

Supporting Pupils with Medical Conditions

Manorfield Primary and Nursery School.



Policy Editor	Jo Le Feuvre	
Policy Approval Level	Headteacher (GB for information)	
Approved by:	Nicky Jones	Date:
Status	Statutory	
Review Cycle	Annually	
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Next review due by:	September 2026	

Supporting and Administering Medicine to Pupils in School: Policy

1. Statement of Intent

Our school is committed to ensuring that pupils with medical conditions receive appropriate care and support, enabling them to participate fully in school life. This includes the safe storage and administration of medication, in line with statutory guidance and relevant legislation.

2. Legal Framework

This policy is written with regard to:

- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- DfE guidance: *Supporting pupils at school with medical conditions* (2015) [\[1\]](#)

3. Roles and Responsibilities

- **Headteacher:** Ensures policy implementation, staff training, and appropriate insurance.
- **School Staff:** May volunteer to administer medicines; must receive appropriate training.
- **Parents/Carers:** Provide up-to-date information about their child's medical needs and supply medication in original, labelled containers.
- **Governing Body:** Ensures arrangements are in place to support pupils with medical conditions.

4. Notification and Individual Healthcare Plans (IHPs)

- Parents must notify the school if their child requires medication during school hours.
- For pupils with complex or ongoing medical needs, an Individual Healthcare Plan (IHP) will be developed in consultation with parents and healthcare professionals.

5. Administering Medicines

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Only prescribed medicines or those with written parental consent will be administered.
- A written parental agreement is required for the school to administer any medicine.
- Medicines must be provided in the original container, clearly labelled with the pupil's name, dosage, and instructions.
- There is no legal obligation for schools to administer medication to pupils. Staff may do so on a voluntary basis, with parental consent and in line with the school's medical policy. Parents are responsible for providing and managing their child's medication needs.

6. Storage of Medicines

- All medicines will be stored securely in a designated location, accessible only to authorised staff. Medication that is required to be kept in a refrigerator that also contains food, will be kept in an airtight container and clearly labelled. There will be restricted access to the refrigerator holding medicines.
- Some medicines (e.g., asthma inhalers, adrenaline auto-injectors) may be kept with a supervising adult during sporting activities and school trips, subject to risk assessment and parental agreement.

7. Record Keeping

- Each administration of medicine will be recorded, including the date, time, dosage, and name of the staff member administering.
- Records will be kept securely and reviewed regularly.

8. Self-Administration

- Where appropriate, and with parental and medical agreement, pupils may self-administer their medication under supervision.

9. Emergency Procedures

- Emergency medicines (e.g., for anaphylaxis or epilepsy) will be readily accessible.
- Staff will be trained in emergency procedures and first aid.
- In the event of a medical emergency, the school will contact emergency services and the pupil's parents/carers immediately.

10. Training

- Staff responsible for administering medicines will receive appropriate training and refresher courses as required.

11. Complaints

- Any complaints regarding the support provided to pupils with medical conditions or the administration of medicines should be raised with the Headteacher and will be managed in line with the school's complaints procedure.

12. Monitoring and Review

- This policy will be reviewed annually, or sooner if legislation or guidance changes.

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 pupil'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

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
(as described on the container)
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_____