



Supporting Pupils with Medical Conditions **Policy**

Last Approved: February 2026

Review Date: February 2027

1. Introduction

St Mark's CE Primary School is committed to ensuring pupils with medical conditions are properly supported so they can access education fully, including trips and wider school life. We work in partnership with parents/carers, the 0–19 NHS Hub/school nursing service, and other relevant professionals.

This policy is written in line with the DfE statutory guidance *Supporting pupils at school with medical conditions* and should be read alongside the EYFS framework, SEND Code of Practice and Equality Act 2010.

2. Purpose and scope

This policy sets out the arrangements for:

- identifying and supporting pupils with medical conditions
- developing and reviewing Individual Healthcare Plans
- the safe storage and administration of medicines
- record keeping, confidentiality, training, and emergency procedures

It applies to all medicines administered in school (prescribed and non-prescribed), including emergency medication.

3. Roles and responsibilities

Governing body

Will ensure:

- this policy is implemented and reviewed annually
- arrangements are in place to support pupils with medical needs
- a named person/lead is in place for implementation

Headteacher

Will ensure:

- the policy is developed and implemented effectively
- there are enough trained staff to support medical needs safely
- a record of trained/authorised staff is maintained

Senior Leadership Team (SLT)

Will ensure:

- pupils with medical conditions have an up-to-date healthcare plan where needed
- appropriate training is arranged and refreshed as required
- medicines are stored securely and are accessible when needed (especially emergency meds)
- cover arrangements are in place if key staff are absent
- medical updates/concerns are recorded on Arbor and CPOMS as well as Medical Tracker

Designated policy leads: Louise Bradbury and Victoria Bradbury (reviewed at least annually).

All school staff

- Supporting pupils with medical conditions is a shared responsibility
- Staff follow the care plan and school procedures, and report concerns to SLT
- Ongoing medical concerns will be recorded on CPOMS
- Children are supported to manage needs with dignity and privacy

Parents/carers

Parents must:

- provide accurate, up-to-date medical information and notify school of changes
- provide medication in accordance with this policy, ensuring it is in the original container, in date, clearly labelled.
- complete required consent forms
- inform school of any medication given before school (especially rescue meds)

Pupils

Pupils are involved (as appropriate) in discussions and are encouraged to develop independence in managing their condition, where safe and suitable.

Healthcare professionals

- Provide advice, support, and training where required, and support the development/review of care plans
- School Nurses may liaise with local lead clinicians to ensure suitable support is in place for the child and to identify any related staff training needs

Other professionals

- Social care should keep the school informed of any important updates or changes to a child's medical condition.
- The school should contact social care if there are concerns about a child's medical condition or if it appears that a child's medical needs are not being met by their parents.
- Local authorities should work with schools to support pupils with medical conditions in attending full-time. Statutory guidance requires local authorities to make arrangements when a child is expected to be absent for 15 days or more due to health needs, whether consecutively or cumulatively during the school year.

4. Individual Healthcare Plans

A care plan will be in place for pupils where a medical condition is long-term, requires ongoing support in school, emergency medication, or a clear risk assessment to support access to education and activities.

Care plans are written with parents, the pupil (as appropriate), school staff and relevant professionals. They are:

- reviewed at least annually
- reviewed immediately if needs change
- shared with staff who need to know, with acknowledgement that it has been read

Medical Tracker

- All inhalers and medical conditions requiring care plans are recorded on Medical Tracker.
- Care plans are located on Medical Tracker.

- Medical Tracker is used to record all medication administered and automatically notifies parents.

5. Consent

- Written parental consent is required before school administers any medication.
- Where signed and written consent is located on Medical Tracker, a verbal phone call to speak with parents is acceptable.

6. Medicines: general principles

- Medicines are administered only when essential during the school day.
- Where a medicine is prescribed three times a day, parents should normally arrange doses outside school time (morning / after school / bedtime).
- Staff will not administer medicine if instructions/label/consent are unclear. Parents will be contacted.

Prescribed medicines

Must:

- be in the original container
- have a pharmacy label with pupil name, dose, frequency, expiry
- be prescribed by a UK prescriber (per your policy)

Non-prescribed medicines (e.g., Calpol, ibuprofen)

- only administered in line with school procedure and parental consent
- in line with Department for Education guidance, school-stock paracetamol will only be given where not doing so would affect the child's health or attendance, and only where written parental consent has been given.
- must be in original packaging, in-date, purchased in the UK (per your policy)
- staff must check last dose given at home and record it

Refusal

If a pupil refuses medication:

- they will not be forced
- refusal is recorded, parents informed, and agreed actions followed

7. Administration procedure

- Pupils are accompanied to the office (or agreed medical area) for medication.
- Medication is checked against consent and the label: right child / right medicine / right dose / right time / right route.
- Medication is administered by a trained and competent member of staff.
- A second member of staff witnesses administration
- All administration is recorded on Medical Tracker and the parents will receive a notification.

Creams: where appropriate, the pupil applies their own cream, supported by staff dispensing the correct amount.

8. Emergency arrangements

- Emergency procedures are detailed in the pupil's care plan.
- A member of staff stays with the pupil until a parent or emergency services arrive.
- SLT is informed immediately when emergency services are contacted.
- Staff can access care plans on Medical Tracker.

9. Asthma inhalers

- Pupils with inhalers have an asthma care plan.
- Inhalers are kept accessible (usually in the classroom) as agreed.
- Inhalers are taken on trips.
- School holds an emergency salbutamol inhaler for asthma emergencies in line with consent arrangements.

10. Epipens

- Pupils with epipens have a healthcare plan.
- Epipens are kept accessible (usually in the classroom) as agreed.
- Epipens are taken on trips.
- School holds an epipen for anaphylaxis emergencies in line with consent arrangements.

11. Storage

- Emergency medicines (e.g., inhalers/AAls) are stored in classrooms where they can be accessed quickly.
- Other medicines are stored in locked medicine cupboards in the school/nursery office.
- Fridge medicines are stored in a labelled container in a staff-only fridge.
- Parents deliver/collect medicines via the office (not via pupils)

11.1. Disposal of medication

- Expired, unused, damaged or no longer required medication must not be kept in school.
- When no longer required, medication will normally be returned to parents/carers for safe disposal.
- Medication must not be disposed of in general waste or poured down sinks or toilets.
- Where appropriate, parents/carers should return unwanted medication to a pharmacy for safe disposal.
- A record should be made when medication is returned to parents/carers or otherwise removed from site.

11.2. Sharps and clinical waste

- Where a pupil's medical needs involve sharps, these must be disposed of safely and immediately after use.
- Sharps include, for example:
 - blood glucose lancets
 - pen needles
 - pump equipment
 - used adrenaline auto-injectors
- Sharps must never be placed in general waste.
- Sharps must be disposed of in an appropriate sharps container.
- Sharps containers must be stored securely, in a suitable location, and out of reach of pupils.

- Arrangements for the provision, collection and final disposal of sharps bins will be agreed with parents/carers and, where relevant, healthcare professionals.
- Following an emergency, a used adrenaline auto-injector may be handed to ambulance staff on arrival or placed in an approved sharps bin in line with guidance.

12. Trips and off-site activities

- Pupils with medical conditions will be supported to participate fully.
- Staff follow care plans and risk assessments for trips.
- Medicines are carried securely but remain accessible; care plan information is shared with relevant staff/volunteers.

13. Errors, missing medicines and incidents

SLT must be informed immediately if:

- medication cannot be accounted for
- suspected misuse/theft
- medication given to wrong child / wrong dose / wrong time

Incidents are recorded and followed up through school procedures.

14. Training

- Staff must not administer medicines without appropriate training.
- Training is provided/endorsed by appropriate professionals where needed (e.g., school nurse/0–19 hub).
- A record of training, authorisation and refresh dates is maintained.

15. Confidentiality

Information is shared on a need-to-know basis to keep pupils safe and supported, with parental involvement/consent where appropriate.

16. Complaints

Concerns should be raised initially with the class teacher, then SLT, and escalated through the school complaints procedure if required.

General Care Plan

*NHS Number 	CISS Number/Unit No. 	*Date of Birth
*First name 		*Surname

Identified Need		
Emergency contact details		
Signs and Symptoms	Actions	Person Responsible

	Print name	Signature
Parent / Carer		
School Staff		
Health Professional		
Date of care plan		
Review Date		



St Mark's C E Primary School

Medical Update Form

Child's Name

Class

Please tick as appropriate

Medical Condition	Tick if applicable	Comment where necessary
Asthma (if applicable, please ensure an asthma plan is completed for your child)		
Diabetes		
Eczema		
Allergies (give details)		
Physical impairment		
Hearing Impairment		
Visual Impairment		
Other (please give details)		

The information given will be transferred to the school's computer system. Under Data Protection Acts 1984 & 2018, any person named on this form has the right to check the information recorded.

THIS FORM SHOULD BE SIGNED BY SOMEONE WITH PARENTAL RESPONSIBILITY.

The information I have given is correct to the best of my knowledge and belief.

Signed.....

Parent/Carer name in full.....

Date.....

THIS FORM WILL BE RELEVANT TO YOUR CHILD DURING THEIR ENTIRE SCHOOL LIFE AT ST. MARK'S CE PRIMARY, AND WILL BE SHARED WITH RELEVANT STAFF AS APPROPRIATE AND NECESSARY. IF YOU WISH TO ALTER THE PERMISSIONS AT ANY TIME, YOU MUST DO SO IN WRITING. IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY NEW ALLERGIES OR MEDICAL CONDITIONS.



Prescribed Medication Consent and log

Name of child..... Class.....

Prescribed medication details.....

Prescribed dosage.....

Date and time of 1st medication to be administered.....

End date

Parent Consent

Signed.....Name.....

Date.....



Non-Prescribed Medication Consent and log

Name of child..... Class.....

Medication details.....

Dosage.....

Date and time of 1st medication to be administered.....

End date

Has your child had any medication today? Y/N

If yes, what time?..... What was the dosage.....

Has your child had this medication before? Y/N

Parent Consent

Signed.....Name.....

Date.....



Asthma Care Plan and Medication: Consent

If your child has been diagnosed with Asthma and/or has been prescribed reliever therapy (Blue inhaler) please complete the first part of this form which gives your consent for school staff to give this if required.

In the event of my child displaying symptoms of Asthma or prior to PE (if required), I consent for my child to receive their own reliever inhaler. If my child has Asthma symptoms and their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler if this is available in school (**Not all schools keep their own emergency inhaler**).

Name of child:

Date of birth:

School: **St Mark's CE Primary School**

Name of Inhaler:

Number of Puffs:

Signed Parent/Guardian _____ **Date** _____

Parent's Contact Number:

If your child has an Asthma attack the schools emergency procedure will followed.

A copy of your child's school Asthma care plan will be sent to you.

Please ensure that your child has a **SPARE reliever inhaler** and **spacer** kept in school and that your child's inhaler is within its **expiry date**.

N.B: High School Pupils

Please ensure your child carries their own reliever inhaler in school. A spare reliever inhaler and spacer should also be kept in school for emergencies.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections please contact 0-19 Health Visiting and School Nursing Service team via the Hub 0808 178 3374

ASTHMA CARE PLAN

This care plan needs to be reviewed once a year or sooner if there are any changes. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with school policy.

Child's name		Emergency contact:	
Date of birth		Medication: Expiry date:	
What signs show that your child needs their inhaler?			
Does your child tell you when he/she needs medicine?		What are your child's triggers (things that make their asthma worse)? Please tick	
Yes	No	Pollen	Stress
Does your child need help taking his/her medicines?		Exercise / weather – if exercise or weather are a trigger you can have 2 puffs prior to PE or outdoor activity.	
Yes	No	Cold/Flu	Air pollution
Other			
Asthma control:			
Stage 1: Well controlled.	No emergency inhaler needed.		
Stage 2: first signs of symptoms like: cough, wheeze, shortness of breath.	Give 2 – 4 puffs with spacer.	Allow 5 minutes after first 2 puffs for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 3.	
Stage 3: Asthma attack. Worsening symptoms than in stage 2. Contact parents/carers and recommend a medical review needed.	Give 6-8 puffs with spacer.	Allow 5 minutes for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 4.	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.
Stage 4: Severe Asthma attack. Symptoms not improving.	EMERGENCY Give 10 puffs. With spacer.	You must call 999. After the 10 puffs, One further puff can be given every minute until help arrives	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.

Emergency reliever inhaler

If the school holds an emergency inhaler and spacer, I give permission for my child to use this should their own inhaler not be available.

Triggers (if known).....

Signatures: _____
 Parent/carers School staff Date

Review annually-