Theale C of E Primary School

Policy for Supporting Pupils with Medical Conditions & Managing Medicines

Document Control	
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1. Policy Statement

[Insert School Name] is committed to ensuring that all pupils with physical or mental medical conditions receive full access to a supportive education, including school trips and physical education. In line with the statutory DfE Supporting Pupils at School with Medical Conditions guidance and the West Berkshire Council Graduated Response framework, this school will implement necessary reasonable adjustments to reduce barriers to attendance.

We work closely with the West Berkshire Education Attendance Service to prevent health-related persistent absence.

2. Roles and Responsibilities

2.1. The Employer/Governing Body: Must ensure arrangements are in place to support pupils with medical conditions and that staff receive appropriate training and legal indemnification.

2.2. The employer will fully indemnify staff who act in accordance with their training, this policy, individual healthcare plans and reasonable instructions. Schools must ensure staffing levels, absence cover and contingency arrangements are sufficient to support pupils safely and must not rely on a single trained member of staff.

2.3. The Headteacher: Holds overall responsibility for daily policy implementation, ensuring all relevant staff are aware of a child's condition and that a sufficient number of trained staff are available.

2.4. School Staff: Support is provided on a voluntary basis unless explicitly stated in their contract. Staff must receive documented training from a qualified healthcare professional prior to administering specialised medication. Staff must only administer according to the instructions of a healthcare professional and must not amend or alter medication administration (e.g. crushing or dissolving tablets) without prior consent. No employee should be pressured into undertaking medical, medication-related or healthcare support duties. Refusal to volunteer must not result in detriment, disciplinary action, negative appraisal outcomes or reduced opportunities. Staff who have volunteered may withdraw from undertaking medical procedures if they no longer feel competent or confident, subject to reasonable notice and alternative arrangements being put in place.

2.5. Parents/Carers: Must provide up-to-date, written medical information, complete the required local authority consent forms, and deliver medication to the school office in its original packaging. Parents/guardians should be involved in the development and review of their child's individual healthcare plan and carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times)

3. Individual Healthcare Plans (IHCPs)

For pupils with long-term or complex medical needs (e.g., asthma, anaphylaxis, diabetes, epilepsy), an IHCP will be co-produced with parents, school staff, and relevant medical professionals.
In alignment with West Berkshire's approach, IHCPs will detail not just physical medication regimes, but also the educational, social, and emotional adjustments required to support the pupil's overall wellbeing. Plans are reviewed annually or sooner if the child's needs change.
Responsibility for healthcare plan reviews, medication expiry monitoring, parental communications, trip planning, training records and related administration should be clearly allocated to named roles. Schools must ensure sufficient paid working time and resources are made available for these duties.

4. Administration & Management of Medicines

Medication will only be administered when it would be detrimental to a pupil's health or school attendance not to do so. The school will not give any medication (prescribed, or non-prescribed) to a child under 16 without a parent's written consent except in exceptional circumstances or under direction of a medical professional.

4.1. Consent: No medication (prescription or non-prescription) will be administered without parental agreement, for routine medication this must be written, in emergency (e.g. on school trips) verbal consent may be sort from parents and confirmed in writing.

4.2. Prescription Medication: Medicines will only be administered if prescribed by a doctor, dentist, nurse, or pharmacist, and where it is detrimental to the pupil's health to withhold it during school hours. Standard short-term antibiotics prescribed 3 times a day should generally be administered at home unless the child's school day is extended. Prescriptions must have been issued and fulfilled in the UK; the school will not accept medication that has been prescribed outside the UK.

4.3. Non-Prescription Medication: Some healthcare trusts will no longer issue prescriptions for over-the-counter medication (e.g. hay fever, pain relief). Acceptance and administration of over-the-counter medication will be assessed on an individual basis and at the head teacher's discretion.

4.4. Acceptance Criteria: Medication must be hand-delivered by a responsible adult to the school office, a parental consent to administer form must be completed inc (at minimum) pupil name, medication name, dose, time to be administered and be signed by the pupils Parent/Guardian.

Prescription medication must be in its original container, in-date, and display the pharmacist's dispensing label stating the pupil's name, dosage, and

frequency. For oral mixtures a measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this.

Non prescription medication must be in its original container, in-date, be listed on the Medicines and Healthcare products Regulatory Agency database https://products.mhra.gov.uk/ and administered according to manufactures instructions.

4.5. Aspirin: No medication containing aspirin will be given unless explicitly prescribed by a doctor.

4.6. Controlled Drugs: administration of controlled drugs will be done in line with Misuse of Drugs Regulations 2021. Two staff should be present when the drug is administered to double check the dose is correct, administer and witness the administration. Schools must document contingency arrangements for circumstances where only one trained member of staff is available, during educational visits or residential trips, or where staffing shortages make standard arrangements difficult to maintain. *Use WBC risk assessment template or IHCP template in supporting documents to record support plan.*

4.7. Refusal to take medication: If a child refuses to take medicine, staff will not force them to do so. The refusal will be noted in the child's student record and parents/carers informed immediately of the refusal. If a refusal to take medicines results in an emergency, the school's emergency procedures should then be followed.

5. Storage and Access

Pupils with medical conditions should know where their medication is stored and where appropriate have access to it immediately. Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

5.1. Standard Storage: All routine medications are kept securely in a lockable cabinet within the school medical area with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. A photograph of the pupil can be attached to the medication for clear identification.
Cold storage should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP or as directed by prescription/written instructions from a healthcare professional. Medications should not be stored in any first aid boxes.

5.2. Controlled drugs (e.g., methylphenidate) are stored securely under double-lock systems in line with the Misuse of Drugs Regulations 2021.

5.3. Emergency Medications: Life-saving devices, including asthma inhalers, adrenaline auto-injectors (AAIs), and glucose packs etc, must be secure (to restrict unauthorised access) but never be locked away. They are to be stored in clearly labelled, accessible locations known to all staff, or carried by the pupil if deemed competent within their IHCP.

6. Record Keeping

A written log should be kept with the medication, this must be checked prior to administering to ensure it has not already been given and completed immediately following each instance of medication delivery.

The record must detail:

- The pupil's name, date, and exact time
- The name of the medication and the exact dose given
- The signature of the administering staff member

Parents/carers will be notified on the same day that medication has been administered. Schools should clarify locally which medicines require same-day notification, the acceptable method of notification, and how notifications will be managed without creating excessive administrative burden for support staff.

7. Staff training

7.1. Staff who administer specialized or emergency care as part of a pupil's IHCP will receive appropriate training, in addition to basic first aid training, and support to carry out their duties. Arrangements should be in place to cover staff absence or staff turnover so that someone with appropriate training is always available. Training must be provided during paid working time, refresher training must be provided regularly and recorded, staff must not undertake duties until training has been completed and competency confirmed, schools must provide cover arrangements to enable staff to attend training, and training records should be maintained centrally.

7.2. All staff will receive auto injector/allergens training as outlined in the Whole School Allergens Policy.

8. Emergency Procedures

The school's emergency plan will outline clear routing for calling emergency services (999) and directing paramedics. If a pupil needs to be taken to hospital, a staff member will accompany them and remain present until a parent or carer arrives.

Following any serious medical emergency, the school will provide post-incident support for affected staff if appropriate. This should include a structured debrief, access to counselling or Employee Assistance Programme services where available, appropriate welfare support, and review meetings to identify lessons learned and any further support required.

9. Managing Medication on Offsite or Residential Trips

Risk assessments are completed before each school trip. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

Medication arrangements for visits must reflect the pupil's IHCP, consent forms and risk assessment. The Visit Leader will not automatically hold all pupil medication where an IHCP permits self-carry arrangements or where shared responsibility arrangements are safer and more appropriate. Emergency medicines must remain readily accessible, and any alternative storage or carrying arrangements must be documented before the visit.

9.1. Pupils who require medication for the duration of the trip/residential: Parent/carers must complete medical consent forms before the visit, inc, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose. All medication must be provided in the original packaging as supplied from the pharmacy.
9.2. Pain Relief: Pupil's/students who require regular/prescribed pain relief that needs to be taken whilst on a trip/residential visit must bring in their own supply of the medication and parents must complete a medication consent form.
9.3. Emergency medication: The school may take a central store of medication such as Calpol/paracetamol on a residential visit. Parental consent must still have been given for administration. This will be achieved as part of the parental consent to act in loco parentis in emergency situations. Prior to administering medication that has not been directly provided by the parent/carer, the Visit Leader will always attempt to contact the parent/carer to explain why the medication is being given.
9.4. Pupils with an Individual Healthcare Plan: For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.
9.5. Controlled drugs: The school will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.
9.6. For all off-site and residential visits involving medicines or medical conditions, the school must document trained staff availability, contingency arrangements for staff absence, and how emergency medication will remain accessible throughout the visit.

10. Related Policies, Procedures, Guidelines and Legislation

Health and Safety at Work Act 1974 and the associated regulations, provides that it is the duty of the employer to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Misuse of Drugs Regulations 2001 and associated regulations regulate the supply, administration, possession and storage of certain drugs are controlled. Schools may have a pupil who has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labelled and supplied; and that no-one other than the prescriber may vary the dose and directions for administration.

The School Premises (England) Regulations 2012 (as amended) Regulation 5 provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies)

The Children and Families Act 2014 Section 100 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

Benedicts Law July 2026

https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school

Sign:		**Sign:**	
CV Morley		**Amy North and Jason Blockley**	
Head Teacher		**Chair of Governor's**	
Date:	**1st September 2026**	**Date:**	**1st September 2026**

Templates
Supporting pupils with medical conditions
September 2026

Introduction
In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, the Department for Education have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan
Template B: parental agreement for setting to administer medicine
Template C: record of medicine administered to an individual child
Template D: record of medicine administered to all children
Template E: staff training record – administration of medicines
Template F: contacting emergency services
Template G: model letter inviting parents to contribute to individual healthcare plan development

Template A: 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

Template B: 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

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

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

Name/role/School