

# Supporting Pupils with Medical Conditions and Administration of Medicines Policy

(WeST Template to be adapted locally by schools and ratified by WeST Community Councils)

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<b>Person(s) responsible for adapting template policy to local school needs</b>	Deputy Principal (Support)
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## 1. Statement of Intent

WeST expects all pupils with medical conditions to be properly supported so they can access the same education as their peers, including school trips and physical education. This policy sets out Trust-wide expectations that each school will adapt the information for local circumstances. It covers both physical and mental health needs and applies to on- and off-site activities.

## 2. Legal & Policy Context

This policy has regard to:

- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- DfE: [Supporting pupils at school with medical conditions](#) (December 2015)
- DfE: [SEND Code of Practice](#) (January 2015)
- DfE: [Keeping Children Safe in Education](#)
- DfE: [EYFS statutory framework](#) (where a school has Early Years provision)
- DfE: [Education for children with health needs who cannot attend school](#) (December 2023)
- Department of Health: [Guidance on the use of emergency salbutamol inhalers in schools](#) (March 2015)
- Department of Health: [Guidance on the use of adrenaline auto-injectors in schools](#) (September 2017)

## 3. Roles & Responsibilities

### Trust Board, through WeST Community Councils:

- ensure arrangements to support pupils with medical conditions are in place
- monitor implementation of this policy
- ensure insurance is adequate

### Headteacher:

- ensure the implementation, resourcing and oversight of this policy and its associated procedures

### **Medical Conditions Lead: Deputy Principal (Support)**

This person needs to be senior member of staff<sup>1</sup> who has oversight of:

- maintaining the medical conditions register
- coordinating Individual Health Plans (IHPs)<sup>2</sup>
- ensuring there are sufficient trained staff for on- and off-site activities
- ensuring appropriate cover when staff are absent
- briefing supply/cover staff
- briefing trip leaders about supporting pupils with medical conditions
- risk assessments for off-site trips<sup>3</sup>
- medical records
- auditing equipment and records

### **Staff who administer first aid and/or medication**

- will be appropriately trained and hold 'in date' certification
- administer first aid and/or medication in line with policy
- only administer medication for which they have been appropriately trained
- record all incidents of first aid and/or administration of medicines in line with policy
- may audit equipment and records in support of the Medical Conditions Lead (but the overall quality assurance responsibility for audit lies with the named senior staff member who is the Medical Conditions Lead)
- may be involved in IHP writing and reviews (but the overall responsibility for IHPs lies with the named senior staff member who is the Medical Conditions Lead)

### **Parents<sup>4</sup>**

- provide up-to-date information on medicines and consent
- engage in IHPs and reviews

### **Pupils:**

- participate in planning and self-management where competent.

### **Healthcare professionals:**

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<sup>1</sup> Given that medical needs sit within wider Special Educational Needs it is likely that the senior person responsible for IHPs will be part of the SEND team. However, this is a decision for schools within WeST to make at a local level.

<sup>2</sup> In larger schools the coordination of IHPs may be delegated to a specific member of staff. Where this occurs there must be senior leadership oversight from a named person.

<sup>3</sup> In settings where the Educational Visits Co-ordinator is not the Medical Conditions Lead there must be clear procedures in place to ensure that between them every trip has the appropriate risk assessments in place to meet the first aid and medical requirements

<sup>4</sup> Throughout this policy the term 'parent' covers all parents/carers as named on the school's information management system

WeST Supporting Pupils with Medical Conditions Template Policy -Jan 2026

Healthcare professionals, such as School Nurses, specialist Diabetic Nurses etc., will advise on:

- diagnosis and treatment
- IHP content
- Staff training and competence

#### 4. Policy Implementation & Accountability

The school, under the leadership of the Medical Conditions Lead, will be able to evidence:

- a current register of pupils with medical conditions
- there is enough competently trained staff to meet the first aid and medical requirements of staff and pupils in the school
- a training matrix listing when staff training renewals are due
- how cover arrangements for staff absence/turnover are typically handled
- briefings for supply teachers and visit leaders
- appropriate monitoring of IHPs (including parental involvement)<sup>5</sup>
- appropriate monitoring of first aid and administering of medicine records

The WeST Director of Safeguarding will also monitor the implementation of this policy and its associated procedures through annual safeguarding reviews, supplemented by other monitoring activity as required.

#### 5. Procedure on Notification of a Medical Condition

On notification that a pupil has a medical condition, the Medical Conditions Lead will:

- Record the pupil on the medical conditions register
- Consider whether the pupil will require a Personal Emergency Evacuation Plan (PEEP)
- Agree interim adjustments to enable safe access/inclusion from day one
- Convene an Individual Health Plan (IHP) meeting within 10 school days
- For mid-term moves or a new diagnosis, ensure new arrangements are in place within 10 school days

A summary of this procedure is available in the appendix.

#### 6. Individual Healthcare Plans (IHPs)

IHPs are developed collaboratively with parents, relevant health professionals (e.g., school nurse) and the pupil, using the DfE template, and reviewed at least annually or earlier if needs change.

IHPs will include (as appropriate):

- condition details - triggers/signs/symptoms
- medication dose/side effects/storage
- other treatments
- testing and access to food/drink
- environmental adjustments

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<sup>5</sup> Typically, a new IHP will be reviewed after 6 weeks and then once a term for the first year and annually thereafter. At any point new information is received about the medical condition the IHP should be reviewed. Where alternative review arrangements are in place the rationale for this should be clearly documented on the IHP.

- educational/social/emotional support
- level of support including in emergencies
- roles/training/cover
- who needs to know
- consent/authorisation
- trip/PE arrangements
- confidentiality
- emergency actions (including Personal Emergency Evacuation Plans where necessary)

IHPs must be individual for each pupil. When considering common medical conditions, such as asthma, anaphylaxis, epilepsy or diabetes, generic templates must only be used as a starting point for an individualised IHP.

**School IHP co-ordinator** (if not the School Medical Conditions Lead): **Mrs Chard, First Aider**

## 7. Managing Medicines on School Premises

Principles:

- medicines are given only when essential
- all medicines must be provided by parents (the only exception to this are emergency asthma and adrenaline auto-injectors (AAIs))
- parental written consent is required
- the administration of all first aid and medicine is recorded
- pupils are encouraged to self-manage where appropriate
- non-prescription medicines may be administered with parental consent where the parent has provided the medication, subject to school assessment
- no medicines containing aspirin will be given to pupils under 16 unless prescribed.
- all medication (both over the counter and prescription drugs) must be stored securely, administered by authorised and appropriately trained staff and fully recorded
- pupils may self-carry controlled drugs only where this has been risk assessed and the pupil is deemed competent to do so
- emergency medicines/devices (e.g., inhalers, AAIs, glucose meters) must be easily accessible and not locked away. Locations are shown in the school medical map.
- Storage & disposal of medicines and equipment will follow manufacturer guidance, with unused medicines typically returned to parents for disposal
- Sharps must be disposed of in approved containers

**First Aid Room and Reception [Medical Map](#)**

## 8. Emergency Adrenaline Auto-Injectors (AAIs)

Schools may purchase and hold spare AAIs for emergency use on pupils at risk of anaphylaxis whose own device is unavailable or not working<sup>6</sup>. AAIs are stored accessibly, clearly marked and not locked away. Staff are trained in

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<sup>6</sup> [https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf)

recognition and use. All administrations are recorded and parents informed the same day. In a life-threatening emergency, adrenaline may be administered to save life.

Person responsible for Allergy/Anaphylaxis Register: **Mrs Chard, First Aider**

Location of emergency AAls: **Reception Office**

## 9. Arrangements in EYFS (where applicable)

For Early Years provision, schools meet [EYFS requirements](#)<sup>7</sup>, including medicines procedures, pediatric first aid and safeguarding policies.

## 10. Emergency Procedures

Detailed emergency actions are set out in IHPs. IHPs must be quickly accessible to school first aiders and to emergency personnel, e.g. paramedics. A member of staff must accompany a pupil to hospital until a parent arrives.

Location of emergency IHPs: **MIS system and First Aid Office**

## 11. Day Trips, Residential Visits and Physical Education

No pupil should be excluded from activities because of a medical condition. Visit leaders complete medical risk assessments, ensure immediate access to medicines/equipment, and brief supervising/supply staff. IHP summaries should travel with the pupil. Emergency access routes must be planned in advance and readily available via the trip risk assessment.

## 12. Record Keeping

We use DfE templates for parental consent, medicine administration and staff training records. Records of first aid incidents and the administration of medicines are stored securely and audited termly. The WeST Director of Safeguarding will review first aid records, IHPs and medication records as part of the WeST annual safeguarding review.

## 13. Unacceptable Practice

We adopt the DfE list of unacceptable practices<sup>8</sup>, including:

- discouraging participation
- assuming medicine must only be given at home
- ignoring medical evidence
- penalising attendance for pupils with recognised medical conditions
- requiring parents to administer medicine in school
- preventing self-management by pupils where appropriate.

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<sup>7</sup> DfE: [EYFS statutory framework](#)

<sup>8</sup> <https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>

## 14. Liability & Indemnity

The Trust ensures appropriate insurance/indemnity for staff supporting pupils with medical conditions, including administration of medicines.

### Zurich Schools Insurance

## 15. Complaints

Concerns should first be raised informally with the Medical Conditions Lead. If this fails to resolve concerns then formal complaints should follow the school's Complaints Policy.

[Complaints Policy](#)

## 16. Home-to-School Transport (where applicable)

Where transport is provided, arrangements for medicines/emergency procedures are agreed with the transport provider and recorded in the pupil's IHP.

### 1. Defibrillators (optional)

Schools may hold automated external defibrillators (AEDs). Where this is the case first aid staff are briefed on their location and trained in basic life support with the use of an AED. AED checks are logged through the Parago system.

Device location(s): **Outside the Fitness Suite and Main Reception Foyer**

## 18. Version History

Version	Date	Notes
1.0	January 2026	New version of the template policy provided, based on updates from previous template in line with DfE guidance

## 19. Templates

WeST recommends that schools adopt DfE templates onto branded documentation.

- IHP (Template A)
- Parental consent (Template B)
- Medicine Record all pupils (Template C)
- Model parent letter (Template D).

These DfE templates are available at: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>



## Template A - IHCP

# INDIVIDUAL HEALTH CARE PLAN

## CHILD'S DETAILS

Name:

Tutor group:

Date of birth:

Address:

Postcode:

Medical diagnosis or condition:

Date:

Review date:

## PARENT/CARER DETAILS

### Parent/carer one

Name:

Contact numbers:

Home:

Work:

Mobile:

Relationship to child:

### Parent/carer two

Name:

Contact numbers:

Home:

Work:

Mobile:

Relationship to child:

## MEDICAL DETAILS

Clinic/hospital name:

Clinic/hospital contact number:

GP name:

GP contact number:



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

Symptoms/signs:

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Triggers/environmental factors:

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Treatments / facilities / equipment / devices:

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**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 pupil's educational, social and emotional needs**

**Arrangements for school visits / trips / LOTC / PE**

**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**

**Staff training needed / undertaken – who, what, where, when**

### **STUDENT ADRENALINE AUTO-INJECTOR USERS (AAI)**

**I give permission for my child to always carry their own 2 adrenaline auto-injectors (AAI) in school**

**I consent for trained school staff to administer the spare adrenaline auto-injector (AAI) to my child in the event of an emergency.**

**Plan developed with:**

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Signed:

Form copied to:

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## Template B – Parental Consent

# HELE'S SCHOOL ADMINISTRATION OF MEDICINE FORM

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.

Student name:	
Tutor Group:	
Date of birth:	
Contact name / relationship:	
Address:	
Daytime telephone number:	
Medical condition / illness:	
Medicine:	Dosage and method: (Please include side effects / special precautions / other instructions)
Self-Administration:	Yes / No

1. I give permission for my child to carry their asthma inhaler with them whilst at school and to manage its use.
2. I give permission for my child to manage the use of their own pen injector for diabetes.
3. I give permission for my child to always carry their own 2 adrenaline auto-injectors (AAI) in school
4. I consent for trained school staff to administer the spare adrenaline auto-injector (AAI) to my child in the event of an emergency.
5. 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: .....(Parent/carer) Date: .....

## Template C – Medicine Record all pupils

### Record of medicines administered in school/setting to all children

Name of School/Setting: \_\_\_\_\_

Date	Name of pupil	Complaint	Medicine	Dosage	Medicine	Time	Signature

## Template D - Model Parent Letter

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

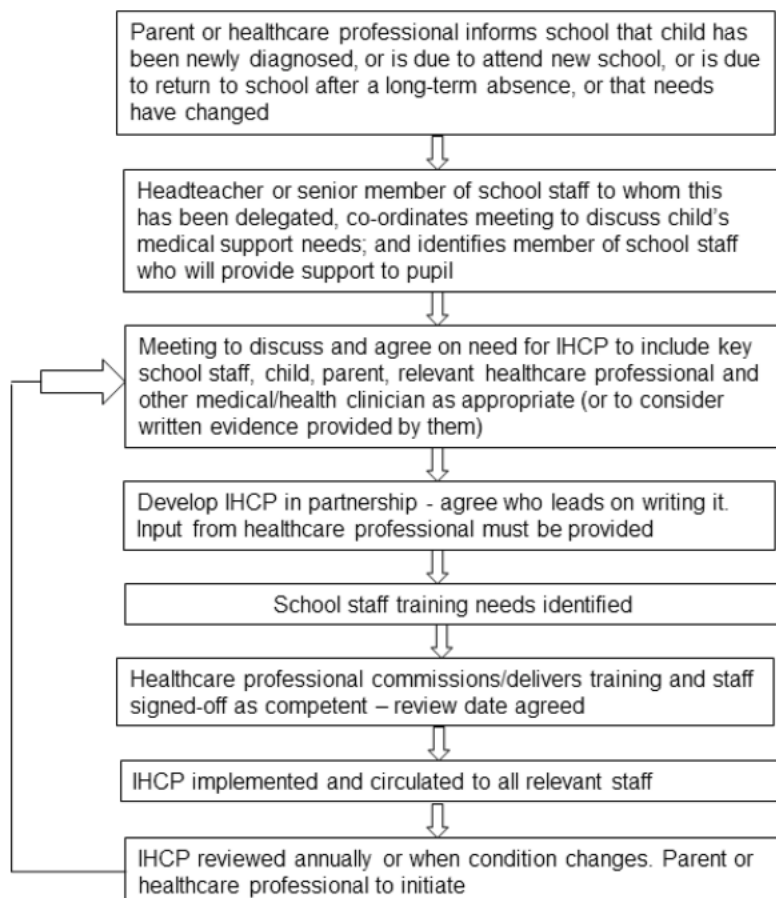
A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## 21. Appendix

### Model process for developing individual healthcare plans (Source: DfE 2015<sup>9</sup>)



<sup>9</sup> [DfE: Supporting pupils at school with medical conditions \(December 2015\)](#)