contractor who will remove them from site.

10. Allergy and anaphylaxis

The school recognises that allergies and anaphylaxis are medical conditions that may require emergency intervention. Arrangements for the prevention, identification and management of allergies and anaphylaxis are detailed within the Anaphylaxis and Allergy Policy. Staff will follow the procedures contained within that policy and the First Aid Policy in the event of an allergic reaction or anaphylactic emergency. The school maintains spare adrenaline auto-injectors in accordance with current guidance.

11. Medical Accommodation

The Medical Area will be used for all medical administration/treatment purposes. The location/room will be made available when required.

12. Emergency Procedures

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and set out the procedures to be followed. All relevant staff will be made aware of the child's emergency symptoms, medical needs and required response procedures, and we will ensure that children know to inform a member of staff immediately if they are concerned about the health or wellbeing of another child. Emergency medical incidents will be managed in accordance with this policy, the child's Individual Healthcare Plan, the First Aid Policy and, where applicable, the Anaphylaxis and Allergy Policy. Where a child requires hospital treatment, a member of staff will remain with the child until a parent arrives and, where necessary, will accompany the child to hospital by ambulance, ensuring that any relevant medical information, Individual Healthcare Plans and supporting documentation held by the school are taken with them.

13. Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

14. Record keeping

The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

15. Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. 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 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; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

16. Liability and Indemnity

Staff at the school are indemnified under the County Council self insurance arrangements.

The County Council's is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

17. Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Inclusion Manager. If for whatever reason this does not resolve the issue, they may make a formal compliant via the school's complaints procedure.

18. Policy to be reviewed every 2 years or sooner if national guidance changes, particularly around medical conditions and allergy safety.

	V2 November 2024 Change of date for when policy was reviewed.
June 2026	Addition of allergy and anaphylaxis information and spare adrenaline pens