



*In the Light of Jesus  
we Learn to Shine*

# St. Joseph's Catholic Primary School

## Managing Pupils with Medical Conditions Policy

**Ratified by Governors**

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Document Status	
Reviewed	October 2025
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Approval Body	Governing Body
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This policy must be reviewed every year

### **STATUTORY**

We have carefully considered the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

## Introduction:

At St. Joseph's Catholic Primary School, we believe that each child is unique and has an entitlement to a full and balanced curriculum and support in managing any medical conditions so they can be healthy, happy and achieve their academic potential. The purpose of this policy is to ensure the safe and appropriate administration of medication or treatment to pupils with medical needs, whether short-term, long-term or in emergency situations, within the school so that each child's individual needs are met. It also considers pupils whose medical condition requires no specific treatment or medication within school. This policy is in line with statutory guidance from DfE (2015) 'Supporting pupils at school with medical conditions,' the Equality Act (2010), the SEND Code of Practice (2015), the Health and Safety at Work Act (1974), The Children and Families Act (2014) and should be read in conjunction with the School's Health and Safety, First Aid, SEND, Educational Visits, Mental Health and Wellbeing, Allergy, Asthma, and Personal Intimate Care Policies.

## Key Points:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Some pupils with medical conditions may be considered to be disabled, in accordance with the definition within the Equalities Act (2010). They may also have special educational needs.
- Some pupils with medical conditions may require part-time attendance at school in combination with alternative provision arranged by the Local Authority. Consideration will be given to reintegration after periods of absence.
- While admission for a pupil who has a medical condition cannot be denied because arrangements have not been made, schools "do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so" (DfE, 2015).
- The Health and Safety at Work Act (1974) makes employers responsible for the health and safety of employees as well as anyone else on the premises.
- The school ensures that Public Liability cover will operate for employees who have received the appropriate training. They will be covered for the following circumstances:
  - Use of Adrenaline Auto-Injectors (AAIs)
  - Use of defibrillators
  - Injections
  - Dispensing prescribed medicines
  - Application of appliances such as splints and oral and topical medication. All such medication must be administered as prescribed by a medical professional OR may be over the counter, if a form has been completed by the parent
  - Inhalers
  - Enteral Feeds

## Administering Medicines/Treatment:

- All medicines must be provided by parents/carers for their child's individual use.
- Medications are kept in a secure drug cupboard or within a box in a designated fridge.
- Trained staff will usually dispense medication and a record must be kept (name of pupil, date, time, dose given, brief reason).
- There a number of trained medical room staff within the school. A central list is held which all staff can access. Training is overseen by the Headteacher who ensures that sufficient staff are trained based on a thorough assessment of need and in liaison with the relevant healthcare professionals.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions and should never give medication without appropriate training. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Teachers and other school staff have a common law duty to act in loco parentis to make sure pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency. This duty also extends to teachers leading activities taking place off the school site, such as educational visits, school outings, or field trips. Section 3(5) of the Children's Act 1989 provides scope for teachers to do what is reasonable for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers acting reasonably in emergency situations such as on a school trip.
- **Subject to the point above, staff will not be routinely required to administer medicine or supervise a pupil taking it. This is a voluntary role.** However, support staff may have specific duties to provide medical assistance as part of their job description. Swift action would need to be taken by any member of staff to assist a pupil in an emergency.
- In the event of an emergency situation arising, the trained medical person may request assistance from any staff member; any instructions given must be followed without question. The trained person has full authority in these circumstances.
- An Automated External Defibrillator (AED) is held in the Key Stage 2 office area of the school as part of the first aid equipment. **A number of staff have been trained - please see list in Key Stage 2 office.**
- In some situations, it may be appropriate for a child to self-administer medication, for instance when taking an inhaler. However, this will always be in verbal agreement with parents and would depend on the age, stage and maturity of the child and the medication involved. This will, in cases where an IHCP has been issued, be noted on the plan. Self-administration would always be supervised by a member of staff.
- If a child refuses to take medication or carry out a procedure, staff will make contact with the parents, or in the case of an emergency, contact 111 or 999 for advice.
- Parents are primarily responsible for their child's medication, including its provision and timely replacement.
- St. Joseph's Primary Catholic School is prepared to support parents/carers by administering both prescribed and non-prescription, over the counter medicines (OTC), which need to be

taken during school hours (when absolutely necessary), subject to the following conditions in line with LA and DfE updated guidance October 2018:

- Parents must inform school upon admission/as soon as it becomes known, and in writing, that their child has a medical condition even if it does not require specific medication or treatment to be administered at school. Any child which may require an IHCP or specific risk assessment may be asked not to attend school until arrangements are in place to ensure the child's safety, or the safety of others. An urgent meeting would be held with parents to discuss appropriate arrangements in school. No child with life-saving medication e.g. AAI's may be allowed to attend school or trips without this.
- Attached to this policy are the procedures to be followed whenever the school is notified that a pupil has a medical condition which involves the creation of an Individual Healthcare Plan, IHP (**Appendix A**), as agreed in consultation with Medical Staff, healthcare professionals eg. School Nurse and parents. The Headteacher reserves the right to have a final view in situations of disagreement or lack of clarity.
- IHPs will be easily accessible to all who may need to refer to them and cover in sufficient detail all that needs to be recorded to enable the school to best support the child's condition. Children with SEND (not those with EHCPs), should have their SEND needs mentioned in their IHP. For pupils with EHCPs, the IHP should be linked/part of the EHC plan.
- The parent/carer must inform the school in writing of all the medicines to be given at school and sign a statement giving the school permission to administer them (**Appendix B**). If the pupil is to be given more than one medicine in school, a separate form should be provided for each.
  - The medicine must be provided to the school in the original container clearly labelled with:
    1. Pupil's name
    2. Class
    3. Name of medicine
    4. How much to be given (i.e. dose)
    5. When to be given
    6. Any other instructions.
  - The parent/carer must inform the school, in writing, of any changes to medication.
  - The parent/carer must make suitable arrangements to replenish the supply of medicines, if necessary (While the school will make every effort to inform parents that medication has/is running out/due to expire, it is always the parents' responsibility to keep medication topped up and in date).
  - Medicine prescribed for 3 doses per day should not normally require administering during the school day.
  - It is the parents/carers responsibility to deliver the medication to the medical room or Key Stage 1/Key Stage 2 office and collect it at the end of the day.
- Medicines requiring daily/regular return home will be handed over from the Medical Room to the class teacher by the end of the day. Otherwise medication will be returned at course end by the Medical Room handing over to the class teacher to return to parents.
- In the case of trips, the supervising teacher/group leader will hand over any medication to parents when this is either required to go home as a daily medication/in situations when the Medical Room is closed i.e. late return from trips.
- Returning medicines will have name and address checked by school staff as they are handed over and only returned to the parents.
- Medicines must never be brought into school by a pupil. If medication is brought into school, it should be removed from the pupil and a member of the Senior Leadership Team should be alerted immediately and a phone call made to parents for its prompt collection/completion of a form.

- In the case of overnight stays, parents are encouraged to provide a separate form of medication for the trip itself. Where this is not possible, medication will be handed over to the teacher/group leader often in liaison with the Medical Room, and always as stipulated on the pre-visit medical forms.
- The school will:
  - nominate named person(s) to be responsible for the safe storage and correct administering of medicines/treatment for pupils including providing cover in the absence of the named members of staff.
  - ensure medicines are stored in a secure and suitable location.
  - check the labelling is secure on the container and that the name and class quoted are correct.
  - ensure that the medication is in date and is in the original container\* as dispensed by a pharmacist and includes instructions for administration, dosage and storage.  
\*with the exception of insulin which may be inside a pump or pen.
  - ensure the correct means of dispensing the medicine has been provided (i.e. a 5ml spoon, if appropriate). Capsules must be administered as they are and **not** opened.
  - discreetly display photographs of children with medical conditions and/or allergies.
  - The Medical Room will make key members of relevant staff aware of pupils with medical conditions, including catering and supply staff, where appropriate, and where any medication is located.
  - include in trip risk assessments for children with medical conditions measures to support their health and inclusion during school trips and other out-of-school activities. Wherever needed, schools should consult with parents, pupils and relevant healthcare professionals to ensure pupils can participate safely.
  - create specific risk assessments for pupils whose medical conditions require specific consideration of risks within school, even if these children do not have an IHP or medication, for example a temporary broken arm.
  - ensure information regarding a pupil's medical condition is passed on promptly to a new school, and for new pupils, make every effort to ensure arrangements are put in place within two weeks.
  - use all available evidence to put support in place, even when a diagnosis is unavailable or unclear.
  - work with the LA to ensure any pupil returning to school after a period of absence or alternative provision has appropriate support. For children with IHPs this will be outlined in their plan to help reintegration.
  - provide whole school training to support staff in their awareness and understanding of this policy, including how to support children with medical conditions.
  - return medication to parents for safe disposal. Needles and other sharps will be disposed of in a sharp box.
  - inform parents if their child has been unwell at school.
  - stay with the child until their parent arrives, or accompany a child in an ambulance, in the event of a child needing to be taken to hospital. Staff should not take children to hospital in their own cars.
  - remove other pupils from the situation, wherever possible and appropriate, to respect privacy during treatment and minimise distress.
- When administering the medicine, the school will:
  - confirm the identity of the pupil.
  - check that any instructions concerning the administering of the medicine are followed correctly (i.e. at the correct time of day, after food, etc)

- check the name of the medicine on the container is the correct one for the pupil concerned.
  - check the dose.
  - measure the dose.
  - watch the pupil to ensure the medicine is taken correctly and washed down with water, wherever appropriate.
  - wash the spoon or other dispenser, if required.
  - ensure the medicine is correctly and safely returned to the secure store.
  - maintain a pupil record of date and time of medicines administered, including any side effects observed.
  - be witnessed administering the medicine by another member of staff wherever possible (whose initials will also be required on the recording sheet) and record (Appendix B).
  - if in doubt, check with parents before administering medicines.
  - check for aspirin in the medication as this will not be administered without approval from a doctor.
- When writing an IHP, the school will:
    - outline the medical condition, its triggers, signs, symptoms and treatments
    - note the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, food/drink access (used for condition management), dietary requirements and environmental issues.
    - record specific support for pupil's emotional, social and educational needs including absences and any reintegration.
    - identify the level of support needed and whether the child will be able to self-manage.
    - record any personal or intimate care requirements (see separate policy, Personal and Intimate Care).
    - identify named professionals (including their role and training) and cover arrangements.
    - record names/roles of those in school who will be made aware of the condition and the plan.
    - ensure written permission from parents for medication to be administered by staff/self-administered by the pupil within school hours.
    - detail how medical conditions will be managed during school trip/activities/ outside of the school timetable and the arrangements to support participation,
    - include emergency plans including key contacts, what constitutes an emergency and what to do. Outline what other pupils can do in emergency situations if they think help is needed.
    - share the IHP with relevant professionals wherever required.
    - ensure the IHP is signed by parents, staff and all key professionals involved e.g. School Nurse.

### **Roles and Responsibilities:**

- **Governors** – the school's Governing Body will make arrangements for pupils with medical conditions to be supported in school, including ensure a fully developed school policy is in place and implemented. The Governors should ensure sufficient staff have received suitable training and are competent. They should ensure that all pupils with medical conditions can have the fullest participation in school possible.
- **The Headteacher and Senior Leadership Team** – will ensure the school's policy is effectively developed, and that all staff involved in its implementation understand their role, the needs of the pupils they are supporting and have sufficient training. Headteachers have overall responsibility for IHPs and for ensuring insurance is in place to support staff in managing pupils' needs. Headteachers

should ensure the school nursing service is contacted for any child who has a medical condition that may need support from a school nurse which is not yet brought to their attention.

- **Parents** – guidance for the role of parents is fully covered in the rest of this policy. Parents should also ensure that they comply with any IHP written for their child. Parents should inform school when a child is no longer suffering from a medical condition or when medication requirements change or cease. All parents must provide two up-to-date emergency contacts and inform school immediately of any changes.
- **School Staff** – guidance for the role of school staff is fully covered in the rest of this policy. A copy of this policy is available to all staff.
- **Pupils** – should be involved in discussions about their medical needs, wherever appropriate, and should ideally contribute to the development of, and comply with, their treatment and (if applicable) IHP.

#### **Unacceptable Practice:**

- Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
  - prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
  - assume that every child with the same condition requires the same treatment;
  - ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
  - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
  - if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
  - penalise children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
  - prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

#### **Medical Care for Students with Particular Medical Conditions:**

- The school will follow the LA and DfE guidelines on the administering and storage of medicines for specific conditions such as Asthma, Allergies, Epilepsy, Diabetes and Heart Problems. Specific management for these conditions is provided below:

**Asthma** – For specific information around supporting pupils with allergies, see additional Asthma Policy.

**Epilepsy** – If a pupil suffers an epileptic seizure they should NOT be restrained but protected from injury. Remove harmful objects from nearby and cushion their head. Summon help from the Medical Room Staff (use red emergency card if no other adult is available). Never leave

the pupil unattended by an adult. When a child has had an epileptic seizure, this will be communicated by Medical Room Staff to parents as soon as possible. In the event of a severe or first-time seizure, 999 will be called.

**Diabetes/Heart Problems** – Upon feeling unwell, pupils with these conditions should normally be able to come to the Medical Room. They should be accompanied by a member of staff. If in any doubt, summon help from the Medical Room Staff or use a red emergency card. When a child has had to have emergency treatment for a heart problem i.e. CPR, defibrillator, this will be carried out in liaison with emergency services. Use of this kind of treatment will be communicated to parents as soon as possible.

**Allergies** – For specific information around supporting pupils with allergies, see additional Allergy Policy.

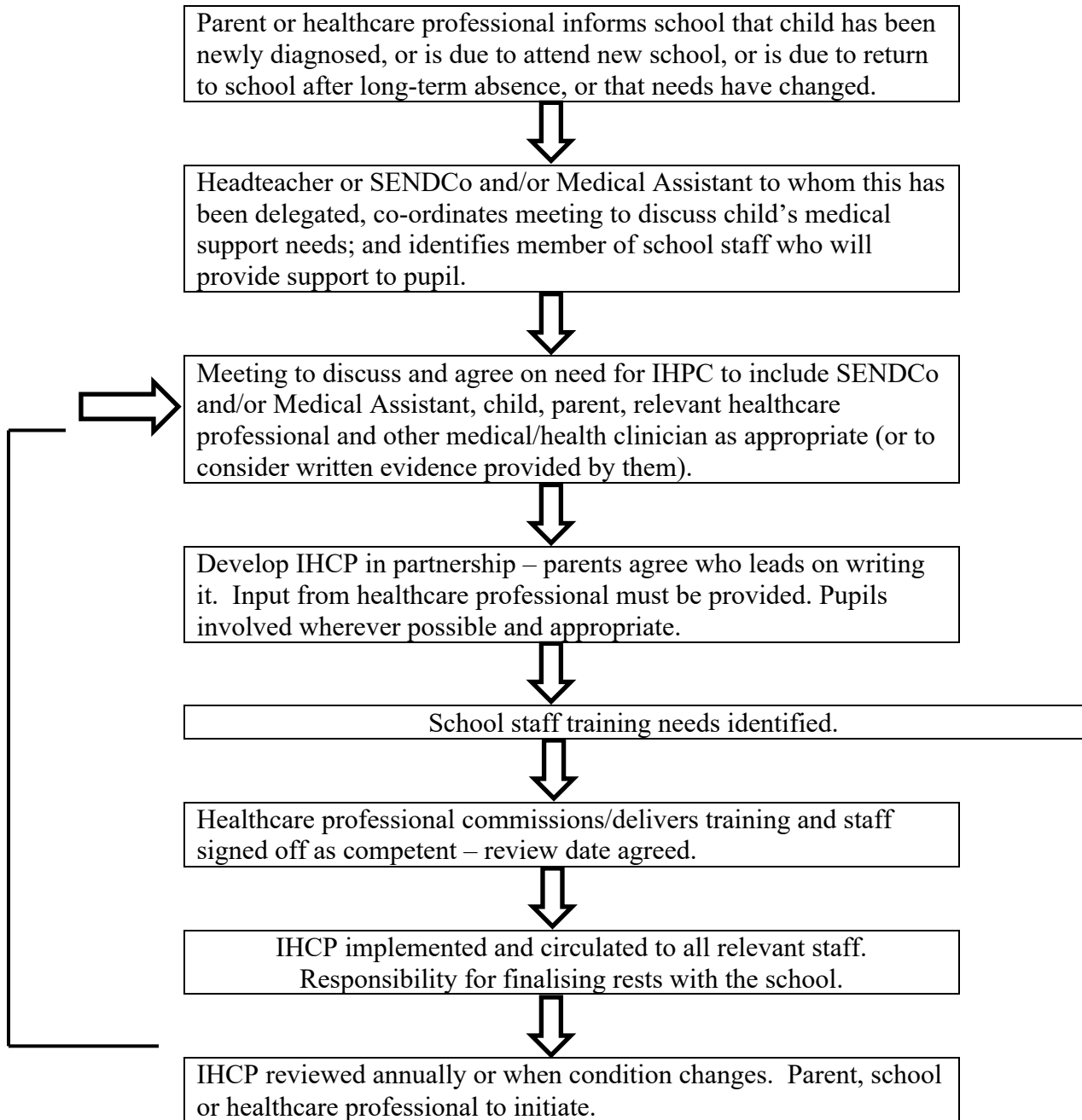
**Data Protection:**

- In line with General Data Protection Regulation (GDPR) and the Data Protection Act 2018, we hold pupil data and information while they attend St Joseph's Catholic Primary School. We may also keep it beyond their attendance if this is necessary in order to comply with our legal obligations. Please refer to the Privacy Notice, which is available on the school website.
- In order to support children with medical conditions and to ensure that they receive the most appropriate educational and pastoral support to meet their needs, we routinely share information with the Department for Education and/or local authority, Ofsted, schools that children transfer to, support staff and external professionals and other statutory bodies. We do not share information about our children with anyone without consent unless the law and our policies allow us to do so.

**Complaints Procedure:**

- 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.

**Appendix A:** Process for developing Individual Healthcare Plans:  
(Persons responsible: SENDCo and school's Medical Assistant)



Appendix B:

## PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form and the school has a policy that the staff can administer medicine prescribed by a doctor and for four doses per day.

Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry Date	
Dose to be given	
Time to be given	
Reason for medication & Any other instructions	
Quantity of medicine left at school	

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

Daytime phone no. of parent / adult contact	
Name and phone no. of GP	
Review date for any long term medication	

The above information if, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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.

Parent's signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

# **Record of medicine administered to an individual child**

Date			
Time given			
Dose given			
Staff initials			
Name of staff member			