

Supporting Pupils with Medical Conditions and Administering Medicines Policy

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Approved By	Chief Executive Officer
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Academy to implement without Amendment, using appendix when required	



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1. Aims

At Exceed Learning Partnership we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

Medical conditions include clinically diagnosed mental health conditions (e.g., severe anxiety, eating disorders, or ADHD) that require medication or specialized support during the school day

The Academy Principal/Executive Principal is responsible for implementing this policy.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Trust boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children Act 1989
- Children and Families Act 2014
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'School Admissions Code'
- DfE (2022) 'First aid in schools, early years and further education'
- Education Act 1996 (as amended)
- Education Act 2002
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Medicines Act 1968



- Misuse of Drugs Act 1971
- National Health Service Act 2006 (as amended)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- The Human Medicines (Amendment) Regulations 2017
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Board of Directors

The Board of Directors has ultimate responsibility for making arrangements to support pupils with medical conditions.

The Board of Directors will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the Trust is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The Board of Directors delegates the day-to-day implementation of this policy to the Principal/Executive Principal of each Academy.

3.2 The Principal/Executive Principal

The Principal/Executive Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure 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
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured via the DfE's Risk Protection Arrangement (RPA) and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Ensure approval is given by a designated senior leader for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions



- Contact the school nursing service 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
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

3.3 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to support pupils with medical conditions actively so that, wherever possible, they can participate as best they can in school trips and visits, or in sporting activities, and not be prevented from doing so. This includes the administration of medicines.

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.

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

- Staff, including supply staff, will be informed of any pupil's medical needs where this is relevant, and of any changes to their needs as and when they might arise. All staff, parents and pupils will be informed of the designated person with responsibility for medical care.
- Any member of staff giving medicine to a pupil should check on each occasion:
 - Name of pupil.
 - Written instructions provided by the parents/carers or doctor.
 - That the medication is labelled and provided in the original container as dispensed by a pharmacist and includes the instructions for administration, dosage and storage. (The exceptions to this are paracetamol, ibuprofen and insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container).
 - Expiry date of the medication and of the request to administer it.
 - That any needles and other sharps are placed in the sharps box for disposal.
- If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.
- Staff must complete the Student Medicines documentation on the Academies designated digital platform each time they give medicine to a child. School staff involved in the administration of medicines will receive training and advice from health professionals, where necessary.

- Staff must notify the parent/guardian each time medication is administered, stating the name of the medication, dosage and time administered through the academy's communication system.
- School staff will undertake a risk assessment to ensure the safety of all participants in educational visits and to enable, as far as possible, all pupils to have access to all activities and areas of school life. No decision about a child with medical needs attending/not attending a school visit will be taken without prior consultation with parents/carers. The same will apply for residential visits and sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities, e.g. swimming, we may request the assistance of the parent/carer.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- 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 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.

3.6 School nurses and other healthcare professionals

The Trust has access to the school nursing service who 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 pediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. 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/carers 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, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks of notification, or by the beginning of the relevant term for pupils who are new to our school. In cases where a diagnosis is complex or requires specialist staff training, the school will act with reasonable speed to ensure safety measures are implemented as an interim priority while the full IHP is finalised.

EYFS settings: 5.1 Obtaining information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 10 of this policy).

For new starters, Acadmies will send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

Academies will send a reminder to parents/carers at the start of each year, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us if their child's medical needs change during the school year, by emailing or calling the school on the below. The school will then confirm the changes in writing.

School Name	Updated Email Address	Phone Number
Bentley High Street Primary School	admin@bentleyhighst.elp.org.uk	01302 874536
Carr Lodge Academy	enquiries@carrlodge.elp.org.uk	01302 230700



School Name	Updated Email Address	Phone Number
Edlington Victoria Academy	admin@edvictoria.elp.org.uk	01709 862175
Hall Cross Academy	admin@hallcrossacademy.co.uk	01302 320626
Hill Top Academy	admin@hilltop.elp.org.uk	01709 863273
Rosedale Primary School	admin@rosedale.elp.org.uk	01302 782744
Sandringham Primary School	admin@sandringham.elp.org.uk	01302 361880
Sheep Dip Lane Academy	sdlp@sheepdip.elp.org.uk	01302 842464
The Mallard Academy	admin@mallard.elp.org.uk	01302 859116
Willow Primary School	admin@willow.elp.org.uk	01302 539249

6. Individual healthcare plans (IHPs)

Each Academy Principal/Executive Principal has overall responsibility for the development of IHPs for pupils with medical conditions.

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

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 headteacher will make the final decision.

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

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Principal/Executive Principal in the Primary Academies and the Principal, and DSL in Hall Cross Secondary Academy will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring. The decision to permit self-management must be risk-assessed, documented within the IHP and reviewed annually by the Academy in consultation with parents and the pupil.
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements
- The IHP will clearly identify who will provide support, their specific training needs, and the expectations of their role. To ensure pupil safety, the plan must include a formal confirmation of proficiency from a relevant healthcare professional, verifying the staff member's competence to support that specific medical condition. Additionally, the IHP must outline cover arrangements for when the lead support person is unavailable, ensuring that any back-up staff are similarly trained and competent

For pupils with severe allergies, the IHP must be shared with the school catering team to ensure meal safety and compliance with allergen labelling

When a child is returning to school following a period of hospital education or alternative provision (including home tuition), the Academy will work with the Local Authority and education provider to ensure that the IHP identifies the specific support the child will need to reintegrate effectively.

IHPs will be easily accessible to all who need to refer to them (including supply staff, PE coaches, and midday supervisors) while preserving confidentiality

7. Administering and Managing Medicines

No pupil will be given any medication or access to a medical device without confirmation that this has been prescribed by the pupils GP or other medical professional or written permission from parents/carers for non-prescription medication to be administered by a member of staff or self-administered by the pupil during school hours.

7.1 General Principles

Medicines will only be administered at **each Academy** when it would be detrimental to a pupil's health or school attendance not to do so.

- **Written Consent:** No pupil will be given prescription or non-prescription medicines without **written consent** from their parent/carer.
- **Aspirin:** No pupil under the age of 16 will be given medicine containing **aspirin** unless prescribed by a doctor.
- **Original Packaging:** Each Academy will only accept medicines that are in-date, labelled, and provided in the original container as dispensed by a pharmacist, including instructions for administration, dosage, and storage. The only exception is insulin, which must be in-date but may be in a pen or pump.
- **Communication:** Parents/carers will be informed any time medication is administered that is not already agreed upon within an Individual Healthcare Plan (IHP).

7.2 Controlled Drugs

Controlled drugs are prescription medicines controlled under the **Misuse of Drugs Regulations 2001**.

- **Storage:** Controlled drugs will be stored in a non-portable container in a locked cabinet, with access restricted to named authorised staff. They will remain easily accessible in an emergency.
- **Administration:** A record will be kept of the amount held and each dose administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, providing they follow the prescriber's instructions.
- **Hall Cross Academy (Secondary):** A pupil who has been prescribed a controlled drug may be deemed competent to carry their own medication if agreed in their IHP. They must never pass it to another pupil.
- **Primary Academies:** Controlled drugs must be handed to the Academy office and will be stored securely by staff.

7.3 Paracetamol and Non-Prescription Medication

To support attendance and minimise learning disruption, the Trust facilitates the administration of non-prescription medicines (e.g. paracetamol or antihistamines) under a **pre-authorised written consent** model.



- **The 12:30 PM Rule:** To ensure any morning dose given at home has safely worn off, staff will only administer a dose after **12:30 PM**, unless the parent/carers provides specific written evidence via email or the Arbor Application that no medicine was given that morning.
- **Safety Verification:** Before administration, authorised staff will check the pupil's record to ensure pre-authorised consent is held and that the 4-hour dosage interval has been respected.

Specific Protocols by Phase:

- **At the Primary Academies:** The Academy will **not** maintain a central stock of paracetamol or any other non-prescription medication. If a pupil requires medicine, the parent/carers must provide it in the original pharmacy packaging, clearly labelled with the child's name, and accompanied by a completed consent form. Staff will administer the age-appropriate dose as stated on the packaging.
- **At Hall Cross Academy (Secondary):** The Academy will maintain a central stock of **500mg paracetamol tablets** in their original blister packaging. For pupils' health and safety, the Academy will only administer **one 500mg tablet**, for pupils up to 16 years of age, during the school day, provided that **pre-authorised written consent** is held on the pupil's record. For pupils 16 years of age and over, two tablets can be administered in line with dosage guidelines.
- **Exception for Scheduled Doses:** While the default administration time for non-prescription medicine is after 12:30 PM to ensure morning doses have worn off, the Academy recognizes that certain conditions (e.g., hay fever or specific allergic reactions) may require a dose at a strictly scheduled interval.
- Staff may administer non-prescription medication before 12:30 PM **only** if: * The parent/carers provides specific written instructions on the 'Parent Request for School to Administer Medication' form (Appendix 5) detailing the required timing. * The parent/carers provides written confirmation (via email or the Academy's communication system) on the morning of administration stating the exact time the previous dose was given at home, ensuring a safe 4-hour interval is maintained. * The administration is necessary to avoid a detrimental effect on the pupil's health or school attendance

7.4 Pupils Managing Their Own Needs

- **At Hall Cross Academy (Secondary):** Pupils deemed competent are encouraged to take responsibility for managing their own medicines (e.g. carrying their own inhaler or AAI). The evaluation of this risk will be included and reflected in their IHP.
- **At the Primary Academies:** While pupils are encouraged to be aware of their needs, medication is typically managed by authorised staff. Pupils may only carry their own inhalers or AAIs if deemed competent and safe to do so by the Principal and parents. The evaluation of this risk will be included and reflected in their IHP.
- **Refusal:** If a pupil refuses to take medicine, staff will not force them but will follow the emergency procedure in the IHP and inform parents immediately.

7.5 Unacceptable Practice

It is generally **unacceptable** at **each Academy** to:

- Prevent pupils from easily accessing their inhalers/medication.
- Assume every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers.



- Send children home frequently for medical reasons unless specified in the IHP.
- Penalise pupils for their attendance record if absences are related to their medical condition.
- Require parents to attend the Academy to administer medication.
- Administer medicine in school toilets.
- Accept repackaged or loose tablets; medication must be in the original pharmacy packaging.

7.6 Storage and Emergency Kits

- **Accessibility:** Inhalers, blood glucose meters, and AAI's must be **readily available** and never locked away, including on off-site trips.
- **Spare Kits:** Each Academy holds "spare" emergency salbutamol inhalers and AAI's for pupils already prescribed these devices. If a spare AAI is used, **999 must be called immediately**.
- **MIS Entry:** A written record of every dose administered will be kept at **each Academy** and held securely on the Management Information System (MIS) or secure digital platform (e.g. CPOMS, Google Medical Sheet) in accordance with **UK GDPR**.
- In accordance with statutory guidance, the Academy's 'spare' emergency salbutamol inhaler is **only** available for use by pupils who have been diagnosed with asthma and/or for whom a reliever inhaler has been prescribed. The emergency inhaler will not be administered to any pupil without a prior medical diagnosis and written parental consent

7.7 Carrying and Storage of Medicines

For safety reasons, pupils are not allowed to carry medication unless specifically agreed on an individual basis within their **Individual Healthcare Plan (IHP)**.

- **Handover Protocol:** * **At the Primary Academies:** All medicines must be handed directly by the parent/carer to the Academy office or a designated member of staff upon arrival.
 - **At Hall Cross Academy (Secondary):** Pupils may hand in their own medication to the Medical Room or Reception on entry to the school premises, where it will be logged immediately.
- **Secure Storage:** Medicines will be kept in a locked facility at each Academy site. Controlled drugs will be kept in safe custody in a non-portable locked container, accessible only to named authorised staff.
- **Immediate Access:** Pupils must be made aware of where their medication is stored at all times. Life-saving medicines and devices (such as asthma inhalers, blood glucose testing meters, and adrenaline pens) must be **readily available** and never locked away. This is particularly critical for off-site activities and school trips.
- **Staff Storage:** * **At the Primary Academies:** Teachers may store pupils' inhalers within the classroom in a designated, clearly labelled, and accessible (unlocked) location.
 - **At Hall Cross Academy (Secondary):** Pupils are generally encouraged to carry their own inhalers and AAI's once deemed competent; otherwise, they are stored in the Reception at both sites for immediate access.
- **Digital Records:** Every medicine handed in must be logged onto the Academy's secure Management Information System (MIS) or designated secure digital record (e.g. CPOMS). The associated parental consent form must be uploaded to the pupil's electronic file.
- **Self-Medication:** At **Hall Cross Academy**, if it is agreed in the IHP that a pupil is competent to manage their own medication (including controlled drugs), they may access them for self-administration under staff supervision where appropriate.



- **Disposal:** When medicines are no longer required or have expired, they must be returned to the parent/carer for safe disposal via a pharmacy. Non prescription medication is disposed of in the medical bin in school. Any expired prescription medication that isn't collected by parents is taken to a Pharmacy by the Designated First Aider to dispose of. All medication that is returned to parents or disposed of is signed out and a record kept accordingly.

7.8 Record Keeping

A written record will be kept of all medicines administered at **each Academy**.

- **Daily Logs:** Every dose administered will be recorded on the Academy's MIS or secure digital platform. This record will include the pupil's name, the name of the medicine, the dose given, the date and time, and the signature of the authorised staff member or time stamped if a Electronic Google Sheet is used.
- **Parental Notification:** * **At the Primary Academies:** Parents/carers will be informed on the same day that any medication has been administered.
 - **At Hall Cross Academy (Secondary):** Parents/carers will be informed of any medication administered that is not part of a routine IHP (e.g. the administration of a paracetamol tablet).
- **Data Protection:** All medical records are processed in accordance with **UK GDPR** and the Data Protection Act 2018.

7.9 Complex or Invasive Procedures

Where a pupil requires complex or invasive medical procedures (such as tube feeding, tracheostomy care, or catheterization), the following protocols apply:

- **Specific Consent:** A separate, detailed written agreement must be in place, signed by the parents/carers and the Academy Principal.
- **Professional Oversight:** A qualified healthcare professional must be present for the initial administration of such treatment to verify the safety and suitability of the school environment.
- **Annual Review:** These specific cases and the associated risk assessments will be agreed upon and reviewed on an annual basis, or sooner if the pupil's medical needs change.
- **Formal Recording:** All such treatments and procedures will be recorded in detail on the Academy's secure digital platform (e.g., CPOMS/Arbor) to maintain a complete clinical audit trail.
- **Proficiency Sign-off:** No staff member will undertake these procedures until a relevant healthcare professional has provided formal confirmation of their proficiency and competence.

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/carer arrives, or accompany the pupil to hospital by ambulance.

Staff will be aware of the location of the AED and the Academy Principal will ensure that it is maintained regularly



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

10. Record keeping

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

IHPs are kept in a readily-accessible place that all staff are aware of.

EYFS settings: 10.1 Recording information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see section 5 of this policy), and a system for keeping this information up to date.

We will:

- Enter each pupil's medicine need in the Trusts MIS System.
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs

- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability and indemnity

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

We will ensure that we are a member of the DfE's risk protection arrangement (RPA).

12. 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 Principal/Executive Principal in the first instance. If the Principal/Executive Principal cannot resolve the matter, they will direct parents/carers to the Trusts Concerns and Complaints Policy and procedure.

13. Monitoring arrangements

This policy will be monitored by the Academy Principal/Executive Principal/

This policy will be reviewed and approved by the Trust Board of Directors every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Concerns and Complaints Policy
- Equality information and objectives
- First aid Policy
- Health and safety Policy
- Safeguarding Policy
- Special educational needs information report and policy
- Allergy and Anaphylaxis Policy

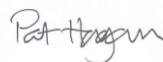
Review period

Policy Agreed: July 2026

Signed Chief Executive Officer



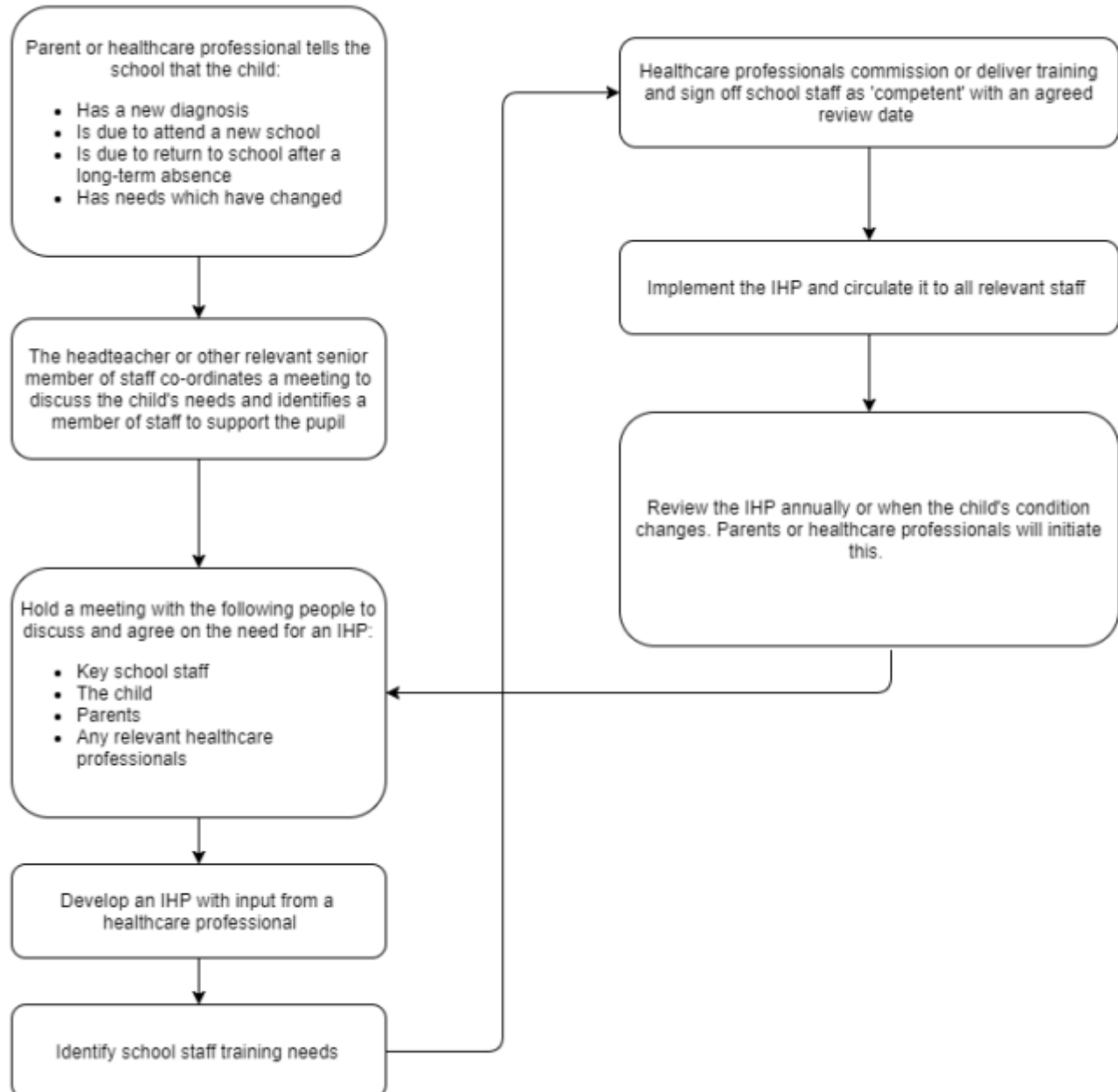
Signed: Chair of Directors:





Policy to be reviewed in July 2027

Appendix 1: Being notified a child has a medical condition





Appendix 2: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists
- Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.
- We will take the following steps to prevent the spread of infection:
 - Reducing or eliminating sources of infection through good hygiene practices
 - Good handwashing practice
 - Encouraging and facilitating healthy eating
 - Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
 - Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- Establishing a daily cleaning routine for:
 - Nappy changing facilities
 - Play areas
 - Toys, activities and equipment
- Parents should notify the school if their child has an infectious disease and follow the exclusion periods set by the UK Health Security Agency

**Appendix 3 Individual Health Care Plan**

Students Name:	Address:
Form:	Date of Birth:
Medical Condition:	
Date Condition was Diagnosed:	

Family Emergency Contact Information**Priority Emergency Contact Information**

Parent/Carer Name:		
Relationship to child:		
Phone Numbers	<i>Please indicate which is your preferred first contact number</i> 1/2/3	
Home:		
Mobile:		
Work:		

Second Emergency Contact Information

Name:		
Relationship to Child:		
Phone Numbers	<i>Please indicate which is your preferred first contact number</i> 1/2/3	
Home:		
Mobile:		
Work:		

GP Details

Name of GP and Practice:	
Phone Number:	

Clinic/Hospital Contact

Name of Consultant:	
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Phone Number:	
---------------	--

Review date:	
--------------	--

Describe how _____ affects your child, including their typical symptoms and triggers:

--

**What are your child's daily care requirements?
 (Include the name of their medication, the dose and how often it is required)**

--

Describe the list of symptoms/reactions for your child's medical condition and the action to be taken:

--

What actions are to be taken in an emergency? Ensure all contact details are shared:

--

Risk Assessment for Self Administration and Additional arrangements in school (To be completed by school):

--

Copies to:

SLT, First Aid, Attendance, Year Manager, Trips, Safeguarding, Library, Timetabled staff, Arbor and CPOMS.
--



Completed By: _____ (School) Date: _____

Signed _____ Position in School: _____

Parent/carer: _____ Date: _____

Signed (Parent/carer): _____

As Parents/Carers we acknowledge that it is our responsibility to update the academy should any of this information change, including any medication.

Please note that all medicines must be in the original container as dispensed from the pharmacy, with the child's name, dosage and expiry date clearly marked.

(This plan will be reviewed annually if there are no updates from parents/carers during the school year)

Review Date: _____



Appendix 4 - Request for a Child to Carry Their Own Medication – Hall Cross Academy Only

PLEASE BE AWARE THIS IS FOR ASTHMA INHALERS, EPIPENS AND OTHER EMERGENCY DEVICES ONLY. OTHER MEDICINES MUST BE KEPT IN RECEPTION TO ENSURE SAFE STORAGE AND TO SAFEGUARD ALL STUDENTS.

To be completed by parent/carers

Childs Name	
Name of Medicine	
Expiry Date:	
Procedure to be taken in an emergency	

Parent/Carer Contact Information

Name:	
Daytime Phone Number:	
Relationship to child:	

I would like my child to keep their *medication on themselves for use as necessary.

Please note that all medicines must be in the original container as dispensed from the pharmacy, with the child's name, dosage and expiry date clearly marked.

Signed:	
Print Name:	
Relationship to student:	
Date:	

Review date:	
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Appendix 5 - PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

School cannot give your child medicine unless you complete and sign this form **and** the Deputy Designated Safeguarding Lead has agreed that school staff can administer the medication.

Personal Details

Name of pupil:
Contact telephone number:
Condition or illness:

Medication

Name/type of medication: (as described on the container)
Special storage requirements:
Date dispensed:
How long will your child take this medication?

Full Directions for Use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

Parental Declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:

Frequency/timing: (Note: Doses are usually administered after 12:30 PM unless a specific time is required and the morning dose time at home is confirmed in writing.)



Appendix 6 – EMERGENCY SALBUTAMOL ASTHMA INHALER

EMERGENCY SALBUTAMOL ASTHMA INHALER

Please complete and sign below if you do or do not give permission for staff to administer the inhaler.

STUDENTS NAME	DATE OF BIRTH:
CURRENT ASTHMA MEDICATION:	
DOSAGE:	
ANY TRIGGERS:	

EMERGENCY CONTACT NAME:	
DAYTIME PHONE NUMBER:	
RELATIONSHIP TO STUDENT:	

In the event of an emergency I **DO** give permission for staff at the Academy to give the above named student the Salbutamol Inhaler.

Signed: _____

Print Name: _____

Relationship to student: _____

Date: _____

In the event of an emergency, I do **NOT** give permission for staff at the Academy to give the above-named student the Salbutamol Inhaler.

Signed: _____

Print Name: _____

Relationship to student: _____

Date: _____

Important Notice: This emergency consent form applies **only** to pupils who have a confirmed medical diagnosis of asthma or have been prescribed a reliever inhaler by a healthcare professional. The Academy cannot legally administer an emergency salbutamol inhaler to a pupil who does not have a pre-existing prescription.