



**Brighter Futures**  
Educational Trust

# SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

**Policy Number:** 19

**Review Committee:** Standards

**Type of Policy:** Statutory

**Review Period:** Annually

**Approved:** April 2026

**Next Review:** April 2027



## VERSION CONTROL

V1.1	March 2024	Version control added
V1.2	March 2025	Trust name change
V1.3	April 2026	<ul style="list-style-type: none"><li>• New Layout due to rebranding</li><li>• Updates to sections 1, 2, 6 and 7</li></ul>

## CONTENTS

1. Aims
  2. Legislation and statutory responsibilities
  3. Roles and responsibilities
  4. Equal opportunities
  5. Being notified that a child has a medical condition
  6. Individual healthcare plans
  7. Managing medicines
  8. Emergency procedures
  9. Training
  10. Record keeping
  11. Liability and indemnity
  12. Complaints
  13. Monitoring arrangements
  14. Links to other policies
- Appendix 1: Being notified a child has a medical condition

## 1. AIMS

This policy aims to ensure that:

- Pupils, staff and parents 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 school trips and sporting activities

We recognise that pupils should be fully included in all aspects of school life and that appropriate support must be in place to enable this.

## 2. LEGISLATION AND STATUTORY RESPONSIBILITIES

This policy is based on:

1. Section 100 of the Children and Families Act 2014
2. The Equality Act 2010
3. Data Protection Act 2018
4. DfE guidance: 'Supporting pupils at school with medical conditions' (2015)

## 3. ROLES AND RESPONSIBILITIES

The headteacher will:

- Ensure policy is implemented effectively
- Ensure sufficient trained staff are available
- Take overall responsibility for Individual Healthcare Plans (IHPs)

### 3.2 Medical Needs Lead Coordinate support for pupils with medical conditions

- Liaise with parents, healthcare professionals and external agencies
- Oversee development and review of IHPs

### 3.3 SENCO / SEND Lead

- Support provision and identification of needs
- Work with medical lead and external agencies

### 3.4 Staff

- Understand medical needs and risks
- Implement IHPs
- Attend training
- Maintain confidentiality

### **3.3 Parents**

Parents 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, and ensure they or another nominated adult are contactable at all times

### **3.5 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. EQUAL OPPORTUNITIES**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## 5. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

When the school is notified that a pupil has a medical condition:

- Information will be gathered from parents and professionals
- A meeting will be held where appropriate
- A decision will be made regarding the need for an IHP
- Provision will be put in place as quickly as possible (normally within 2 weeks)

See Appendix 1.

## 6. INDIVIDUAL HEALTHCARE PLANS

**IHPs are central to supporting pupils with medical conditions.**

Plans will include:

- Medical condition and triggers
- Required support and adjustments
- Medication and emergency procedures
- Roles and responsibilities

**Plans will be reviewed at least annually or sooner if needs change.**

## 7. MANAGING MEDICINES

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### 7.1 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 a secure cupboard in the school 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.

## **7.2 Pupils managing their own needs**

**Where appropriate, pupils will be supported to manage their own medical needs and medication.**

- Pupils may carry their own medication where safe
- Staff will support but not force medication
- Arrangements will be detailed in the IHP

## **7.3 supporting pupils in school life**

**Pupils with medical conditions will be supported to participate in:**

- School trips
- Physical education
- Extracurricular activities

**Reasonable adjustments will be made to enable safe participation.**

## **7.4 Unacceptable practice**

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

- Preventing access to medication
- Ignoring medical advice
- Excluding pupils from activities without justification
- Sending pupils home unnecessarily

## **8. EMERGENCY PROCEDURES**

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

## 9. TRAINING

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

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 headteacher /DSL, SEN and Mental Health Lead. Training will be kept up to date.

Training will:

- 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

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## 10. RECORD KEEPING

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place, which all staff are aware of.

## 11. LIABILITY AND INDEMNITY

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

Brighter Futures Educational Trust will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

## **12. COMPLAINTS**

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher / DSL, SEN, and Mental health lead in the first instance. If the headteacher / DSL, SEN and Mental Health Lea] cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. MOITORING ARRANGEMENTS**

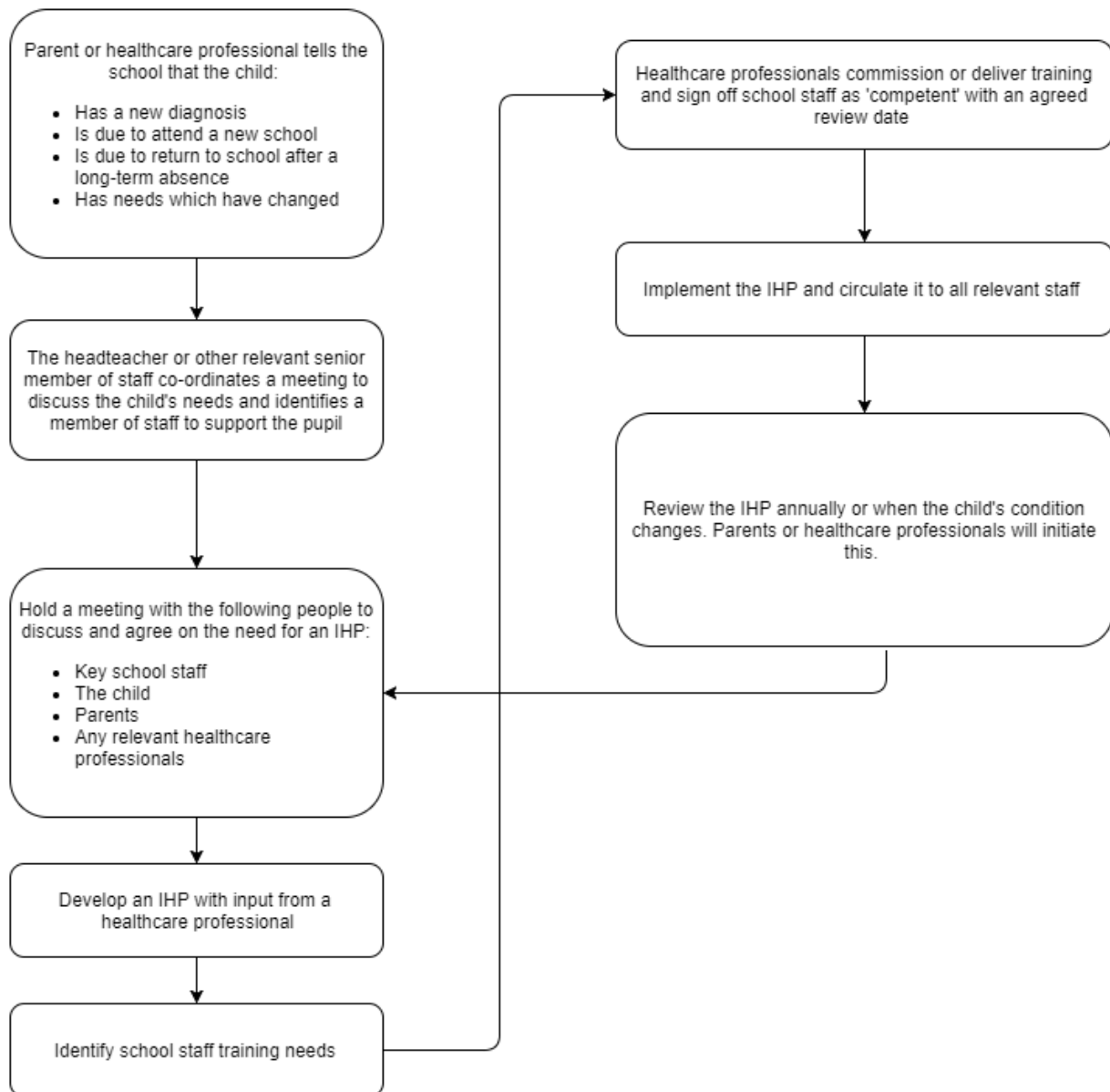
This policy will be reviewed and approved by the trustees annually.

## **14. LINKS TO OTHER POLICIES**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Child Protection
- Special Educational Needs Information Report and Policy

## Appendix 1 – Being notified a child has a medical condition





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