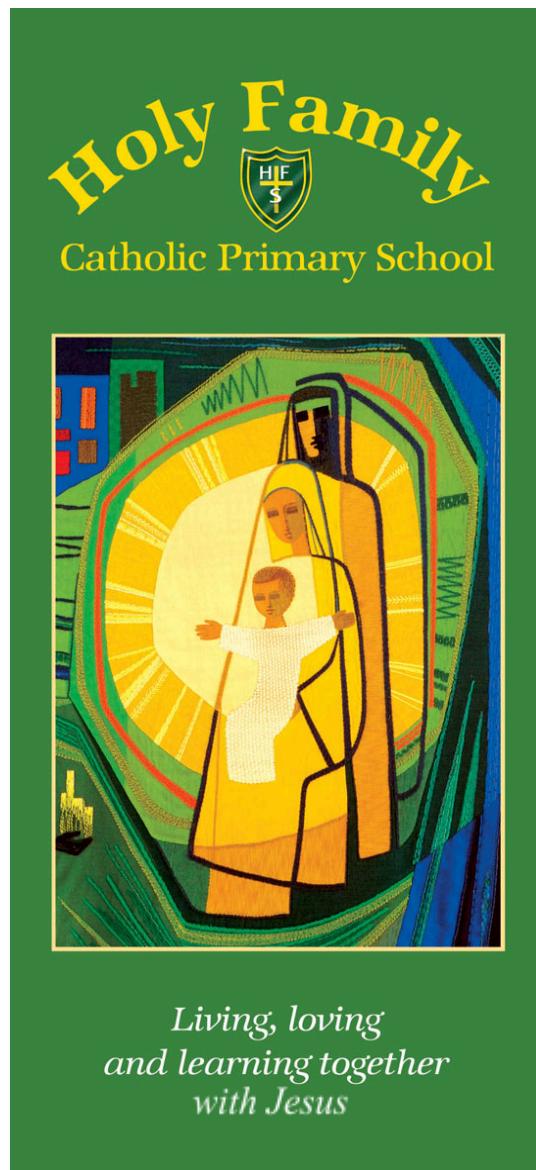


Holy Family Catholic Primary School

The Rosary Trust



Supporting Children with Medical Conditions in School Policy



Supporting Children with Medical Conditions in School Policy Document

Mission Statement

This policy has been written in line with the School's Mission Statement.

*'In our Catholic School, with God at the centre of our lives,
we offer every child a high standard of education.
We meet individual needs, in a caring and loving community,
which celebrates our faith'.*

.....Living, Loving, Learning, Together with Jesus.....

1. Policy Statement

Holy Family School is committed to ensuring that all pupils with medical conditions, whether physical or mental health, are properly supported so they can fully access education, including school trips and physical education. This policy sets out how we will support pupils with medical needs and comply with our duties under the Children and Families Act 2014 and the DfE statutory guidance [Supporting Pupils with Medical Conditions](#) (December 2015).

2. Aims

Our school is an inclusive community and this policy should be read in conjunction with other policies. We aim to support and welcome pupils with medical conditions. We aim to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure that they can:

- Be healthy.
- Stay safe.
- Enjoy and achieve.
- Make a positive contribution.
- Achieve economic wellbeing.

This policy aims to:

- Support inclusive practice and equal opportunities for all pupils with medical conditions.
- Ensure the health, safety, and wellbeing of all children with medical needs.
- Provide clear guidance on the responsibilities of all involved.
- Outline the use and management of Individual Healthcare Plans (IHPs).

3. Key Responsibilities

3.1 Local Governing Board:

- Ensure the policy is implemented and reviewed annually.

- Ensure arrangements are in place to support pupils with medical conditions.

3.2 Headteacher:

- Ensure that the policy is followed and all staff are aware of their responsibilities.
- Ensure staff are appropriately trained.
- Ensure that staff are appropriately insured and are aware that they are insured to support children in this way.
- Ensure that systems are in place for obtaining information about a child's medical needs, and this information is kept up to date.

3.3 Inclusion Manager:

- Named person responsible for policy implementation and IHP coordination.
- Liaise with parents/carers, healthcare professionals and staff.
- Oversee staff training and ensure IHPs are up to date.
- Ensure that staff achieve the necessary level of competence to support children with medical needs.

3.4 School Staff:

- Follow the guidance within IHPs and this policy.
- Undertake training as required.
- Ensure medication is administered correctly and recorded.
- Know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

3.5 Parents/Carers:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Ensure medicines are in-date, labelled and supplied with clear instructions.
- Participate in the development and review of IHPs.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment.

3.6 Pupils:

- Where appropriate, be involved in discussions about their medical needs.
- Take responsibility for managing their own medicines if assessed as capable.
- Pupils are expected to comply with their IHPs.

3.7 Healthcare Professionals:

- Provide training and support for school staff.
- Assist in developing IHPs and advising on medical conditions.

4. Procedure Upon Notification of a Medical Condition

4.1 When the school is notified that a child has a medical condition, the Inclusion Manager will be notified as soon as possible. They will then:

- Liaise with parents to gain an initial overview of needs.
- Ask parents/carers to provide copies of any relevant documentation e.g. letter of diagnosis or an existing health care plan from the child's healthcare providers.
- The Inclusion Manager will update the child's record with the above information and attach any supporting documents.

4.2 The school will make every effort to ensure that arrangements are put into place as soon as possible, or by the beginning of the relevant term for children who are new to our school.

4.3. For medical conditions which are more complex, the Inclusion Manager will coordinate a meeting with:

- The child (where appropriate).
- The parents/carers.
- Key staff e.g. class teacher.
- Any relevant health care professionals.

The aims of the meeting will be to:

- Identify a member of staff to support the child.
- Discuss and agree on whether an IHP is required.
- If required, complete an IHP using the template in the (appendix D) or using IHP created by external professionals (eg healthcare professionals).

5. Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for children with medical conditions. The day-to-day coordination of this responsibility has been delegated to the school's Inclusion Manager.

Plans will be reviewed annually, or earlier if there is evidence that the child's needs have changed.

5.1 Who needs an IHP?

5.1.1 Not all children with a medical condition will require an IHP. They are usually required for pupils with complex or long-term medical conditions. The decision on whether to implement an IHP or not will be made in discussion with parents, alongside consultation with a healthcare professional, when appropriate. It will be based on evidence. If the school is required to administer medicine or specialist care during the school day, an IHP is likely to be essential. If there is not a consensus, the Headteacher will make the final decision.

5.1.2 Common conditions that might require an individual healthcare plan include severe asthma, epilepsy, diabetes, allergies and continence issues, although there are other circumstances in which a child will need a healthcare plan.

5.2 IHPs will be written based on the template in Appendix D. Many sections of the form may not be applicable to all medical needs, so can be removed where appropriate.

5.3 IHPs will be stored securely but accessible to staff.

6. Staff Training and Awareness

6.1 All relevant staff will be informed of this policy and their roles through induction and annual training.

6.2 Training needs are identified by the Headteacher, Inclusion Manager, and Office Manager.

6.3 A training record will be maintained.

7. Managing Medicines

7.1.1 Medication will only be administered where written parental consent is received by completion of the Medicine Record Sheet (Appendix A).

7.1.2 Only prescribed medication or GP-approved OTC medication will be administered. Children may carry/administer their own medication if approved via IHP.

7.1.3 All medication must be in original packaging with full instructions and handed to the Office Manager by the parent or carer. The medication should be labelled with:

- The child's name.
- Name of medication.
- Strength of medication.
- How much to be given.
- When to be given.
- Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed).
- Length of treatment.
- Any other instructions (NB: A label 'to be taken as directed' does not provide sufficient information).

7.1.4 A 'Parental Agreement for School Administration of Medicine' (see Appendix B) should be completed by the parent/carer. This will be kept in the medical folder in the school office. A separate form will be required for each medication.

7.1.5 It is the responsibility of the child's parent to regularly check any medication provided to school and ensure it is in date.

7.2 Application of Creams and Lotions.

7.2.1 Non-prescribed creams and lotions may be applied at the discretion of the Head teacher in line with this policy but only with written consent from parents and carers.

7.2.2 Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.

7.2.3 Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.

7.2.4 Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams, but parents and carers must ensure it is in date and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility.

7.3 Storage:

- Medicines are stored securely but accessible in case of emergency.
- All members of staff working in the school will need to be made aware of the location of the emergency medication.
- Refrigerated medications are stored in the office fridge and are clearly labelled.

8. Simple Analgesics (Pain Relief)

These will only be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant.

9. Offsite Activities and Educational Visits

- 9.1** The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also includes asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.
- 9.2** For residential visits parents and carers are required to complete a consent form (see appendix) for all forms of medication. This includes over the counter medication such as travel sickness. Where required the Inclusion Manager will meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- 9.3** All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded, and parents are informed and asked to counter sign on the child's return.

10. Unacceptable Practice

The following practices are unacceptable:

- Preventing access to inhalers or emergency medication.
- Ignoring the views of the child or parent without valid medical evidence.
- Sending children with medical conditions home unnecessarily.
- Penalising children for absences related to medical needs.
- Preventing children from drinking, eating, or taking breaks when needed.
- Requiring parents to administer medicine during the school day.
- Assuming all children with the same condition require the same treatment.

11. Inclusion in Activities

Pupils with medical conditions are supported to participate fully in PE, school trips, and other activities.

- Risk assessments will be completed and IHPs reviewed before trips.
- Any necessary adjustments or additional care will be planned in advance.

12. Emergency Procedures

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health

care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. EpiPen, emergency treatment for epilepsy, or diabetes. If a child has a condition that requires the administration of rescue medication such as a severe allergy, epilepsy, diabetes etc, then they may require an Individual Health care plan (IHCP) to be drawn up.

12.1 Staff are trained to act in emergencies and will follow the pupil's IHP.

12.2 In the event an ambulance is called the incident will be logged and parents notified by telephone, following the 999 call.

12.3 All emergency actions will be logged, and medication administration recorded.

13. Complaints

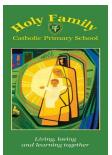
Concerns or complaints regarding support for medical conditions should follow the school's complaints procedure, available on the school website.

Policy Review

Reviewed: May 2025

Date to be reviewed: July 2026

Named Responsible Person: Mrs E Hale, Inclusion Manager

Appendix A**Medicine Record Sheet****Holy Family Catholic Primary School**

Name of child: _____

Date medicine provided by parent: _____

Class: _____

Quantity received: _____

Name and strength of medicine: _____

Expiry date: _____

Dose and frequency of medicine: _____

Staff signature: _____

Parent signature: _____

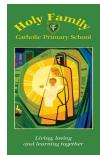
Date				
Time given				
Dose given				
Staff Name				
Staff initials				

Date				
Time given				
Dose given				
Staff Name				
Staff initials				

Appendix B

Parental Agreement for School Administration of Medicine

(The School will not give your child medicine unless you complete and sign this form)



Holy Family Catholic Primary School

Name of child: _____

Date of birth: _____

Class: _____

Medical condition or illness: _____

Medicine

Name/type of medicine: _____

Dosage and method: _____

Timing: _____

Special precautions:

Are there any side effects that the School needs to know about:

Procedures to take in an emergency:

Contact details

Name: _____

Daytime telephone number: _____

Relationship to child: _____

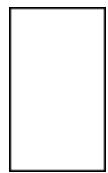
Address: _____

I understand that I must deliver the medicine personally to: The School Business Manager

I accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes in writing.

Parent signature: _____ Date: _____



Staff Training Record – Administering Medicines

Holy Family Catholic Primary School

Type of training received: _____

Date training completed: _____

Training provided by: _____

Staff names:

I confirm that the above members of staff have received the training detailed above and are competent to carry out any necessary treatment.

Trainer's signature:

Date:

1 CHILD/ YOUNG PERSON'S INFORMATION

Child's name:	
Date of birth:	
NHS Number:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	
Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1. 1.3 ESSENTIAL INFORMATION CONCERNING

THIS CHILD / YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/ young person has the following medical condition(s) requiring the following treatment.

Medical condition	Drug	Dose	When	How is it administered?
Does treatment of the medical condition affect behaviour or concentration?				
Are there any side effects of the medication?				
Is there any ongoing treatment that is not being administered in school? What are the side effects?				

Any medication will be stored

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/ young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time	Note
Arrive at school		
Morning break		
Lunch		
Afternoon break		
School finish		
After school club (if applicable)		
Other		



Please refer to home-school communication



diary

Please refer to school planner

6. CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	

If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	

Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			