Supporting children with medical conditions policy

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Reviewed: Autumn 2026

Next review: Autumn 2028

Roles and Responsibilities

Parents have the prime responsibility for their child's health and are required to provide the school with information about their child's medical conditions before they are admitted to the school, or as soon as the child first develops a particular medical need. The purpose of this policy is to ensure that any child subject to this policy can enjoy and access the same opportunities as any other child, where this is practicable.

In consultation with the family, advice will then be sought from those health professionals involved with the child, in order to determine the level of support needed on a daily basis when their child attends school. This could include:

- A General Practitioner (GP), Paediatrician or other relevant medical professional
- A health visitor or a specialist voluntary body

For those children who attend hospital appointments on a regular basis, special arrangements may also need to be considered.

In school the designated person for children with medical needs is our Medical Assistant, overseen by our Inclusion Lead.

Pupils with Long Term or Complex Medical Needs

Special Arrangements

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will need to be made.

In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.

Section 100 of the Children and Families Act 2014 identifies the duty of school to provide medical support for children with medical conditions. The "Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 Years September 2014" advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that will be considered.

Individual Health Care Plans

A written individual Health care plan (IHCP) will be developed for those children who need a plan, to clarify for staff, parents and the child, the support that will be provided. The school aims to follow statutory guidance in this respect and will strive to produce a suitable plan within two weeks of any notification. This will include details of the child's medical condition, any medication, daily care requirements and action to be taken in an emergency, including parents' contact details. Where a child has been identified as having SEND, the inclusion lead will advocate for these pupils when IHCPs are being drawn up to ensure appropriate consideration of their circumstance and need is reflected. Where short-term interventions may be required, such as for monitoring of a condition/testing for a condition, these will be managed by the Admin team and Inclusion Lead and do not necessarily need to be updated in the IHCP.

Those who may need to contribute to a health care plan include:

- Medical Assistant (Mrs Sarah Downes), in her absence, a trained member of the Admin Team
- The school health service, the child's GP or other health care professional (depending on the level of support the child needs)
- The Headteacher and SENDCo
- The parents/carers and the child, if appropriate
- The class team
- Support staff who are trained to administer medicines or trained in emergency procedures

The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. There will in any case be an annual review of the plan. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently. Each child's needs will be judged individually, as children vary in their ability to cope with poor health or a particular medical condition. Additional consideration will be given in any IHCP, particularly for our pupils that utilise home to school transport provided by the Local Authority.

We use the Individual Health Care Plan template provided by the Department for Education (DfE) and plans should be written taking consideration of the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupils 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 eg. crowded corridors, travel time between lessons
- Specific support for the pupils educational, social and emotional needs-for example, low 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 (some children may be able to take responsibility for their own health needs) including in emergencies. If a child is self-medicating 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; cover arrangements for when they are unavailable
- Who in the school needs to be aware of the condition and 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 the normal school timetable that will ensure that the child can participate eg risk assessments
- Where confidentiality issues are raised by the parents/child, the designated individuals to be entrusted with the information about the child's condition
- 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.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively. *See our policy for Children with Health Needs who Cannot Attend School Policy.*

Communicating Needs

Photographs of pupils with medical needs, together with outlines of their conditions and action to be taken, are available in the school office and are shared with all relevant staff. Individual Health Care Plans are given to class teams, as necessary, and copies are available in the school office. All staff, including regular supply

teachers, are provided with a medical conditions list at the beginning of the academic year which is updated throughout the year as changes occur. All medical conditions are recorded on SIMS.

Staff Training

The school is responsible for ensuring that the staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school.
Some members of staff are paediatric first aid trained. Where necessary, the whole staff receive training to deal with medical conditions. An example being the use of Epi-pens, when the school has a child/children with severe allergies or Diabetic awareness/Administering Insulin training when we have pupils with diabetes. Emergency First Aid at Work training provided to staff includes the proper use of AED defibrillators. At the Infant site, this is located in the main hall, near the kitchen entrance and fire exit door. At the Junior site, there is a defibrillator outside by the astro mini-pitch and indoors, next to the school library.

Arrangements are made with appropriate agencies to update staff training on a regular basis. Epi-pen training is updated periodically by the school nurse, who is available for any medical related queries for schools.

Staff are appropriately insured to support pupils with medical conditions. Upon request, staff are permitted to examine relevant insurance policies pertaining to providing support to pupils with medical conditions.

Educational Visits

Every effort is made to encourage children with medical needs to participate in safely managed visits. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of Individual Health Care Plans should be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and, if necessary, an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted, and medical advice sought from the school health service or the child's GP.

Residential Visits

Parents of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. All medication which needs to be administered during the course of the visit should be handed directly to the identified member of staff in accordance with the school's guidelines before leaving the school at the start of the trip.

Sporting Activities

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

Any restrictions on a child's ability to participate in PE will be recorded in their Individual Health Care Plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Pupils with Short-Term Medical Needs

If children are unwell and unable to cope with a busy school day, they should not be sent to school. If they become ill during the day parents/carers will be contacted by the school office in order that the child can be taken home.

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics.

Medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day.

Parents should inform the school on the agreed form, available from the school office about medicines that their child needs to take and provide details of any further support required. Staff should make sure that this information is the same as that provided by the prescriber.

If the child has any infectious or contagious condition they may not come to school. Health Protection Agency guidelines regarding periods of exclusion for contagious illnesses is held in the school office. If a child has vomited or had diarrhoea, they may only return to school 48 hours after the last episode.

Managing Medicines

No child under 16 should be given prescription or non-prescription medicines whilst at school without their parent's written consent.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was given. Parents must always be informed prior to administering any medication.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medication administration details must be provided by the parents of the child. Where the school has concerns or cannot verify any information, Doctors Surgeries may be contacted to ensure the safety and wellbeing of pupils.

Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

All medicines should be stored safely in a locked cupboard. Children should know where their medicines are at all times and be able to access them immediately, if needed. This is particularly relevant to consider when outside of school premises e.g. on school trips. Asthma inhalers and Epi-pens are kept in the classroom cupboard for easy access. There are spares in the office that are checked regularly for expiry dates.

Administration of medicines and Record Keeping

Administration of Medicines:

Prescribed medicines will be administered to children when required. Named medicines must be accompanied by a form completed by the parents, giving detailed instructions about their administration.

Parental instructions for the administration of medicine must come via the school office. Teachers are instructed not to make individual arrangements with parents. If medicine is brought into school by a child, without written consent, the parent will be telephoned before the medicine is administered and written consent obtained. Email consent is accepted in an emergency. Consent must include clear instructions regarding dosage and in the event of any doubt clarity will be obtained by telephoning parents and noting down any instructions given. In the event that verbal advice has to be sought from parents during the school day e.g. in the care of Type 1 Diabetic children, any instructions given should be noted down at the time. Procedures for this vary depending upon the frequency and nature of medical condition. These records are kept in line with record keeping and retention guidelines and remain in the school for the duration of the child's time at William Cobbett.

In most cases it is the child's responsibility to arrive at the school office at the correct time to take their medicine and for the parent to collect the medicine at the end of the day. For younger children, the class teacher may assume responsibility for ensuring the child goes to the office to receive any necessary medication.

A file is kept in the office with details of each child's medication request filed alphabetically.

Surrey County Council's document "Supporting children and young people with medical conditions" can be found online.

After discussion with parents, children who are competent may be given responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans. Where possible children may be allowed to carry their own relevant devices or should be able to access their medicines quickly. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a child to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

In the event of a child needing to wear a medical device for any reason, should there be concerns about the placement, comfort, or risk of the device becoming dislodged or potentially damaged, the parent will be immediately called and asked to either take the child home or come to school to 'reset' the device. Furthermore, parents need to provide detailed instructions on what is required by the child or staff member to ensure the device does its job correctly. Parents must give staff clear guidance on action to take should there be concerns about the placement, comfort or safety of any device sent in / worn to school. Should this information not be provided, the school may refuse to accept the child on site until guidance is given.

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed of the refusal immediately. Furthermore, if the child is misusing or potentially damaging a medical device, parents must come to see or collect the child immediately.

If a refusal to take medicine results in an emergency, then the usual emergency procedures should be followed.

Recording and reporting

Each time a member of the office staff administers a regular medicine an entry is recorded in the folder marked 'Medicines Administered'. For children that acquire a head injury, a sticker or wrist band is given to the child and a notification letter will be sent home to make parents/carers aware. For injuries that staff deem a concern, the office may call parent or carers to make them aware. In emergency situations, an ambulance may be called.

Storage of Medicines

Prescribed medicines will be stored in the office cupboard or fridge. All medicines are stored safely in accordance with the manufacturer's storage recommendations. Medicines kept in the office cupboard, containing inhalers and regular medicines, are clearly named with class details highlighted. This is kept locked.

A folder is kept in the classrooms, in which an entry is made, each time an inhaler is used. Basic First Aid kits are available in the classroom for trained staff to administer, as needed. Any intervention will be recorded in the classroom folder. Staff are required to take out inhalers and Epi-pens for PE or outside lessons. These should be returned to the locked classroom cupboard.

Administration of Medicines on School Visits: see SCC document "Guidelines for Educational Visits and Outdoor Education Activities"

- The party leader should be made aware well in advance of the visit or journey of all the medical needs of those participating. The parents or carers should be consulted on how best to deal with these needs, leading to appropriate arrangements being made for the visit or journey.
- Insurance policies must cover staff and young people with pre-existing medical needs.
- All supervisors should be well informed regarding a young person's medical needs, as well as any emergency procedures.
- Supervisors should have the opportunity to raise any concerns and queries they may have about their ability to properly support the young person. If supervisors remain unsure about their ability to support a young person they should seek further advice from the parents/carers, the establishment's health service, or SCC guidance Pupils' Health and the Administration of Medicines.
- Where necessary, an individual treatment plan should be prepared.
  Medicines should be clearly labelled with child's name and dosage and handed to the party leader who will ensure that the leader of each group will carry the medicine and administer it when necessary/ prescribed. Where children have acute conditions, the parent / carer will be asked to accompany the child.

Emergency Procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in school should know what to do, such as informing a teacher immediately, if they think help is needed.

The school has an emergency protocol to enable staff or children to inform office staff in an emergency situation. A 'green medical card' should be sent to the office for emergency medical assistance.

If a child needs to be taken to hospital staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Staff should not take children to hospital in their own car.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Examples include morphine, pethidine and methadone. Some may be prescribed as medication for use by children eg. methylphenidate.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

A child who has been prescribed a controlled drug may legally have it in their possession.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed as long as they are First Aid trained. The same procedures should be followed for recording the administration of a controlled drug as for prescribed medicines.

Controlled drugs should be stored in a locked container and only staff who administer the medicines should have access. A record should be kept for audit and safety purposes.
A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Unacceptable Practice

Although staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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/Carers; or ignore medical evidence or opinion.
- 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 unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require Parents/Carers, 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/Carer should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring Parents/Carers to accompany the child.

Concerns and Complaints

In the event that parents are dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Further information can be found:

Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk)

Using emergency adrenaline auto-injectors in schools - GOV.UK (www.gov.uk)

Version Number	Purpose / Change	Author	Date
1.0	N/A	Legacy Policy	January 2023
2.0	Short term interventions as part of IHCP including medical devices. Additional clarification of policy wording. Inclusion of information regarding Surrey LEA transport. Inclusion of Emergency Defibrillator in school	Andrew Stear, Headteacher	January 2024
3.0	No further changes made at this point.	Andrew Stear, Headteacher	February 2025
4.0	No further changes made at this point.	Andrew Stear, Headteacher	Autumn 2026