



FOREST OF DEAN COMMUNITY SCHOOLS FEDERATION

PARKEND PRIMARY & YORKLEY PRIMARY

Supporting Pupils with Medical Conditions Policy

2025 - 2026

Ratified: July 2025

Signed by:

_____	Executive Headteacher	Date: _____
_____	Chair of governors	Date: _____

Contents:

Statement of intent

1. [Legal framework](#)
 2. [Roles and responsibilities](#)
 3. [Admissions](#)
 4. [Notification procedure](#)
 5. [Staff training and support](#)
 6. [Self-management](#)
 7. [IHPs](#)
 8. [Managing medicines](#)
 9. [Allergens, anaphylaxis and adrenaline auto-injectors \(AAIs\)](#)
 10. [Record keeping](#)
 11. [Emergency procedures](#)
 12. [Day trips, residential visits and sporting activities](#)
 13. [Complaints](#)
 14. [Defibrillators](#)
 15. [Monitoring and review](#)
 16. [Links to other policies](#)
- Appendices
 - a) [Individual Healthcare Plan Implementation Procedure](#)
 - b) [Individual Healthcare Plan \(or equivalent to be used\)](#)
 - c) [Parental Agreement for the School to Administer Medicine](#)
 - d) [Record of spare inhaler or AAI administered to an Individual Pupil](#)
 - e) [Record of All Medicine Administered to Pupils](#)
 - f) [Staff Training Record – Administration of Medication](#)
 - g) [Contacting Emergency Services](#)
 - h) [Incident Reporting Form](#)

Statement of intent

The governing board at The Forest of Dean Community Federation has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

• Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children Act 1989
- Children and Families Act 2014
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'School Admissions Code'
- DfE (2022) 'First aid in schools, early years and further education'
- Education Act 1996 (as amended)
- Education Act 2002
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Medicines Act 1968
- Misuse of Drugs Act 1971
- National Health Service Act 2006 (as amended)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- The Human Medicines (Amendment) Regulations 2017
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)

• Roles and responsibilities

The governing board will be responsible for:

- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Executive Headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, if confident and happy to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

• Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

• Notification procedure

When either school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the [IHPs](#) section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what

support is required, a judgement will be made by the Executive Headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place as soon as responsibly possible.

• Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

- Where relevant, whole-school awareness training will be carried out at least annually for all staff, and included in the induction of new staff members.

<https://www.ghc.nhs.uk/our-teams-and-services/school-nursing/awareness-sessions/> is used to update our whole school training.

Training could be commissioned by the SENDCo and provided by the following bodies:

- Commercial training provider
- The school nurse / specialist paediatric nursing teams
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

• Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure

agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

• IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Executive Headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the Executive Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

• Managing medicines

In accordance with the school's procedures, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

Each school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Each school will hold asthma inhalers for emergency use. The inhalers will be stored in each classroom, and a spare in the medical cabinet in the school office(s)

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. Where applicable, a record of side effects presented will also be held.

- **Non-prescription medicines**

The federation is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

Both schools work on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

Each school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines:

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.
- Only authorised staff will be able to administer non-prescription medicines.

- **Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)**

The protocol includes the following, on which this guidance provides advice:

Parents are required to provide their school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis training. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

• Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E.

• Emergency procedures

In the event of an emergency the school will seek assistance from the emergency services. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

In addition to the information provided within this policy please refer to our Safeguarding and Child Protection Policy.

- **Day trips, residential visits and sporting activities**

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

- **Complaints**

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

- **Defibrillators**

Both our schools have an automated external defibrillator (AED). The AED will be stored in the main office at each school.

All staff members will be made aware of the AED's location and what to do in an emergency. Training is provided through an INSET.

- **Monitoring and review**

This policy is reviewed on an annual basis.

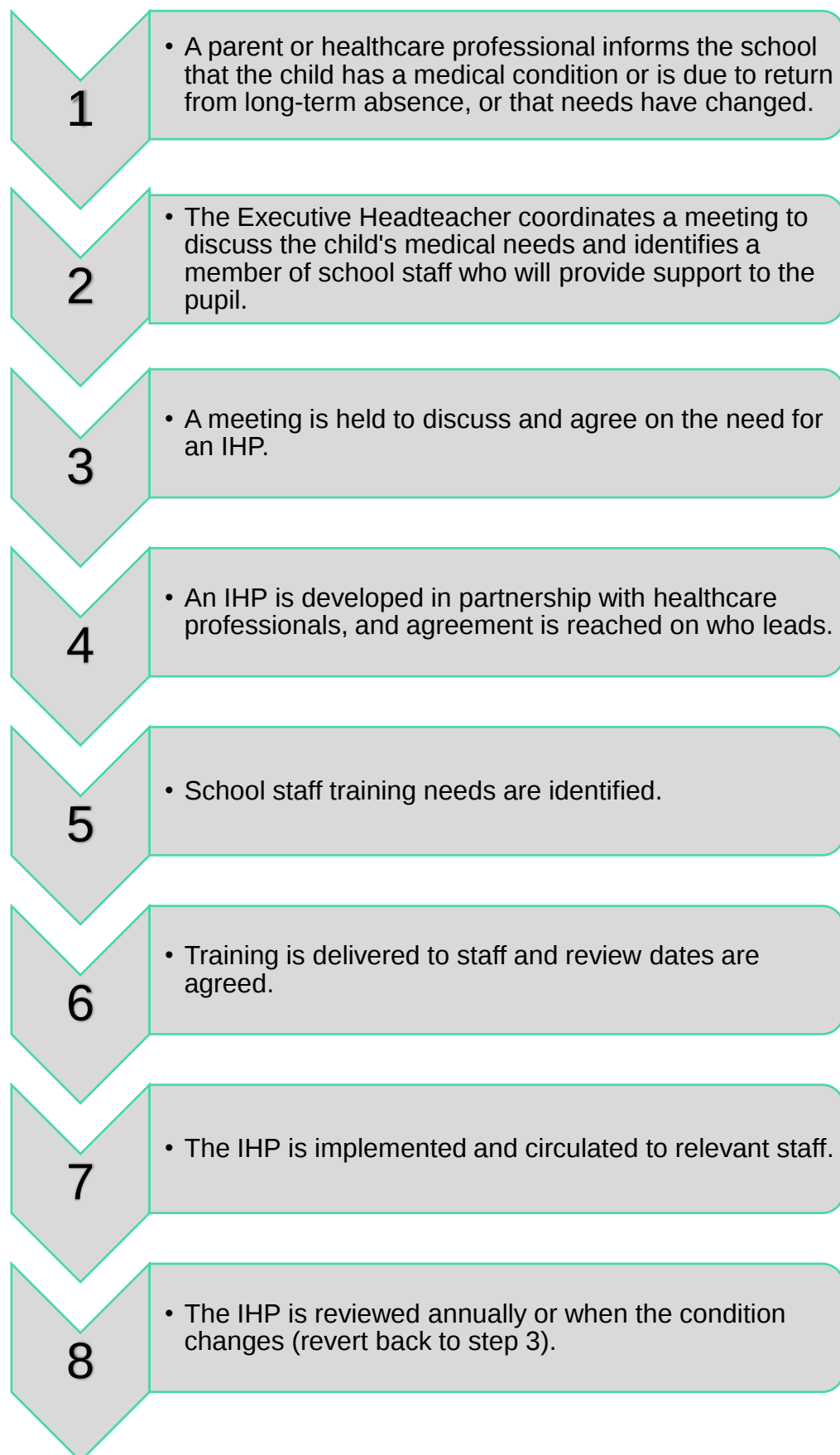
- **Links to other policies**

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Policy
- Educational Visits
- Attendance Policy
- Admissions Policy
- Safeguarding and Child Protection Policy
- Behaviour, Rewards and Sanctions
- First Aid
- Pupil Equality Statement

Policy Review

Written by K.Burke and First Aiders

a) Individual Healthcare Plan Implementation Procedure



b) Example Individual Healthcare Plan

- Pupil's details

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

- Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

- Hospital contact

Name	
Phone number	

- Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues

Name of medication, dose and method of administration

Daily care requirements

Arrangements for school visits and trips

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Responsible person in an emergency, state if different for off-site activities

Plan developed with

Staff training needed or undertaken – who, what, when:

Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

- Administration of medication form**

Date for review to be initiated by	
Name of pupil	
Date of pupil	
Group/class/form	
Medical condition or illness	

- Medicine**

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instruction	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

- Contact details**

Name	
Telephone number	

Relationship to pupil	
Address	
I will personally deliver the medicine to	<u>Name and position of staff member</u>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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.

Signature _____ Date _____

c) Record of Medicine Administered to an Individual Pupil

Name of pupil	
Group/class/form	
Date medicine provided by parents	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

d) Record of Spare Inhaler / AAI Administered

[illegible]

e) Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:

f) Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **Parkend – 01594 562407**
Yorkley – 01594 562201
- Your name.
- Your location as follows:

Parkend Primary School
Yorkley Road
Lydney
GL15 4HL

Yorkley Primary School
Lydney Road
Yorkley
GL15 4RR

What Three Words
///suave.pushes.post

What Three Words:
///cheesy.hikes.bonds

- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

g) Incident Reporting Form

Date of incident	Time of incident	Place of incident
Name of ill or injured person	Details of the illness or injury	Was first aid administered? If so, give details
What happened to the person immediately afterwards?	Name of the first aider	Signature of the first aider