Harbour Schools Partnership

A guiding light for education

Supporting Children with Medical Conditions and Administration of Medicines Policy

Date Adopted: December 2025

Reviewed on:

Author/owner: Board of Trustees

Anticipated Review: December 2026

NB. 'Trustees' means the Directors referred to in the Trust's Articles of Association.
Introduction

History of most recent policy changes

Version	Date	Page	Change	Origin of Change e.g. TU request, Change in legislation
1	December 2025		New Harbour Schools Partnership Policy – based on previous Ventrus and Tarka Policies and using DfE Guidance Supporting pupils at school with medical conditions.	

Links to other Trust Policies

List any other policies or guidance that is referenced within this policy document

Department for Education's (DfE) statutory guidance: Supporting pupils at school with medical conditions.
First Aid Policy

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1.0 Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our trust 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

The named person with responsibility for implementing this policy is Stephen Bosley.

2.0 Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on the board of trustees to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

3.0 Roles and Responsibilities

3.1 The Board of Trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

3.2 Member of the Executive Leadership Team (ELT)

The ELT member will:

- Oversee and support the headteacher of each school in carrying out their duties
- Highlight any issues found across the trust to the board of trustees

3.3 Local Governing Bodies (LGB)

Local governing bodies of each school will:

- Monitor that there is a sufficient number of trained staff available in their school
- Monitor that records of children's medical needs and medicines that have been administered are kept up to date
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life, including whilst on activities away from the premises.

3.4 The Headteacher

The headteacher of each school will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure any parent/carer requesting the administration of medication is given a copy of this policy.

- accept responsibility in principle for members of school staff giving or supervising a pupil taking prescribed medication during the day, where those members of staff have volunteered to do so.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with trust procedures
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil 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
- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed

3.5 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff at the school may be asked to provide support to pupils with medical conditions, although they will not be required to do 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.
- take into account the needs of pupils with medical conditions that they teach.
- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.6 Parents

Parents 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
- notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a pupil's need for medication.

3.7 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 IHPs.

3.8 School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4.0 Equal Opportunities

Our trust is 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.

The trust and the individual school will consider what reasonable adjustments need to be made to enable these 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 and any relevant healthcare professionals will be consulted.

5.0 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 Individual Health Plan (IHP) Appendix 2. This process will be followed by all schools in the trust.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

6.0 Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. Where applicable, this has been delegated to Pamela Roberts.

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 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 and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, 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 headteacher, 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, e.g. crowded corridors, travel time between lessons
- 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 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/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

7.0 Managing Medicines

Prescription and non-prescription medicines (i.e. Antihistamines, travel sickness tablets etc) will only be administered at the school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents'/carers written consent (Parental agreement to administer prescription and non-prescription medicine – Appendix 4)- the only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Schools will only accept medicines that are:

- In-date
- Provided in the original container, as dispensed by the pharmacist, and including instructions for administration, dosage and storage

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

Children arriving at school via school transport:

Primary Pupils:

Where pupils arrive at school, on school transport, the school should agree the arrangements for the delivery of medicines, and the completion of consent forms via email, with parents. The arrangements should be confirmed with parents in writing, and the school should ensure relevant staff know the arrangements that have been made.

In these circumstances, parents will be required to contact the school and notify the school office that their child will be bringing medication into school that day; parents must also complete the '**Parental Agreement to Administer Prescription and Non-Prescription Medicine'** by email and ensure it is in school by 8:45am on the day their child brings the medication to school. Pupils will be asked to bring their medication to the school office on their immediate arrival in the school, where it will be checked against the emailed consent form.

Secondary school pupils:

In secondary schools, pupils will follow the above guidance, except:

- They may bring in and keep possession of their own asthma medication.
- Parents must sign 'Parental Agreement to Administer Prescription and Non-Prescription Medicine' giving permission for this.
- Any pupil over 16 years of age may bring in their own medication.

Each item of medication should be clearly labelled with the following information:

- Pupil's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date (if available)

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

Administering medication will be done whilst two members of staff are present. One must check the consent form matches the medication and checks the dose the second person is administering. Both members of staff must sign the appropriate forms at the time (not later in the day).

Only reasonable quantities of medication will be accepted. All medicines will be stored safely in the school office in a locked cabinet / fridge.

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. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs will be kept in a secure cupboard in the school's office and only school staff will 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 (Record of medicines administered – Appendix 5).

7.2 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 and it will be reflected in their IHPs.

Pupils could be allowed to carry their own medicines and relevant devices wherever possible (E.g. asthma inhalers, blood glucose testing meters). 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 so that an alternative option can be considered, if necessary.

7.2 Pupils managing their own needs

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, or 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
- 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
- Penalise pupils 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8.0 Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). 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 arrives or accompany the pupil to hospital by ambulance.

9.0 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. 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 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.

10.0 Record Keeping

The headteacher will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school. IHPs will be kept in a readily accessible place which all staff are aware of.

11.0 Liability and Indemnity

The board of trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the trust's level of risk.

A DfE Risk Protection Arrangement is in place across all schools. The details of the insurance policy are:

Name of Member Organisation:	Bickleigh-on-Exe Primary School
Membership Number/URN:	878 3165
Membership Period	01 September 2025 to 31 August 2026
RPA Membership Rules:	Standard

12.0 Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the matter cannot be resolve, they will direct parents to the trust's complaints procedure.

13.0 Monitoring Arrangements

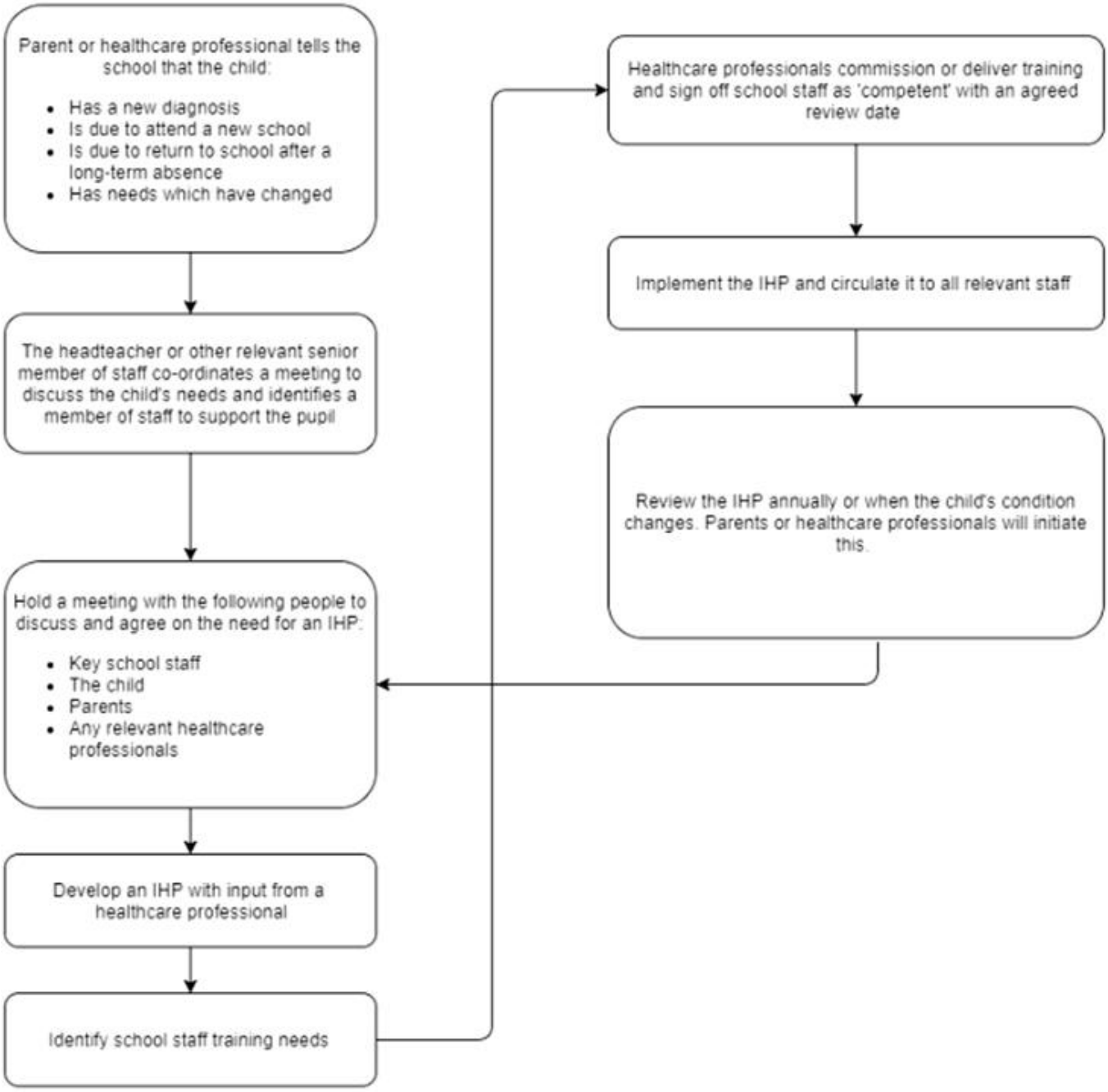
This policy will be reviewed and approved by the board of trustees annually.

14.0 Links to other policies

This policy links to the following policies:

- First aid
- Health and safety
- Accessibility plan
- Equality and Diversity
- SEND
- Child Protection and Safeguarding
- Complaints

Appendix 1: Being notified a child has a medical condition



Appendix 2: Specific Medical Conditions

Asthma

Asthma can be a life-threatening condition and an attack can start very rapidly. It is essential that a pupil with asthma has immediate access to their reliever inhalers when they need them e.g., carried by the pupil. If the parents wish this, it should be specifically mentioned on the child's Asthma Care Plan.

If the pupil is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the individual's name.

Some people may require some assistance when using their inhaler and some are usually able to decide for themselves when to use their inhalers and how to do so. Most pupils with asthma should have a written Asthma Plan and this will be followed up by the Asthma Management Nurse. Further advice is available from Asthma UK, website: www.asthma.org.uk, who has produced an Information Pack. A free copy can be obtained by telephoning 0300 222 5800.

Diabetes

Most individuals with diabetes have the condition controlled by injections of insulin morning and night and will not generally require injections at the school. Most pupils are taught to do their own injections from an early age but may require supervision if very young. Parents will need to indicate the requirements.

An individual Health Care Plan will be required.

It is important that schools should know if a pupil is diabetic and what measures need to be taken in the case of hypoglycaemia (low blood sugar). All pupils with diabetes are supported by Paediatric Clinical Nurse Specialists who are happy to provide advice. Further information is available from Diabetes UK which has information on Diabetes in Establishments. A downloadable version is available on www.diabetes.org.uk. Copies can also be ordered by telephoning 0345 123 2399.

Epilepsy

Most medication for epilepsy is programmed to be given outside school hours. Pupils with epilepsy sometimes require a dose of an emergency anti-convulsant in the event of a seizure. This may be in the form of a rectal suppository. Members of staff willing to administer rectal suppositories will require appropriate training. However, pupils who require emergency anti-convulsions can also be given medication by mouth.

An Individual Health Care Plan will be required.

Sapphire Nurses can support those with epilepsy. Further information can be obtained from the National Society for Epilepsy and the British Epilepsy Association has information for schools called "Epilepsy – A Teacher's Guide" available from www.epilepsy.org.uk or telephone 0113 210 8800.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. In the most severe cases of anaphylaxis the medication prescribed may include antihistamine and adrenaline injection.

Pre-loaded injection kits are available and staff willing to administer the medication should receive appropriate training.

An Individual Health Care Plan will be required.

The anaphylaxis campaign website contains 'Guidance for Schools' and a sample protocol www.anaphylaxis.org.uk and a helpline is available 01252 546100.

Attention Deficit and Hyperactivity Disorder (ADHD)

Pupils who have had a formal diagnosis as having ADHD, in some cases, have medicine prescribed by a pupil psychiatrist or paediatrician.

An Individual Health Care Plan will be required.

Further information is available from the NHS Direct website www.nhsdirect.nhs.uk.

Emergency school held medications

Schools should ensure they have emergency auto injectors and emergency inhalers. These are for emergency use only in case a pupil or member of staff has forgotten, lost, or their own medication fails to work. This medication must be checked monthly, and these checks recorded on the school medication record sheet.

If in an emergency situation, a pupil needed to be given a school held emergency inhaler or a school held emergency adrenaline auto-injector, then the "**Record of medicines administered"** form must be signed by the two members of staff checking and administrating the inhaler or auto-injector and parents must be informed immediately.

Further guidance can be found for adrenaline auto injectors https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Appendix 3: Blank Individual Health Plan

Individual Health Plan

Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

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 Completed by

Name	Signature Date

Appendix 4: Parental agreement to administer prescription and non-prescription medicine

Notes to Parent / Guardians

Note 1: this school will only give your child medicine after you have completed and signed this form.
Note 2: all medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (e.g. sealed blister pack) for non-prescribed medicine.
Note 3: this information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your son/daughter.

Medication details

Date:	
Pupil's name:	
Date of birth:	
Group/class/form:	
Reason for medication:	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to	
Number of tablets/quantities to be given	
Time limit – please specify how long your son/daughter needs to be taking the medication	_____day/s _____week/s

I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes	No	Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes	No	Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes	No	Not applicable
I give permission for my son/daughter to be administered the emergency adrenaline auto-injector held by the school in the event of an emergency	Yes	No	Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff	Yes	No	Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to pupil	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter.	Yes / No
in the case of non-prescription medication - I confirm that the medicine detailed is in the original packaging.	Yes / No

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Signature: _____ Date:_____
(Parent/Guardian/person with parental responsibility)

Appendix 5: Record of Medicines Administered

Bickleigh-on-Exe Primary School

Pupil's Name		Group/Class/Form Tutor group			
Name of medicine		Date medicine provided by parent			
Expiry Date		Quantity Received		Quantity Returned	
Fully completed Parental Agreement form received for the admin of this medicine					Yes / No
Dose and frequency of medicine					

Staff signature: Date:

Signature of Parent: Date:

Log of Medicines Administered

Date	Time Given	Dose Given	Quantity Remaining	Staffs Signature		Problems/side effects
				1	2	
	Parent informed of use of emergency inhaler?					
	Parent informed of use of emergency Adrenaline auto-injector (AAI)					