



The Henslow and Evolution School

Supporting Children with Medical Needs

Policy



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1. Aims

This policy aims to ensure that:

- Students, staff and parents/carers understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access equal education as other students, including school trips and sporting activities.

The Proprietors, with support from the Head Teacher, will ensure the effectiveness of this policy:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs) where required

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on proprietorial bodies to make arrangements for supporting students at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on [supporting students with medical conditions at school](#) and links to the school's SEND policy.

3. Roles and responsibilities

3.1 The Proprietary Board

The Proprietary Board has ultimate responsibility to make arrangements to support students with medical conditions. The Board will delegate responsibility to the head teacher to ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Head teacher

The Head teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 School Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Teachers or support staff may be asked to provide support to students 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 students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents/Carers

Parents/carers are responsible for:

- providing the school with sufficient and up-to-date information about their child's medical needs
- participating in the development and review of their child's individual healthcare plan
- carrying out any actions they have agreed to as part of the plan's implementation (e.g., provide medicines and equipment)
- ensuring that written records are kept of all medicines administered to children
- ensuring that they or another nominated adult is contactable at all times

3.5 Students

Students with medical conditions are often best placed to provide information about how their condition affects them, identify triggers and what works well to support them. Wherever appropriate, students should be 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 work with adults to meet the requirements set out in their IHPs.

3.6 Other healthcare professionals

Healthcare professionals, such as GPs and pediatricians, may also provide advice on developing IHPs with the Head teacher.

4. Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these students to participate as fully as possible 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 students with medical conditions are included. In doing so, students, their parents and carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child or young person has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP. 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 students who are new to our school. *See Appendix 1.

6. Individual healthcare plans (IHPs)

The Head teacher has overall responsibility for the development of IHPs for students with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the students' needs have changed.

Plans will be developed with the students' best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students 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 Head teacher 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 student's specific needs. The student will be involved wherever appropriate.

Any child requiring Intimate Care will have a plan devised to meet their specific need.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan that is in place.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. See Appendix 2 for a generic template. For more complex conditions such as epilepsy or diabetes, templates can be found at [IHP School aged child 1.pages \(youngpilepsy.org.uk\)](http://IHP_School_aged_child_1.pages_youngpilepsy.org.uk) and [CAREPLAN 3 \(diabetes.org.uk\)](http://CAREPLAN_3(diabetes.org.uk))

The Head teacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The students' 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 student's educational, social and emotional needs. For example, how absences will be managed, examination access arrangements, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring this
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required

- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Where possible, unless advised it would be detrimental to health or school attendance, medicines should be prescribed in frequencies that allow the student to take them outside of school hours.

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have carer/parents' written consent.

If a child is prescribed medication where it must be administered within the school day, we recommend that the carer/parent administers this at school at the appropriate time. For New Reflexions residential learners who require medication during the school day, care staff will manage and record the administration of the medicine(s). Teachers and school staff will not be involved in the medication of learners who are in the company's care, unless the student takes a controlled drug during the school day. In this situation, a member of school staff will witness the administration, as good practice and to reduce risk.

Parents who cannot attend to administer medication for their child, **must** complete a Parental Consent to Administer Medication form. Once completed, an agreed member of support or school staff will assume responsibility following New Reflexions policies. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. An appropriate adult will sign the drug log when the medicine has been administered. Any side effects of the medication are also noted. This will also be recorded for students who are able to self-administer their prescribed medication. See Appendix 4. This information will be communicated to parents at the end of each school day.

The school will only accept prescribed medicines that are:

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

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

All medicines will be stored safely. If medication needs to be kept cold, a fridge will be used for storage. All items must be clearly labelled. Students will be informed about where their medicines are at all times

and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away. If applicable, two Epi-Pens are requested from the parent or carer (1 kept in class and 1 in the medical room) and asthma pumps are stored in the class with the children. All other medication is kept in the medical room or office safe if controlled. All medication must be signed in and out. Medicines will be returned to parents to arrange for safe disposal when no longer required. We will dispose of needles and other sharps (if required) in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

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.

Due to the vulnerabilities of our students all controlled drugs are kept in the safe in the school office and only named staff have access. On administration of controlled drugs, this will be witnessed by a member of staff in addition to the staff member administering the drug, in line with NICE and NHS good practice guidance.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents or carers, and it will be reflected in their IHPs.

Staff will not force a student 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.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student 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 student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students 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 student, 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 students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students 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 students 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 head teacher. 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 students
- 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 that 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. Record keeping

The proprietors and Head teacher will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents will be informed if their student has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Complaints

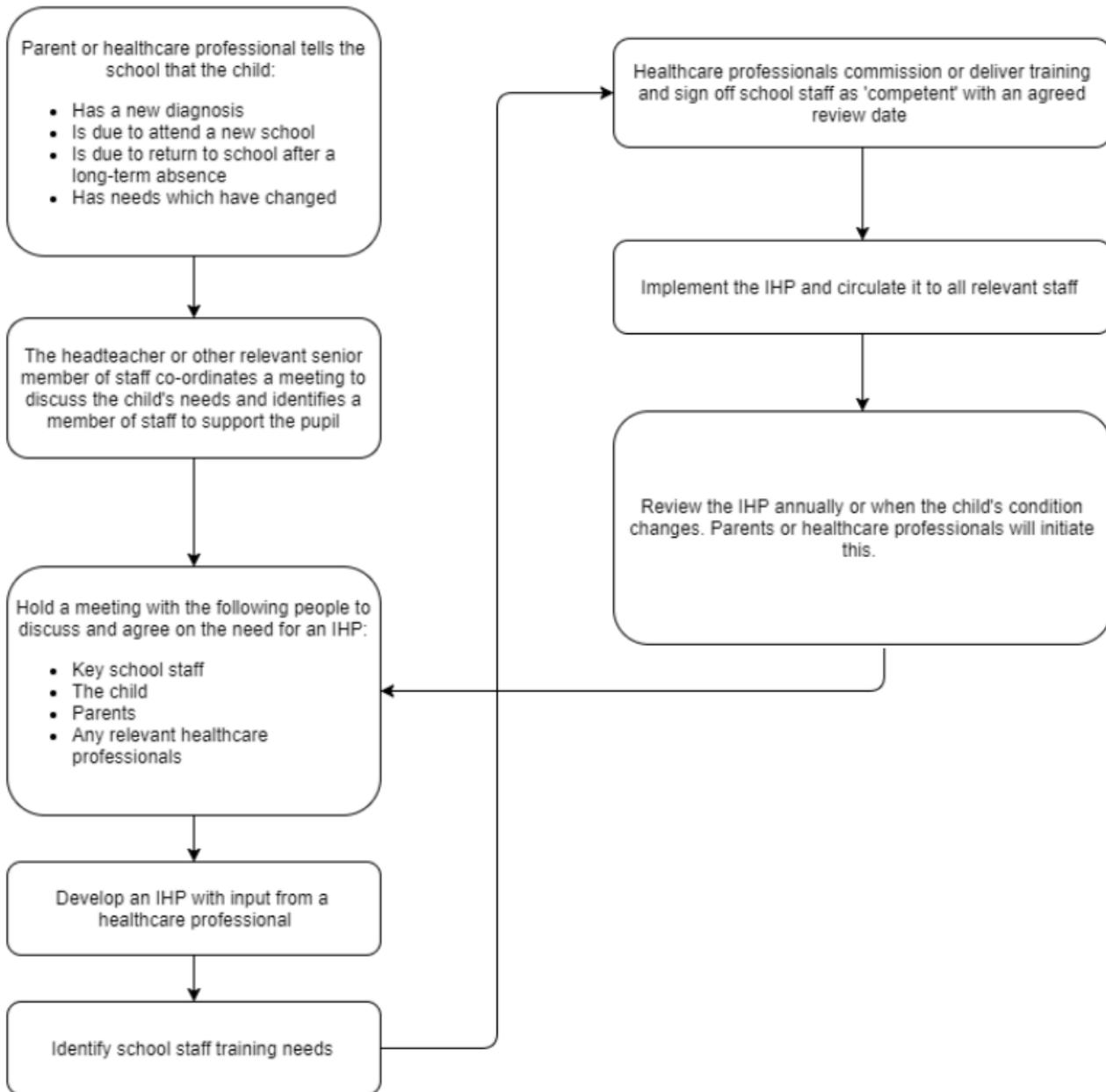
Parents with a complaint about their child's medical condition should discuss these directly with the Head teacher in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed by the Head teacher every 2 years.

Approved by:	Jacqui Brooks	Date: August 2025
Last reviewed on:	10/08/25	
Next review due by:	August 2027	

Appendix 1: Being notified a child has a medical condition



Appendix B: individual healthcare plan

Name of school/setting

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

Specific support for the student's educational, social and emotional needs

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 copied to:

Appendix C: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____



Medicine Administration Record for Prescribed course of Medication

Name of Young Person: _____ Medication Prescribed by: _____
 Name of Medication: _____ Dosage: _____
 Reason for Prescription: _____ Times to be given: _____
 Special Instructions for Medication: _____

WEEK COMMENCING:

Date	Time in Safe (24hr)	Dosage	Dispensing code	Time Dispensed	Dispensing Staff Signature	Dispensing Staff Print Name	Observing Staff Signature	Observing Staff Print Name

Dispensing Code: Dispensed = D Not Dispensed = N Refused = R Issued away from home = A (log details in relevant paperwork)