

Lark Hill Community Primary School – Supporting Pupils with Medical Conditions Policy



Date	September 2025
Review Date	September 2027
Signed by Designated Governor	

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including participation in school trips and sporting activities
- All parties understand their role in supporting a pupil with medical conditions who is absent for 15 or more days per academic year.

The governing board will implement this policy by:

- Making sure that sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- Updating attendance policies in line with "15 days absence" guidance

2. Definitions of Medical Conditions

Pupils may experience a range of physical or mental health needs that affect their participation in school. These needs can broadly be categorised as:

- Short-term medical needs: Conditions or treatments that temporarily affect a pupil's participation in school activities. Examples include recovery from an illness, infections, broken limbs, or post-operative care.
- Long-term medical needs: Conditions that may limit a pupil's access to education over an extended period and that require ongoing support. Examples include asthma, diabetes, cancer treatments, post-transplant care, or neurodevelopmental and mental health conditions.
- Mental health needs: Situations where mental health difficulties significantly affect a pupil's attendance, engagement, or access to learning, requiring additional support or adjustments.

This categorisation is intended as guidance to help staff understand and respond to pupils' needs consistently. Each pupil with medical needs should have an Individual Healthcare Plan (IHP) tailored to their circumstances (see Appendix 4).

3. Legislation and Statutory Responsibilities

This policy has been developed to ensure that pupils with medical conditions are supported effectively, in line with both legal requirements and statutory guidance.

This policy meets the requirements under [Section 100 of the pupils and Families Act 2014](#), which places a duty on governing boards to make arrangements to support pupils at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

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In addition, this policy takes into account:

- Section 19 of the Education Act 1996, which requires local authorities to make arrangements for the provision of suitable education for pupils who cannot attend school due to illness, exclusion, or other reasons.
- Equality Act 2010, highlighting the need to make reasonable adjustments to prevent pupils with medical conditions from being disadvantaged.
- Special Educational Needs and Disability (SEND) Code of Practice, which sets out duties for local authorities, health bodies, schools, and colleges to support pupils with special educational needs. For pupils whose medical conditions require an Education, Health and Care (EHC) plan, compliance with the SEND Code ensures alignment with statutory guidance on medical needs.
- DfE guidance on arranging education for pupils unable to attend school due to physical or mental health needs (December 2023) and on mental health issues impacting attendance (February 2023), ensuring schools understand their responsibilities when medical or mental health needs affect learning or attendance.

4. Roles and responsibilities

4.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before being responsible for supporting pupils with medical conditions.

4.2 The SENDCo, pupils & Families Officer (CFO) and Head of School

The SENDCo, CFO and Head of School will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing 0-19 team in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Ensure that attendance records are kept up to date regarding medical-related absences and that the 15-day reporting model to the Local Authority is followed for appropriate referrals.

4.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, including personal care and the administration of medicines.

All staff can be responsible for administering prescribed medication to pupils. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

All staff will take into account the needs of pupils with medical conditions whom they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition requires support.

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Specific responsibilities include:

- The Office Manager has completed Medication Awareness and Safe Handling of Medications training and will oversee the administration of non-prescription medication such as Calpol.
- Staff administering any medication must record the dosage and time accurately using Medical Tracker (the school's chosen medication management software).

4.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP, and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment.
- Complete a medication form (Appendix 1) in the office for any prescribed medication that needs to be administered in school.
- Give consent for non-prescription medication such as Calpol to be administered for pain relief in school (Appendix 2).
- Ensure that they, or another nominated adult, are contactable at all times in case of medical emergencies.
- Be responsible for replacing out-of-date medication.

4.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

5. Absences Linked to Medical Conditions

The school, in collaboration with the Local Authority (LA) and pupils Missing in Education (CME), will aim to ensure that pupils absent for medical reasons are supported appropriately. Our approach includes:

- **Timely provision of education:** Full-time education will be provided as soon as it is clear that a pupil will be away from school for 15 or more days in an academic year, whether consecutive or cumulative. The school will liaise with medical professionals to minimise delays in arranging suitable provision.
- **Quality of education:** Education provided will meet the standards outlined in statutory guidance (Alternative Provision, 2013). This includes enabling pupils to take appropriate qualifications, preventing them from falling behind, and supporting reintegration back into school as soon as possible.
- **Individualised approach:** Provision will be tailored to each pupil's needs. Flexible arrangements will be considered to ensure access to suitable education without compromising the pupil's health or well-being.
- **Responsibility of Local Authorities:** Local Authorities support schools in arranging suitable full-time education for pupils of compulsory school age who would otherwise not receive adequate education due to illness. Where full-time education is not in the pupil's best interest for medical reasons, part-time education will be provided, prioritizing attainment in core subjects such as English, Maths, and Science.
- **Monitoring attendance:** The CFO advises the SENDCo and notifies the LA/CME when a pupil reaches 15 days of absence per academic year due to medical reasons. Attendance will be regularly monitored.

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6. Equal opportunities and SEND

Our school actively supports pupils with medical conditions and/or special educational needs and disabilities (SEND) to participate in all school activities, including trips, visits, or sporting activities, and will not prevent them from doing so. The school will actively consider what reasonable adjustments are needed and carry out risk assessments to ensure safe and full participation. In doing so, pupils, parents/carers, and relevant healthcare professionals will be consulted throughout the planning process.

7. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process for assessing their needs and determining whether an Individual Healthcare Plan (IHP) is required will be followed. This process is outlined in Appendix 3 and ensures that the school will make best endeavours to have appropriate arrangements in place within two weeks, or by the start of the relevant term for new pupils.

8. Individual Healthcare Plans (IHPs)

The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. This responsibility has been delegated to Rachel Berry, SENDCo.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head of School will make the final decision.

Some pupils with long-term medical needs, such as diabetes or epilepsy, may have NHS care plans written by health professionals. Where these are in place, the school will follow the NHS plan rather than transferring the information onto the IHP proforma.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs should detail the pupil's medical condition, treatments, and triggers; their support needs, including educational, social, and emotional considerations; staff roles, training, and cover arrangements; and procedures for consent, trips, confidentiality, and emergencies. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

In line with DfE statutory guidance Supporting Pupils at School with Medical Conditions (2015), the school will ensure appropriate training is identified and provided for staff supporting pupils with medical needs. Where specific training is required to support the medical needs of individual children, the training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of School and/or SENDCo. Training will be kept up to date.

Training will:

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- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

9. Managing medicines

9.1 General Principles

Prescription and non-prescription medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so, and where written consent has been provided by parents or carers. Pupils under 16 will not be given any medicine containing aspirin unless prescribed by a doctor.

Anyone administering medication will always check the maximum dosage and the time of the previous dose, and parents or carers will be informed whenever medication has been given.

9.2 Prescription Medicines

Prescription medicines will only be administered at school if they are required four times or more per day. Medicines prescribed three times daily or less should be administered at home by parents or carers.

The school will only accept prescribed medicines that are in date, clearly labelled, and provided in their original container as dispensed by the pharmacist. Containers must include instructions for administration, dosage, and storage. The only exception to this is insulin, which may be accepted inside an insulin pen or pump rather than its original packaging, provided it is within date.

9.3 Non-Prescription Medicines

The school may administer non-prescription medication such as Calpol for pain or fever relief, provided consent has been given by a parent or carer. Calpol may be given up to twice daily for issues such as a temperature above 38°C (confirmed by thermometer), earache, toothache, headache, or period cramps. Consent to administer Calpol will be stored as a lifetime permission unless parents or carers withdraw it. Calpol will only be administered when such consent is in place.

If a child requires non-prescription medication for a short period, such as ongoing pain relief for up to three days following an injury, parents or carers are asked to supply their own bottle of Calpol and complete the medication form. Parents or carers will always be contacted immediately before Calpol is administered unless consent and dosage details have already been provided on a completed medication form.

9.4 Storage of Medicines

All medicines will be stored safely and securely. Medicines requiring refrigeration will be kept in the lockable fridge near the main office, while medicines that do not require refrigeration, including Calpol Infant and Calpol 6+, will be stored safely near the main office.

Emergency Asthma Kits are located in key areas around the school site, including one near the main office, to ensure easy access. Pupils will always be informed about where their medication is kept and must be able to access it immediately when required. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available and not locked away.

9.5 Return and Disposal

When medicines are no longer required, they will be returned to parents or carers for safe disposal.

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9.6 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in the safe near the main office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

9.7 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and reflected in their IHPs.

Wherever possible, pupils will be allowed to carry their own medicines and relevant devices, or alternatively know where they are stored and how to access them safely.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse. They will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

9.8 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP where appropriate, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If a pupil becomes ill, they must not be sent unaccompanied, or with someone unsuitable, to the school office or elsewhere in the building (e.g. to see a first aid trained member of staff).
- Penalise pupils 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide support, including for toileting. However, in exceptional cases where staff deem it necessary to support this child, the school may request their attendance during the school day
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets.

10. Emergency procedures

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Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If emergency services are called, no pain relief medication will be given unless specifically advised by the emergency services.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

11. Record keeping

The governing board will ensure that records of all first aid and/or medicine administered to pupils are entered into Medical Tracker (the school's chosen medication management software). Parents/carers will be informed if their pupil has been unwell at school.

IHPs are stored on Insight which can be accessed by all staff.

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

13. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the SENDCo in the first instance. If the SENDCo cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Attendance
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

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Appendix 1 - Medication Consent Form

The school cannot give medicine unless this form is completed and signed, and returned to the school office.

DETAILS OF PUPIL:

Name _____ Class: _____

Address: _____

Male/Female _____ Date of Birth: _____

Condition or illness: _____

MEDICATION:

Name and strength of medication (as described on the container): _____

Form (e.g. tablets, syrup, cream): _____

For how long will your child take this medication? _____

Date dispensed by pharmacist/doctor? _____ Expiry Date _____

Full Directions for use: _____

Dosage and method to be taken: _____

Timing: _____

Special Precautions: _____

Details of any side effects: _____

Can your child self-administer? YES/NO

Procedures to take in an Emergency: _____

PARENT/CARER CONTACT DETAILS:

Name: _____ Daytime Telephone No: _____

Relationship to Pupil: _____

I understand that I must personally deliver the medicine to the office staff in its original container with the correct label and instructions. I agree to inform the school immediately if any information changes by completing a new form. The school staff will administer the medicine according to the instructions I have provided.

Date:

Signature(s):

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Appendix 2 - Calpol Administration Consent Form

This form gives permission for school staff to administer Calpol for short-term pain relief, such as headaches, toothaches, or minor aches during the school day.

Pupil Name: _____ Class: _____

I give consent for my child to receive Calpol from school staff when needed for short-term pain relief.

I understand that:

- School staff will contact me first before giving Calpol to confirm it is appropriate and check the last dose taken.
- Administered Calpol will be recorded on the school's Medical Tracker system.
- This consent will be stored in my child's file as lifetime consent unless I notify the school otherwise.
- If my child requires longer-term or regular pain relief, I will provide my own Calpol and complete the full Medication Form at the school office.
- School staff will not administer Calpol without prior written consent, so it is important this form is completed and returned.

Parent/Carer Details:

Name: _____ Relationship to Pupil: _____

Daytime Telephone: _____

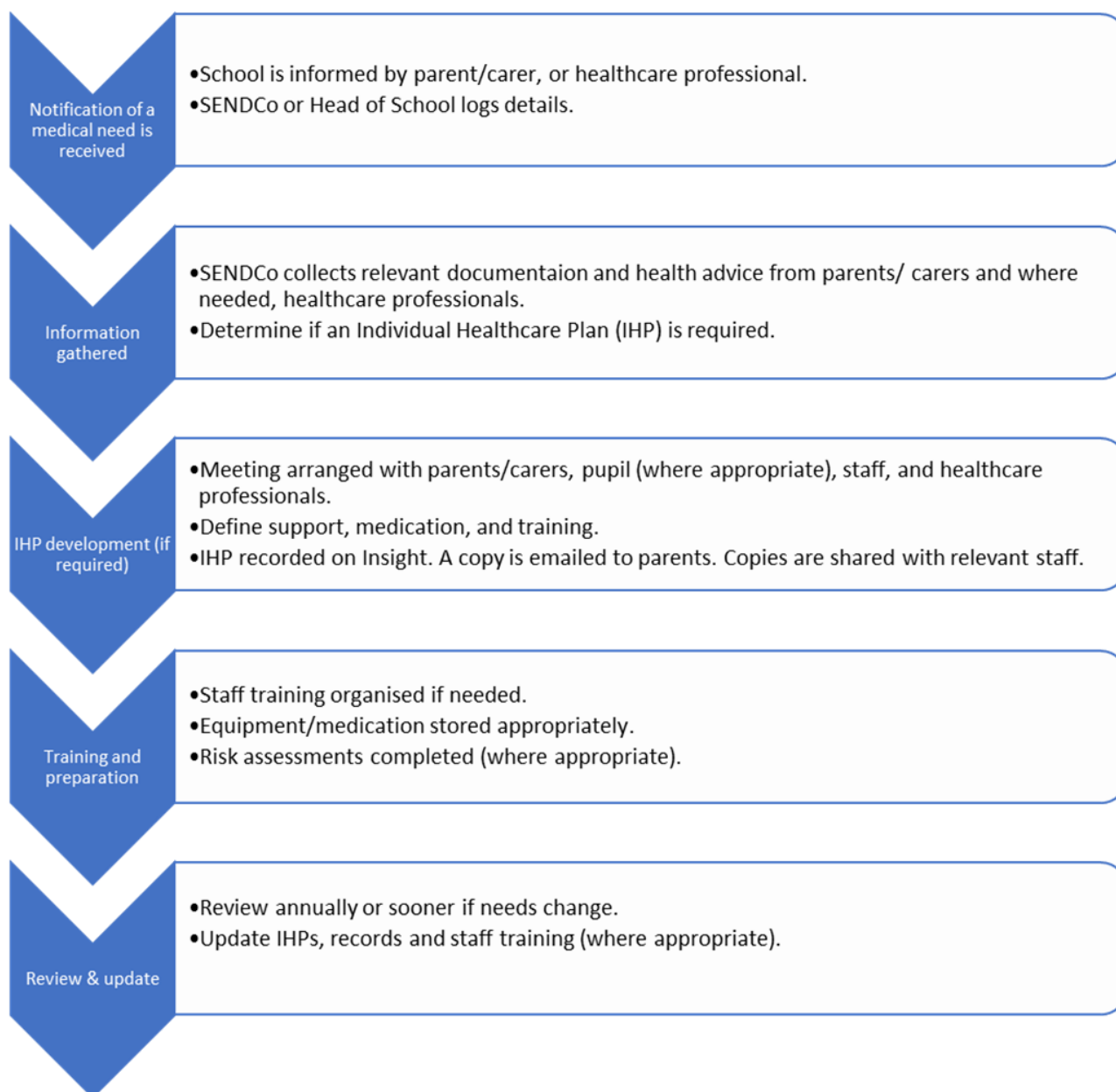
Signature: _____ Date: _____

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Appendix 3 - Process for Supporting Pupils with a Newly Identified Medical Condition

This flowchart outlines the process the school follows when a pupil is newly identified as having a medical condition. It ensures timely and appropriate support in line with statutory guidance and ensures pupils with new medical conditions receive consistent, safe, and effective support.



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Appendix 4 – Template for Individual Health Care Plan (IHP)

Name	Date of Birth	Year	Class	Class Teacher/s	Date of Plan	Date of Review
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environment issues, etc.						
Name of medication, dose, method of administration, when it should be taken, side effects, administered by/self-administered with/without support.						
How this affects the child at home and daily requirements.						
How this affects the child in school and daily requirements.						
Specific support for the pupil's educational, social and emotion needs; including adjustments and or aids needed in the learning environment.						
Arrangements for school visits/trips where applicable.						
Other relevant information.						
Describe what constitutes an emergency, and the action to take if this occurs.						

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Responsible person in an emergency (state if different for off-site activities).