

# Goodmayes Primary School



## SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Version Control			
<b>Date Implemented</b>	November 2025	<b>Next review date</b>	November 2027
<b>Supersedes</b>	Autumn 2023	<b>Policy Owner</b>	Governing Board

## **Summary of policy changes:**

### **Version: November 2025**

The following updates have been applied:

#### **Under the Roles and Responsibilities of the SENDCo, the following bullet point has been included:**

- will update photographic identifications of children with IHCP in First Aid room, Kitchen and Class Medical Boxes

#### **Under Managing Medicines on School Premises, the following bullet point has been included:**

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.  
<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>Children will never be given medicine containing aspirin unless prescribed by a doctor.

#### **Under Record Keeping, the following bullet point has been included:**

- All medication administered will be recorded on the medical tracker so that parents are notified of when the medication was taken. This is to avoid **any confusion, missed doses, or duplication of medication, and to ensure clear communication and accountability between the school and parents.**

# **Goodmayes Primary School**

## **Supporting Pupils with Medical Conditions**

Goodmayes Primary School is an inclusive community. Our aim is to ensure that all children with medical conditions in terms of physical and mental health are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Goodmayes Primary School works with health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve programmes of study that include part-time attendance at school, in combination with alternative provision arranged by the Local Authority (LA) for the children with an individual Healthcare Plan (HCP), and the school for those children without an HCP.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. This policy sets out our arrangements.

### **Roles & Responsibilities:**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work cooperatively with other agencies to ensure that the needs of pupils with medical conditions are met effectively.

#### **The Headteacher is responsible for:**

- implementing this policy with the whole staff team, parents, carers and agency partners
- ensuring that all staff receive suitable training and are competent before they take on responsibility to support children with medical conditions
- ensuring that new staff are fully informed about this policy
- ensuring that relevant staff are informed about a child's condition
- ensuring that sufficient staff are suitably trained and available (additional staff will be trained in order to cover staff absence or staff turnover)
- ensuring all children with medical needs have a healthcare plan, where appropriate, that it is kept up-to-date, is shared with all the individuals who need to know about it and reviewed at least annually

#### **The SENDCo:**

- will identify any training needs necessary during the development or review of HCPs
- will liaise with external agencies to assess staff training needs
- will arrange for external professionals to train staff
- will support staff in carrying out their role
- will liaise with the Headteacher to commission training
- will review and update HCPs on an annual basis
- will send parents a letter to request updated information and offer a meeting with the School Nurse

- will update the central medical file and individual class files with HCP and list of all identified health needs
- will update photographic identifications of children with IHCP in First Aid room, Kitchen and Class Medical Boxes

#### **Teachers & Support Staff:**

- must not give prescription medicines or undertake health care procedures without appropriate training or parental consent
- may be asked to provide support to pupils with medical conditions, including the administering of medicines and undertaking necessary procedures
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- the Medical Administrator and the teaching staff will ensure that HCPs are accessible to cover staff in accordance with school procedures

#### **Pupils:**

- will be encouraged to take an appropriate amount of responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent
- must be supervised by a member of staff when taking their medication
- who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the INDIVIDUAL HCP should be followed and the parent/carer must be informed so that alternative options can be considered

#### **Parent/Carer:**

- should ensure that their child is fit enough to attend school
- should keep any child who is acutely unwell at home
- should provide the school with sufficient and up-to-date information about their child's medical condition and any treatment or special care needed at school
- should be involved in the development and review of their child's individual HCP and, wherever possible, be involved in its drafting
- should ensure they have signed their child's individual HCP and carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment) and ensure they, or another nominated adult, are contactable at all times
- should ensure that all medication provided to the school is in date and take responsibility to replace it when it expires or when advised to by the Medical Administrator
- should complete a Request & Medical Consent Form in order that emergency medicines may be administered to their child
- should liaise with the class teacher to ensure the relevant medicines are taken on all school trips or sporting activities where necessary

## **Phase Group Leaders/Class Teachers/Learning Support Assistants**

- will brief supply teachers on any child with medical conditions in their class
- will be prepared to administer medicines or necessary procedures at school and during off-site activities, if suitably trained, when the parent/carer is unavailable
- will liaise with the SENDCo to carry out risk assessments for school visits, holidays and other school activities outside of the normal timetable
- will be responsible for any medicines taken on off-site activities, including their safe storage and handling, administration and return to school
- will ensure someone is always available to support children with medical needs

## **School Nurse**

- will be responsible for delivering training to all staff members
- will create Health Care Plans when needed
- will update Health Care Plans and Allergy Action Plans on an annual basis

## **SEND Support / Medical Administrator**

- will ensure that individual HCPs are reviewed on an annual basis with the School Nurse, unless otherwise indicated or advised
- will ensure that all school staff are made aware of a child's medical needs
- will support the staff in carrying out their role to support children with medical conditions

## **Managing Medicines on School Premises**

- Medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. We will therefore only administer medicines when absolutely necessary decided on an individual basis. If a parent/carer feels it is absolutely necessary for a child to receive medication during the school day, the parent/carer is always welcome to come into school to administer the dosage.
- Children for whom we are likely to agree to administer medicines include children with long-term medical needs including diabetes, epilepsy, asthma, severe allergies and occasionally medicines prescribed by GPs that have to be given during the daytime and when the parent/carer is unable to come in to administer them. In these cases, a Request & Medical Consent Form (Appendix 2) & Medical History Form (Appendix 3) must be completed. Children will not be given medicines without their parent/carer's written consent.
- Children should not bring any medicine into school with them. This includes cough sweets. If a child needs medicine to be kept in school, parents should take it to the school office for the attention of the SEND Support/Medical Administrator. It should not be given to the class teacher.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.  
<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf> Children will never be given medicine containing aspirin unless prescribed by a doctor.

- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- We will only accept medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which may be inside an insulin pen or pump rather than its original container.
- All medicines will be stored in the school office but medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will not be locked away.
- On school trips the children should know where their medication is at all times; the member of staff carrying the medication to be named on risk assessment.
- Controlled drugs will be stored in the medical room in a non-portable container and named staff will have access.
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal.

### **Managing Medicines on Residential School Trips**

During residential school journeys, we will administer medicines prescribed by the GP and medicines that would usually be administered by parents outside of the school day. Permission must therefore be sought from parents in advance of any trip if any prescribed or non-prescribed medicine (for example, travel sickness tablets, hay fever medication) is requested to be administered. A Medical Consent form must be completed and agreement reached from the staff who are being asked to administer this medication. After consultation with the parents and the lead teacher on the residential trip, we will administer non-prescription medication such as Calpol or travel sickness pills only on residential school journeys, after completion of a Medical Consent form.

### **Record Keeping**

- A record must be kept of all medicines administered to individual children, stating name of medicine, date and time given, how (e.g. specific site of insulin injection), how much was administered and by whom. Any side effects of the medication should be noted (Appendix 4).
- A record will be kept of any doses of a controlled drug used and the amount of the controlled drug held in school.
- All medication administered will be recorded on the medical tracker so that parents are notified of when the medication was taken. This is to avoid **any confusion, missed doses, or duplication of medication, and to ensure clear communication and accountability between the school and parents.**

### **Procedure to be followed when notification is received that a pupil has a medical condition**

- Parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend as a new pupil, or is due to return to school after a long-term absence, or that needs have changed.
- The SEND Support/Medical Administrator informs the Headteacher or SENDCo.

- A meeting is arranged between the SENDCo or designated staff member, the parent/carer, child (age appropriate) and relevant healthcare professional (or to consider written evidence provided by them) to ascertain the child's medical support needs.
- At the meeting a discussion will take place to agree on the need for an individual HCP. If needed, a draft individual HCP will be developed at the meeting and agreed by all parties.
- The SENDCo will identify any training needs.
- The School Nurse commissions/delivers training and staff are signed off as competent. The review date for any re-training is agreed where appropriate.
- The individual HCP will be signed by the parent/carer and the Headteacher.
- The individual HCP will be implemented and circulated to relevant staff.
- The individual HCP will be reviewed annually or when the condition changes or as required.
- In the case of a new diagnosis or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

### **Transition Arrangements**

When a child transfers to Goodmayes Primary School, the previous setting will be contacted by the SEND Support/Medical Administrator and a request will be made for any paperwork to be transferred.

If a child transfers to another school, the SENDCo will contact the new school to share information about the child. The Data Manager, in liaison with the SEND Support/Medical Administrator, will send the child's school records to the receiving school on the child's last day at the school so that documentation is in place in a timely manner.

Parent/carers are responsible for informing the school about any change to their child's condition.

### **Individual Healthcare Plans**

Individual Health Care Plans (HCPs) can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

Healthcare plans may be initiated, in consultation with parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

A healthcare plan will be essential in cases where:

- a condition fluctuates
- there is a high risk that emergency intervention may be needed
- the child has a medical condition which is long term and complex

The healthcare plan will be drawn up in partnership between the school, parent/carer and a relevant healthcare professional who can best advise on the particular needs of the child.

Where the child also has a special educational need identified in a statement or EHC plan, the individual HCP will be linked to, or become part of, the statement or EHC plan.

When a child returns to school following a period of hospital education or alternative provision, the school will work with the local authority to ensure that the individual HCP identifies the support the child will need to reintegrate effectively.

The individual HCP will be made accessible to all staff and professionals who need to refer to it.

The individual HCP will be reviewed on an annual basis or earlier if evidence is presented that the child's needs have changed.

Titles of individual HCPs can be found at Appendix 1.

### **Emergency Procedures**

If a child needs to be taken to hospital, the parent/carer will be contacted immediately. A member of staff will stay with the child until the parent/carer arrives or accompany a child taken to hospital by ambulance if parent/carer has not arrived.

### **School based Activities, Day Trips, Residential Trips and Sporting Activities**

The school will carry out a risk assessment (Appendices 3A & 3B) to take account of any steps needed to ensure that any pupil with a medical condition is supported to participate in school-based activities, school trips and sporting activities wherever possible.

The school will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely in school-based activities and on school trips and sporting activities.

The school will consult with parent/carer, and take advice from the relevant healthcare professional if necessary, to ensure that the child can participate safely.

### **Unacceptable Practice**

It is unacceptable practice to:

- prevent children from easily accessing their inhalers and medication
- prevent children from easily 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 parent/carer or ignore medical evidence or opinion (although this may be challenged where necessary)
- send children with medical conditions home frequently or prevent them from staying for normal school activities

- send a child to the school office unaccompanied or with someone unsuitable if they become ill
- penalise children for their attendance record if absences are related to their medical condition (e.g. hospital appointments) and can be verified by supporting documentation
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parent/carer to attend school to administer medication or provide medical support to their child
- prevent children from participating in, or create unnecessary barriers to children participating in, any aspect of school life including school trips or sporting activities

### **Insurance Arrangements**

Our Public Liability Policy covers the school, school governing board, teachers, other employees and volunteers should a claim be made by a pupil who alleges they have sustained injury or damage to property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically or by tube and the application of appliance or dressings. This applies both to straightforward and complex conditions.

We would expect any guidance with the medication to be followed and that those administering the treatment to have received the appropriate training and that this is reviewed on a regular basis.

### **Complaints**

If parent/carers are dissatisfied with the support provided, they should discuss their concerns directly with the school. If this does not resolve the issue they should make a formal complaint via the school's complaints procedure which is available on the school website.

### **References**

- DfE 'Supporting Pupils with Medical Conditions'
- DfE 'Managing Medicines in School & Early Year Settings'
- Department of Health 'Guidance on the use of emergency salbutamol inhalers in schools'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

## Appendix 1

### **CARE PLANS & PROTOCOLS TO HELP MEET THE NEEDS OF PUPILS WITH MEDICAL CONDITIONS**

- Asthma Care Plan
- Care Plan for Diabetes Mellitus Type 1
- Care Plan for Diabetes Mellitus Type 2
- EpiPen Protocol for Anaphylaxis due to Allergy
- Medical Care Plan for Pupil with Epilepsy
- Care Plan for Specified Medication / Treatment to be given in School
- Care Plan for the Management of Medical Conditions
- Protocol for Rectal Diazepam
- Protocol for Buccal Midazolam
- Care Plan for Ritalin / Equasym
- Care Plan for Pupil with Sickle Cell Disease

## REQUEST & PARENTAL CONSENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

- The school will not give your child medicine unless you complete and sign this form.
- Your child is responsible for coming to the office to request that we administer the medicine; we cannot be responsible for reminding them or be held responsible if a dose is missed.
- **FOR ASTHMA, PLEASE FILL IN AND SIGN SECTIONS 1,2 & 3**
- **FOR ALLERGIES, PLEASE FILL IN AND SIGN SECTIONS 1, 2 & 4**

### SECTION 1

CHILD'S NAME: ..... CLASS: .....

Condition or Illness: .....

### SECTION 2

Name of Medicine: .....  
(as described on the container)

Date Dispensed: .....

For how long will your child be taking this medicine? .....

Dosage and method: .....

Time Medicine is to be Given: .....

Special Precautions (if any): .....

Side Effects (if any): .....

Can your child administer their own medicine under supervision? **YES / NO**

- I give permission for a member of school staff to administer or supervise the administration of the prescribed medicine described above.
- I understand that I must deliver the medicine personally to the school office and inform staff of any special storage instructions (eg. to be kept in the fridge)
- I accept that this is a service which the school is not obliged to undertake.

Parent/Carer Signature: ..... DATE: .....

PRINT NAME: .....

**SECTION 3 – ASTHMA**

I confirm that my child has been *\*\*diagnosed with asthma OR \*\* has been prescribed an inhaler for viral wheeze / a cold / cough / chest infection (\*\*delete as appropriate)*

How many puffs? (as detailed on the prescription label) \_\_\_\_\_

Does your child use an *\*AeroChamber OR \*Volumatic* **YES / NO** (*\*if yes, delete as appropriate*)

Does your child need to use their inhaler before PE or Sport? **YES / NO**

If **yes**, how many puffs required? \_\_\_\_\_ puffs

Does your child have a clear understanding as to when they need to use their inhaler? **YES / NO**

***Please remind your child they must only use their inhaler in the presence of an adult, who will complete the relevant documentation to enable your child to be monitored for improvement.***

1. I have provided the school with a prescribed in-date reliever inhaler for my child which is clearly labelled with their name. In the event of my child displaying symptoms of asthma, I consent for my child to receive salbutamol from this inhaler, as detailed on the prescription label.
2. In the event of my child displaying symptoms of asthma, ***and if their own inhaler is not available or is unusable***, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
3. I understand that as the parent / carer, it is my legal responsibility to tell the school about any changes to my child’s health condition or medication. I confirm it is also my responsibility to make sure the medication kept in school is in-date.

**Parent/Carer Signature:** ..... **DATE:** .....

**PRINT NAME:** .....

**SECTION 4 – ALLERGIES**

I confirm that my child has been diagnosed with an allergy / allergies and has been prescribed medication. Please give details below:-

Allergy/Allergies:

---

Medication Prescribed (eg. Auto Injector/Antihistamine etc). \_\_\_\_\_

---

—

What is the dosage of Antihistamine?

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Does your child have a clear understanding as to when they need their medication? **YES / NO**

1. I have provided the school with **one** bottle of Antihistamine and/or **2 (two)** prescribed in-date Auto Injectors which are clearly labelled with their name. In the event that my child displays symptoms of their allergy, I consent for my child to receive their Auto Injector / medication.
2. In the event of my child displaying symptoms of an allergic reaction, **and if their own medication is not available or is unusable**, I consent for my child to receive an Auto Injector or Antihistamine medication from an emergency supply held in school for such emergencies.
3. I understand that as the parent / carer, it is my legal responsibility to tell the school about any changes to my child's allergy/ies and/or medication. I confirm it is also my responsibility to make sure the medication kept in school is in date.

Parent/Carer Signature: ..... DATE: .....

PRINT NAME: .....

## MEDICAL HISTORY QUESTIONNAIRE (includes Asthma and Allergies)

Name: ..... Date of Birth: ..... Class: .....

Address: .....

Telephone – Home: ..... Mobile: .....

Sex: **MALE / FEMALE**

Name of Family Doctor (GP):

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_

### ABOUT YOUR CHILD'S MEDICAL CONDITION:

**1. Please give the name and a brief description of your child's medical condition(s):**

**2. When was your child diagnosed with this condition?**

Date: .....

Hospital: .....

Consultant's Name: .....

**3. What are your child's symptoms? (please list below):-**

- 
- 
- 
-

**4. Has your child been prescribed any medication?**

**If yes, please give the name of the medication and the dosage: -**

Name of Medicine: .....

Dose: .....

Name of Medicine: .....

Dose: .....

Name of Medicine: .....

Dose: .....

**5. Is this medicine required at school? YES / NO**

**If YES, how often does your child need to take the medicine?**

.....  
.....

*If medication is required in school, please fill in the 'Consent Form for School to Administer Medication'*

**6. Is your child's medical condition being monitored by the hospital/clinic? YES / NO**

**If yes:-**

**Date of Next Appointment: .....**

**Name of Consultant (if different from above):**

.....

**7. Can your child fully participate in PE/Sport/Games? YES / NO**

**If NO, please give brief details why not:**

.....  
.....  
.....

.....  
.....

**8. Please add any other information below that you feel is relevant:**

.....  
.....  
.....  
.....  
.....

**9. Can your GP be contacted for further information if required? YES / NO**

**PARENT / CARER SIGNATURE: ..... DATE:**  
.....

**PRINT NAME: .....**

***Please return the completed questionnaire to Goodmayes Primary School for the attention of Judith Jacobs, SEND Support & Medical Needs Administrator***

Appendix 3A

**RISK ASSESSMENT FOR PUPIL WITH MEDICAL NEEDS**

Task Assessed:

Date Assessed:

Child Assessed:

Service/Function: Goodmayes Primary School

Assessed By:

Hazard	Who May Be Harmed	“Risk” Associated With hazard	Controls in place	Further Action	*“R”	Review Date

Headteacher’s Signature:- \_\_\_\_\_

Date:- \_\_\_\_\_

Parent’s Signature:- \_\_\_\_\_

Date:- \_\_\_\_\_

**EVENT SPECIFIC NOTES**

**What are the really important things we need to do to keep ourselves safe?**

Visit details..... Carried out by ..... Date .....

ISSUE  Consider STAGED: Staff, Timings, Activity, Group, Environment, Distance	HOW TO MANAGE IT	WHO TO BE INFORMED		
		PARENTS	STAFF	PARTICIPANTS
Adult Helpers: -	Known to the class teacher and considered suitable for accompanying children on the trip.			
All children stated below with Medical, SEN or behaviour issues will be in the class teacher or teaching assistant's group.				



## Appendix 5

### PARENTAL MEDICATION CONSENT FORM FOR RESIDENTIAL TRIPS

Pupil Name: \_\_\_\_\_

Class: \_\_\_\_\_

#### Section 1: PRESCRIBED MEDICATION

All medication must be in the packaging as provided by your pharmacist and clearly labelled with your child's name.

Name of Medication: \_\_\_\_\_  
(as described on the container)

Date dispensed: \_\_\_\_\_  
(from prescription label)

#### DIRECTIONS FOR USE

Dosage and method: \_\_\_\_\_ (e.g. 5ml orally by syringe / spoon)

Time medicine is to be given: \_\_\_\_\_

Special precautions (if any): \_\_\_\_\_

Can your child administer their own medicine under supervision? **YES / NO**

Every effort will be made by staff to ensure your child takes their medication at the appropriate time. However, we cannot account for unforeseen circumstances which may mean medication is missed. **Please remind your child that it is important they take appropriate responsibility for reminding staff that their medication is due.**

#### Section 2: PROPRIETARY MEDICATION LISTED BELOW

Please indicate which proprietary medicines listed below you give consent for your child to be given if the party leader or first aider considers it necessary. <b>NB:</b> These will only be given if needed and according to the dosage indicated by the manufacturer.			
Paracetamol	Yes / No	Sun Block Cream	Yes / No
Antihistamine Cream	Yes / No	Piriton Syrup	Yes / No

#### Emergency contact phone numbers

Contact 1: Name \_\_\_\_\_ No: \_\_\_\_\_

Contact 2: Name \_\_\_\_\_ No: \_\_\_\_\_

#### Parent Consent

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_