



Supporting Pupils with Medical Conditions Policy 2026

(includes Medication & Management guidance)

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Shared with: Health, Safety and Wellbeing Service - the original document is based on their document 2024 v6 with amendments for Benedict's Law and new DfE guidelines

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Next Review: annually

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire Partnership groups/healthcare professionals.

Inspiring Primaries Academy Trust will:

- be responsible for developing and regularly reviewing its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers this includes a stand alone Allergy Policy 2026.
- Administer prescribed and non-prescribed medication (non- prescribed in exceptional circumstances only i.e. severe hay fever or broken bones). Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs. Where a non prescribed medication is given , parents will be notified by email or phone with time and dose given.
- be responsible for updating individual health care plans for pupils who have longer term support needs. This health care plan will be developed, recorded, and reviewed at least annually.
- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what practice is not acceptable
- ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition
- ensure that written records are kept of all medicines administered to pupils
- Ensure that allergy near misses are recorded

Responsibilities

The Board of Trustees and staff of Inspiring Primaries Academy Trust (IPAT) wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.

IPAT ensures that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.

The Trust ensures whole-school annual allergy and anaphylaxis training for all staff (including teachers, support staff, lunchtime supervisors, premises and cleaning staff) not just designated first aiders.

The Trust ensures that arrangements are in place to support pupils with medical conditions in school, including making sure that this policy is implemented and that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life

Heads of School

The Head of School accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day.

They should ensure that all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupils' conditions.

They should ensure that sufficient professionally trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations

Staff administering medicine should be provided with a clear health plan and support as required (see template A document: 2024 Templates for IPAT Medications & Management)

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.

They should ensure there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication

Controlled drugs – the controlled drug administration register is to be kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by Senior Management/Head of School and reported to the Police/Local Intelligence Network ([LIN](#)). Guidance on this should be sought from healthcare professionals.

School Staff

When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.

Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer. (see template B document: 2024 Templates for IPAT Medications & Management), unless this is an allergy emergency. (see the IPAT Allergy Policy 2026).

Members of staff administering medicine will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct.

Staff will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary.

(see templates C & D documents: Templates for IPAT Medications & Management)

In exceptional circumstances non-prescribed medication can be given if approved by the Head of School and parent/carers. Exceptional circumstances relate to pupils with extreme hayfever, broken bones or long term diagnosed illnesses. Where this medication is given, a phone call to parents/carers is made in the first instance, medication is given on the parent/carers' approval and then a follow up email is sent to the parent/carers to confirm the time and dosage given.

If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.

Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication. Syringes and spoons for generic medication should be thoroughly cleaned with hot soapy water.

School Nursing System and Healthcare Professionals

(including GPs, paediatricians, nurse specialists/ community paediatric nurses)

- should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g., asthmas, diabetes, epilepsy)
- should ensure any prescribed medications, including dosages, are appropriately monitored, and reviewed
- should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school
- can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

Pupils and Parents

Where possible, pupils will be encouraged to self-administer their own medication.

Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school & parent/carer meetings.

On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information.

The information on a child's individual health care plan should be renewed annually

An Individual Healthcare Plan (see template A document: Templates for IPAT Medications & Management) will be used to record the support of an individual pupil for their medical condition.

The IHCP is developed with the parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves.

Refusal

If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet and on AssessNET where applicable.

Where medication has been refused or spoiled, the school will take prompt action by informing the parent/carers and healthcare professional as soon as possible, as outlined in their IHCP.

Medication

No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent except allergy medication in an emergency situation. see Allergy Policy 2026.

Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date

Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line

The school should not hold stock of over-the-counter medications

Aspirin **MUST NOT** be given to children under 16 years of age unless prescribed.

Parents/carers should be asked to collect all medications/equipment at the end of the school term and to provide new and in date medication at the start of each term or sooner if they are out of date.

Controlled Drugs

Some pupils may require routine, or emergency prescribed controlled drugs administered whilst at school. The school will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs Regulations 2001, to ensure that all legal requirements and best practice are adhered to.

Storage: the medication should be double locked, i.e., in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP. Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.

Administration: two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours.

Additional training should be provided to the identified staff.

Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers.

Record keeping: A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication.

IPAT Schools will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.

Storage of medication

Medication should be kept in a known, safe, and secure location.

A designated refrigerator in an appropriate location i.e., medical room or adult only area such as staffroom, (lockable is preferred) will be available for cold storage. This will be strictly in accordance with product instructions; paying particular note to temperature and in the original container in which dispensed. Temperature checks will be carried out regularly and recorded by the Premises Officer.

Prescribed emergency medication, such as Adrenaline Auto Injectors (AAIs. i.e. epi-pens/Jext pens) or asthma inhalers, should be immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs. All staff should know where these are for emergency purposes.

Parents/carers are responsible for ensuring that the education setting has an adequate amount of medication for their child

IPAT Schools will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.

Inhalers will be kept in individual classrooms in the red Emergency grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP

Record Keeping

Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should follow the IPAT template (see template B in document: Templates for IPAT Medications & Management)

This should include pupil's name, age, and class, Contact details of the parent/carers and GP

Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate. (see template A document: Templates for IPAT Medications & Management)

Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school. (see template C document: Templates for IPAT Medications & Management)

Emergency Medication

In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.

IPAT Schools can hold an emergency inhaler for use by pupils who have been diagnosed with **asthma** and prescribed a salbutamol reliever inhaler, OR who have been prescribed a salbutamol reliever inhaler.

Here is a link to ordering this online: <https://www.eurekadiirect.co.uk/>

IPAT schools will also hold an emergency salbutamol reliever inhaler for use by a child in an emergency as long as parental consent has been received in Arbor.

IPAT Schools now hold emergency AAI's (see orange emergency KITT Medical boxes) located on site near the admin area/medical area for use by anyone who is having a severe allergic reaction.

Written parental consent (for pupils with known medical needs) for emergency medication use will be obtained using the consent form (see template B in document: 2024 Templates for IPAT Medications & Management) and a copy of this is kept with the emergency medication to establish which pupils have this in place and will form part of the child's IHCP.

If there is an emergency situation whereby consent has not been received, either for a pupil with **diagnosed asthma**, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded.

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.

If a pupil is going into **anaphylactic shock**, the emergency services will be called immediately and the emergency AAI pen/s used.

Return of Medication and or disposal, including Sharps Bins and Medication Errors

Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g., Insulin. These should be returned to the pupil / parent as per sharps guidelines (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).

Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist. (See example letter to parent/carer Appendix C, in this document)

Complaints Procedure

IPAT schools will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.

Should parents or pupils be dissatisfied with the support provided 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. In the case of academies, it will be relevant to consider whether the IPAT School has breached the terms of its Funding Agreement (the contractual relationship between the academy and the Department for Education) or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Transport, School Trips, Visits and Sporting Events

Medication required during a trip should be carried by an adult. This must be a trained member of staff or the parent/carer of the child should be present, either of whom can carry and administer the medication as necessary. Please refer back to the EVC policy

Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed and that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.

Documents and support links can be found here:

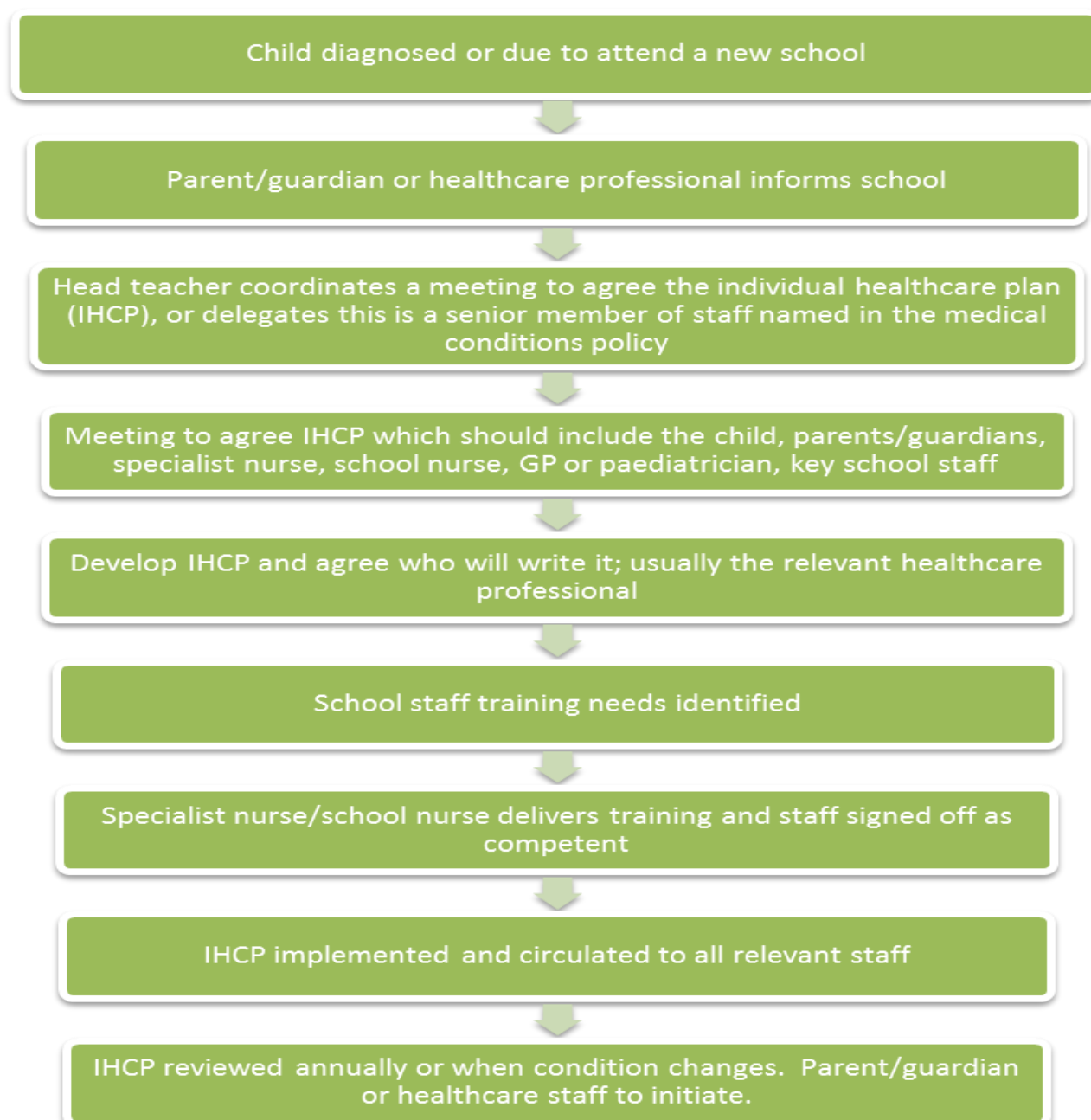
Department of Education Guidance	Supporting Pupils with Medical Conditions
DfE Templates include: Template A: Template A: individual healthcare plan (where did our template A and B come from) Template B: parental agreement for setting to administer medicine Template C: record of medicine administered to an individual child Template D: record of medicine administered to all children Template E: staff training record – administration of medicines Template F: contacting emergency services Template G: model letter inviting parents to contribute to individual healthcare plan development	Templates: Supporting pupil with medical conditions These have been downloaded and are available in IPAT Admin Forms & Helpsheets - Google Drive: 'Templates for IPAT Medications & Management (DfE)' and as separate documents for IPAT use
Government Commonly encountered controlled drugs	Commonly encountered controlled drugs

Government Controlled drugs	Policy drug misuse
Asthma General Information	www.asthma.org.uk
Epilepsy	www.epilepsy.org.uk
Haemophilia	www.haemophilia.org.uk
Anaphylaxis	www.anaphylaxis.org.uk See separate LCC Allergy and Anaphylaxis Guidance Document: 'Emergency Action Plan' forms for EpiPen/Jext Pens. If administered please report this to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk There is a separate IPAT Allergy Policy 2026 - which has been shared with each school in the Trust to personalise with their key staff and named Governor.
Thalassaemia	https://ukts.org/
Sickle Cell Disease	www.sicklecellsociety.org
Cystic Fibrosis	www.cftrust.org.uk
Diabetes	www.diabetes.org.uk Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Insurance Section LCC	James Colford, Tel: 0116 305 6516 (for insurance concerns)
Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
Public Health	PublicHealth@leics.gov.uk
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, Leicester LE4 8PQ Telephone: 0116 2955080
Public Health (school) Nurses	https://www.healthforkids.co.uk/leicestershire/school-nurses/

Appendix A: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil to ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded, and reviewed at regular intervals.

The procedure for development of an IHCP is given below:



Letter to parents (Example)

Dated:

Dear Parent / Carer / Guardian,

We are still in possession of your child's medication; which has now either; exceeded its expiry date or are no longer required. Could we therefore request that you collect the medication, within the next week.

If the medication is classed as a 'Controlled Drug'; you will be required to return any unwanted quantities to the pharmacist that originally dispensed it.

Please note that you will be requested to 'sign' for the medications, upon collection from the school.

We thank you for your cooperation, in this matter,

With kind regards,

Head of School/ Headteacher