

Supporting Students with Medical Conditions and for the Administration of Medicine

Policy passed by Resources Governors	18 th September 2025
Policy passed by Full Governing Board	22 nd September 2025
Review date	Autumn 2028

1. The staff of The Beacon Church of England (V.A.) Primary School wish to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The Governing Board will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. The Headteacher and Senior Administrator will be responsible for ensuring the following:
 - Procedures are known when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support). This will be completed by arranging meetings with the parents and school nurses to ensure the appropriate information is received and understood. The pertinent information will be disseminated to all staff with a need to know, including those who run school clubs.
 - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis which will include all those stated above.
 - Training will be arranged and provided for staff as required to meet the pupil's needs.
 - The school has a defibrillator which is situated in the school Hall.
4. The above procedures will be monitored and reviewed by the Headteacher.
5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between The Beacon Church of England (V.A.) Primary School, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
 - a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
 - b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions



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- c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
 - d) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
 - e) Arrangements for written permission from parents for medication
 - f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
 - g) The designated individuals to be entrusted with the above information
 - h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure
6. The Headteacher will have the final decision on whether an Individual Health Care Plan is required.

Students with asthma

7. The Beacon Church of England (V.A.) Primary School has decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.
8. The Headteacher will be responsible for arranging the following:
- Instructing all staff on the symptoms of an asthma attack
 - Instructing all staff on the existence of this policy
 - Instructing all staff on how to check the asthma register
 - Instructing all staff on how to access the inhaler
 - Making all staff aware of who are the designated staff and how to access their help
9. The Headteacher will be responsible for ensuring that designated staff:
- Recognise the signs of an asthma attack and when emergency action is necessary
 - Know how to administer inhalers through a spacer
 - Make appropriate records of attacks
10. The Senior Administrator and the office administration staff will be responsible for the storage, care and disposal of asthma medication.
11. The Senior Administrator will be responsible for ensuring that there has been written consent from parents for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for students who have been diagnosed with asthma and have been prescribed reliever inhaler AND for whom parental consent has been given. .



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12. The Senior Administrator will be responsible for the supervision of administration of medication and for maintaining the asthma register.
13. The Senior Administrator will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

THE ADMINISTRATION OF MEDICINE

14. The Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed and non-prescribed medication during the day, where those members of staff have volunteered to do so.
15. Any parent/carer requesting the administration of medication has access to a copy of this policy on the school website and can request a printed copy from the school office.
 - Prescribed medication will be accepted and administered in the establishment
 - Non-prescription medication will only be accepted and administered in the following circumstances: with the permission of the Headteacher where it would affect the child from attending school, participating in a school visit or residential. Common examples of this might include, common pain killers, travel sickness tablets or hay fever remedies. Only recognised medicine provided in its original packaging will be administered.
16. Prior written parental consent is required before any medication can be administered.
17. Only reasonable quantities of medication will be accepted (no more than one week's supply) unless there are special circumstances as agreed with the Headteacher.
18. Each item of medication should be delivered in its original dispensed container and handed directly to the Headteacher, Residential Trip First Aider or a member of the Administration Team who have been authorised by the Headteacher.
19. Each item of medication should be clearly labelled with the following information:
 - Student's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if important)
 - Expiry date (if available)



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20. The school will not accept items of medication which are in unlabelled containers or not in their original container. Nor will they administer homeopathic remedies.
21. Unless otherwise indicated, all medication to be administered in the school will be kept in the school office, with the exception of asthma inhalers which are kept in the school classroom, or medicines which need refrigerating which are kept in the upstairs kitchenette.
22. Where it is appropriate to do so, students will be encouraged to administer their own medication if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), students **may not** be allowed to carry these.
23. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
24. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service.
25. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.



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PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION/

NON-PRESCRIPTION MEDICINE

THE BEACON CHURCH OF ENGLAND (V.A.) PRIMARY SCHOOL

Notes to Parent / Guardians

Note 1: This school will only give your student medicine after you have completed and signed this form.

Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the student's name, its contents, the dosage and the prescribing doctor's name

Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

Note 4: Non-prescription medicine must be in the original packaging with the advice sheet.

Prescribed/Non-Prescribed Medication

Date	
Student's name	
Date of birth	
Class	
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)	



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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 Mrs A. Billington, or one of the administration team in the school office	
Number of tablets/quantity to be given	
Time limit – please specify how long your student 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



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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 teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	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 Academy and medical staff	Yes / No / Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to student	
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 staff member	

I confirm that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at The Beacon Church of England (V.A.) Primary School.



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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.

Parent's Signature _____ Date _____

(Parent/Guardian/person with parental responsibility)

Parent's name _____



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RECORD OF MEDICINES ADMINISTERED

THE BEACON CHURCH OF ENGLAND (V.A.) PRIMARY SCHOOL

Name of Young Person		Group/Class/Form Tutor group	
Name of medicine		Date medicine provided by parent	
Expiry Date		Quantity Received	Quantity Returned
Fully completed parental consent form received for the admin of this medicine			
Dose and frequency of medicine			

Staff signature _____

Date _____

Signature of Parent _____

Date _____

Log of Medicines Administered

Date	Time given	Dose given	Staff Name	Problems/side effects



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Parent informed of use of emergency inhaler?				