Supporting Pupils with Medical Conditions Policy

Document control table	
Document title:	Supporting Pupils with Medical Conditions Policy
Owner (name & job title):	Laura Calton, Business Services Development Officer
Version number:	V1
Date approved:	February 2026
Approved by:	Executive Team
Date of review:	February 2028
Linked policies:	Accessibility Plan Allergy Policy Complaints Procedure First Aid Policy Health and Safety Policy Safeguarding Policy Special Education Needs Information Report & Policy
Statutory basis:	Supporting pupils with medical conditions' December 2015 - updated August 2017 Children and Families Act 2014 - section 100 Health & Safety at Work Act 1974 The Children's Act 1989 The Equality Act 2010 Keeping Children Safe in Education

Document History			
Version	**Date**	**Author**	**Note of revisions**

For the purposes of this policy 'children' includes everyone under the age of 18.

Contents

1 Our Goals

- To make sure everyone knows what they are responsible for when it comes to helping children with health needs, including giving out medication.
- To help children with short-term or long-term health needs get the support they need.
- To make sure staff are correctly trained and have the right information to support the children they look after.

2 Who is Responsible (Who Does What?)

2.1 The Outwood Grange Academies Trust (OGAT) Board and Academy Council

The OGAT Board has the final and overall responsibility to make sure there are arrangements in place to support children with their health needs. They give the responsibility of implementing this policy to Principals.

The Academy Council has people with areas of responsibility, such as Health and Safety, Special Educational Needs and Disabilities (SEND) and Safeguarding. They also speak with the Business Manager in secondary academies and the Principal in primary academies to review the training arrangements for staff on essential children medical issues. They will then report the outcomes of these discussions back to the Academy Council at their meetings.

2.2 Principals

The Principal makes sure this policy is followed in school. They make sure parents/carers know the rules and the right staff get the training and instructions that they need.

They must also choose a lead person to support children with health needs and make sure Individual Healthcare Plans (IHCPs) are created when needed.

2.3 Health and Wellbeing Officer or Lead for Managing Medication

This lead person is in charge of managing medication and medical records in school. They keep a list (a register) of children's health needs and their medications using an online system called Medical Tracker. They create IHCPs (Individual Health Care Plans, specific to a child's needs), emergency evacuation plans and risk assessments with input from the child, parents, doctors and other health services.

Under the Health and Safety at Work Act 1974, it is their job to make sure medication is stored securely and appropriately and they work with the Principal and parents/carers to decide if a child can carry and give themselves their own medicine (like an inhaler).

2.4 Academy staff

Staff must look after children and young people like a "careful parent" would. Staff can say no to giving out medicine if it is not part of their employment contract and staff who agree to give medicine must complete the correct training.

If staff have their own medication in school, they have to make sure it is not where a child can access it.

2.5 Parents and Carers

Parents/carers are responsible for their child's health. They must:

- Give the school enough information about their child's health needs, along with supporting letters from a doctor or other medical professional.
- If a child needs regular medication at school, it is helpful if parents could ask their doctor for two separate prescriptions: one for home and one to be kept at school. This means they will not need to sign medication in and out every day.
- Make sure the school always has up-to-date telephone numbers for home and emergencies.

2.5.1 Parents/Carers Visiting to Give Medication

We know that sometimes a child might feel unwell unexpectedly with things like a headache or period pain. As we have very little space to store medicine, we actually prefer it if a parent or carer can come into school to give these "one-off" treatments themselves. If you come to school to give your child medicine, you must still report to reception and fill out a quick form. This form lets us record what was given and when, so we can keep your child safe and make sure we have the correct information if they were to suffer from any side effects. Please remember that even if you are the one giving the medicine, it must be age-appropriate and used exactly as the instructions on the box say. This helps us support your child's health while making sure we don't have to keep extra bottles or packets on-site.

2.6 Children

We believe children with health needs should be at the centre of their support plan. They should be actively involved in talking about their care needs and should help as much as possible with writing their care plans (IHCPs). Children will also demonstrate their involvement by signing and agreeing to their care plan.

2.7 School Nurses

School nursing services can help staff and advise them on IHCPs. They can also offer school wide training. Not all schools have access to a school nursing service, as it is managed by the Local Authority and varies by area. Staff employed by the school are not nurses.

3 Rules for Bringing in Medication

3.1 When to bring medication into school

Medication should only be brought into school when it is absolutely necessary - when not taking it during the school day would harm the child's health.

The medicine must be scheduled to be given four times a day (or more) to be administered during the school day. If the medicine only needs to be given three times a day, this can usually be given at home with equal time spacing between doses (e.g. before school, after school and before bedtime). If there are circumstances where medication is required to be in school, with a dosage regime of less than four times a day, this will be discussed on an individual basis with the lead for managing medication and the Principal.

No child under the age of 16 will be given medicines containing aspirin unless it has been prescribed by a doctor and a parent/carer has signed a consent form. It can be tricky to spot aspirin because it is sometimes listed under different names on the packaging of over-the-counter medicines (like "salicylates"), because of this, we aim to keep the use of non-prescription medicine to a minimum and generally under the advice of a medical professional.

Children are not allowed to bring non-emergency medication (emergency medication would be carrying their own inhaler / epipen) onto the school site themselves unless this has been agreed as part of their IHCP and thoroughly risk assessed. This prevents it from getting lost, used incorrectly or shared with other children.

3.2 The Requirement for Parental Consent

The core legal principle is that no child under 16 should be given medication (prescription or non-prescription) without their parents' written consent, we cannot take consent over the phone or via another person such as a family member. This is in the Department for Education's (DfE) statutory guidance. If the family member is not a person with Parental Responsibility (PR), they cannot legally consent to the administration of the medication.

We know it can be hard for parents who are working to get medication into the school. We are flexible, but we must follow the law and get written permission every time.

Written Permission is Required: A parent or carer (with parental responsibility) must fill out and sign the *Parental Agreement to Give Medicine* form (Appendix A).

Handing Over the Medication:

- **Best Way:** The parent or carer who signed the form should bring the medicine to the school and sign the form in person.
- **Alternative Way:** If the parent/carer cannot come to the school, another adult can deliver the medicine for them. BUT, the school must receive the completed and signed permission form by email directly from the parent/carer with parental responsibility. The email must be sent from the address we have on our system and clearly list all the information in Appendix A (like the dosage and how often to give it).

Medicine Must Be Safe: All medication must be delivered in its original container, clearly labelled, and not expired.

The parent must clearly name and give permission for the non-parent family member to act on their behalf and state the reason (e.g. they cannot take the time off work).

If a child has a serious medical emergency (like a severe allergic reaction or seizure), we will call **999**. In these life-threatening cases, staff will follow the instructions given by the emergency operators or paramedics. For children with long-term health needs, we will follow the IHCP already signed by their parents to make sure they get the right help fast.

3.3 Prescribed and non-prescribed medication

Schools are not allowed to keep their own stock of non-prescribed medicines (like Calpol or general paracetamol) for routine use. Parents/carers must provide all regular medication.

Exceptions for the school to keep medication:

1. **Emergency Medication:** Schools can keep their own stock of emergency medication, such as asthma inhalers or Epi-Pens (auto adrenaline injectors) that are not for one specific child or young person.
2. **Residential Trips:** They may keep a small amount of pain relief medication (paracetamol / calpol) and antihistamine that may be needed if something unexpected happens on a residential trip where parents / carers are not able to bring any for their child. Consent forms will have to be completed before the child goes on the trip detailing the brand and dosage of medication which must be age appropriate.
3. **Special Education Settings (Alternative Provision - AP):** These settings can keep a small, limited supply of common non-prescription remedies (like pain relief) for minor, short-term issues. Parents/carers must give permission beforehand for their child to use this stock.

3.4 Medical needs and Individual Health Care Plans (IHCP)

The IHCP is very important for children with long-term or complex medical needs. This plan should be created together by the school, the child, parents and relevant health professionals. Not all children with a health need require an IHCP.
All IHCPs must be looked at and reviewed at least once a year, or sooner if the child's needs change. It is the parents/carers' responsibility to tell the school immediately if there are any changes to their child's needs.

4 Storage and Disposal

4.1 Safe Storage

Most medication will be stored safely, correctly labelled and in a locked metal cabinet. The exceptions to the locked cabinets rules are:

- If the IHCP says otherwise.
- If a child manages their own medication (like for diabetes, EpiPens or asthma inhalers).
- Emergency medication kept in certain locations around the school.
- Medications taken on trips which must be kept in a lockable bag or box and not stored with the main first aid kit as first aid kits should be easy to access.

4.2 Non-prescription rules (Why we can't save medication)

Our schools do not have enough storage space to keep a lot of medication. Non-prescription medicine will only be given exactly according to the manufacturer's instructions (the leaflet/label on the box). We cannot save or keep non-prescription medicine for "as and when" use over a long time unless this is part of an IHCP as advised by medical professionals.

Parents/carers must provide medicine each time it is needed, and any leftover non-prescription medicine should be collected at the end of the school day or when the short course is finished.

4.3 Getting rid of medication (Disposal)

It is the school's job to store and give out medicine, not to dispose of it. It is the parent/carer's responsibility to collect all medicines when they are no longer needed, are out-of-date, or at the end of the course (like when antibiotics are finished or at the end of the school year). Parents can then take the medication to a pharmacy for safe disposal. Sharps boxes must always be used for the disposal of needles.

A form (Appendix B) must be completed when medicine is handed back to a parent/carer.

5 Staff Training

Staff who are involved in giving out medicine must have the correct training. They must have at least Level 2 in Handling Medication in an Educational Setting and it must be reviewed at least every 3 years or sooner if rules change. Having a first aid certificate alone does not count as the proper training needed to support children with medical conditions and give out their medication.

Specialist nurses (like an epilepsy nurse or asthma nurse) may come in to give staff specific training and advice on supporting children with special health needs.

6 School Trips and Exams

6.1 School Trips and Sports

We want children and young people with health conditions to join in all activities including trips, sports and overnight trips.

The school will plan well ahead of time for all off-site trips to make sure arrangements are in place for safe and full participation. All IHCPs must be safely followed when away from the school site. The Academy uses a web-based system called 'EVOLVE' to help with planning, management, sign off, and evaluation of visits.

6.2 Exams (SATs / GCSE / A levels etc)

Emergency medication such as asthma inhalers and EpiPens can be taken into the exam room and left on the desk. Children and young people with diabetes can take their blood testing kit, water, insulin, and dextrose tablets.

If they need emergency medication or anything else (like non-emergency medicine or special equipment) during a formal exam, the parent/carer or lead for managing medication must tell the Exams Officer well in advance.

This is important because the Joint Council for Qualifications (JCQ) regulations govern all items allowed in the examination hall. The Exams Officer must be notified about any items added to the normal equipment (per child) and must ensure that additional invigilation or specific seating arrangements are put in place to manage these situations in accordance with JCQ regulations.

SATs (Key Stage 1 and 2 national curriculum tests) are overseen by the Standards and Testing Agency (STA), which is an executive agency of the Department for Education. The STA sets the rules and

guidance for these tests. Please inform the Academy Principal well in advance for any requirements specific to these.

7 Mobile Phone Use For Medical Monitoring

The trust operates a strict no mobile phone policy for children however an exception is made for those who require a smartphone to monitor their glucose levels or manage their diabetes. In these cases they are permitted to carry their phone on their person at all times and access this during the school day to ensure their safety and the effective management of their condition. Each academy will provide the child with a formal permission note or a specific form of identification to show they have authorisation to use the device for medical reasons. This is a medical necessity and any child found using their phone for non-medical purposes such as, but not limited to, social media or messaging will be dealt with in accordance with the academy behaviour policy.

8 Confidentiality and Sharing of Information

The academy is committed to managing all medical information confidentially, sensitively, respectfully, and in line with Data Protection regulations and the Trust's Data Protection and Freedom of Information Policy, ensuring the dignity of the child and their family is maintained at all times.

IHCPs are accessible by all staff to ensure the safety and wellbeing of the child or young person via the online system, Medical Tracker. If parents do not wish for their child's IHCP to be uploaded into Medical Tracker, this should be discussed when the plan is being created.

9 Other Important Information

9.1 Student Privacy

If a child needs private or personal care, the staff member giving the treatment should be the same gender as them whenever possible. Another adult should also be present while the treatment is carried out. The arrangements must be in the child's IHCP.

9.2 AEDs (Defibrillators)

An AED is a machine that gives an electric shock to help a person whose heart has stopped beating normally. The school will display signs that clearly show where the AEDs are located.

9.3 Complaints

If you have a concern about the medical support, you should first talk to the lead member of staff responsible for medical conditions. If the problem cannot be fixed, the formal Complaints Policy should be followed.

Appendix A - Parent / carer consent to administer medication

Child's Name:
Date of Birth:
Address:

Name of person who brought in the medication:
Medical condition being treated:
Do they have parental responsibility? Yes / No

Date medication brought in	Name of medication	Amount supplied	Individual Health Care plan completed (Y/N + date)	Expiry Date	Date medication no longer required (if known)	Dosage regime (must match prescribers /manufacturers instruction)

If the medication is not prescribed, have you consulted a GP? Yes / No / Not Applicable

If yes, did they suggest this medication?

Any known side effects or special precautions to be aware of?

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 of parent/carer:_____ Staff Signature:_____

Date:_____

Appendix B - Parent / carer collection of medication

Parents/carers collection of medication

Child's Name:
D.O.B:
Address:

Name and strength of medicine	
Expiry date	
Quantity returned	
Name of person returned to	

Staff signature _____

Signature of parent/carer _____

Date _____

Appendix C - Parent / Carer Record of Medication Administration

Child's Details

- Full Name:
- Date of Birth:
- Year Group:

Safety Confirmation

- I confirm my child has had this medicine before without any bad reactions.
- I confirm this medicine is being given exactly as the box or doctor's label says.

Administration Log

Date:

Name of Medicine & Strength:

Time Given:

Exact Dose (e.g., 5ml or 1 tablet):

Signatures

- Parent/Carer Name:
- Relationship to Child:
- Parent Signature:
- Staff Witness:

Office Use Only: * Added to Medical Tracker *

Staff Name: Date: