



**Policy for Supporting Pupils with
Medical Conditions
(Incorporating Administration of
Medication)**

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Document Control

Document Reference:	Supporting Pupils with Medical Conditions (Incorporating Administration of Medication)
Owner:	Wirksworth Junior School
Author:	B Southam
Issue Date:	November 2024
Review Due:	November 2028
Statutory Yes/No	YES

Document History			
Issue	Date	Purpose	Author
1	23.10.18		B Southam
2	02.02.20	Review	B Southam
3	13.10.21	Review	B Southam
4	17.11.24	Review	I.Webb/S.Boam

Approval		
Meeting	Date	Chair
Governors	11.2.20	
Resources	5.11.21	
FGM	16.12.21	K Forster
T and L	12.12.24	H.Brocklehurst

1. Purpose

This policy has been developed to outline the school's statutory duties under Section 100 of the Children and Families Act 2014 in order to ensure that suitable arrangements are established to support pupils with medical conditions. This includes the establishment of suitable procedures for the storage, administration and recording of medication.

2. Principles

The governing body recognises that pupils, in terms of both physical and mental health, need to be properly supported in school. This policy is based on the following principles:

- Focus on the needs of the individual pupil.
- Recognition that medical conditions can be wide-ranging in their effects, duration and complexity.
- Enablement of individuals to play a full and active role in school life, including participation in sports and school trips and visits, and to remain confident, healthy, and achieve their academic potential.
- Promotion of self-care where appropriate for the individual: this includes pupils being permitted to carry their own medication.
- Support and training for staff carrying out supporting roles.
- Effective record-keeping.
- Effective storage and access to medication.
- Suitable and sufficient emergency procedures.

The governing body will ensure that effective consultation will take place with all relevant persons such as health and social care professionals, pupils and parents, to ensure that the needs of pupils are effectively supported.

We further recognise that persons should not be put at unnecessary risk at school, and in addition to, and in line with health and safety and safeguarding policies, the governing body will not place others at unacceptable risk or accept a child in school where it would be detrimental to that child and others to do so.

3. Responsibilities:

Headteacher

The Headteacher will be the responsible person for ensuring implementation of this policy in school. They will ensure that:

- Sufficient staff are identified and suitably trained, with cover arrangements in case of staff absence or staff turnover, to ensure that someone is always available where required.

- All relevant staff are made aware of this policy and understand their role in its implementation.
- Staff who need to know are aware of the child's condition.
- Staff are appropriately insured and they are made aware they are insured to support pupils.
- Briefing for supply teachers is provided where relevant.
- Risk assessments for school visits and other school activities outside of the normal timetable are carried out.
- The school nursing service is contacted in the case of any child who has a medical condition that may require support in school, but who has not yet been brought to the attention of the school nurse.
- Implementation, development and monitoring of individual healthcare plans.
- Implementation of arrangements for managing storage, administration, and recording of medication.

School Staff

- Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. See below.
- Staff must not give prescription medications or undertake healthcare procedures without appropriate training.
- Although it is recognised that administering medicines is not part of teachers' professional duties, they will take account of the needs of pupils with medical conditions that they teach.
- School staff will receive suitable and sufficient training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.
- Staff will contribute, where relevant, to the development and review of individual healthcare plans
- Individual healthcare plans will include procedures to enable staff to respond accordingly when they become aware that a pupil with a medical condition needs help or requires emergency attention.

School Nurses

Where required, the school will access the school nursing service to seek advice and support.

- School nurses may directly notify the school when a child has been identified as having a medical condition which will require support. Wherever possible, this should be done before the child starts at the school.
- School nurses may support the Headteacher and staff on implementing a child's individual healthcare plan. They will provide advice and guidance, for example, on staff training.

- School nurses can liaise with healthcare professionals, e.g. Clinicians, G.P., Children's Community Nurse or Community Mental Health Team, on appropriate support for the child and associated staff training needs.

Healthcare Professionals

- Liaison will take place with healthcare professionals, including GPs and paediatricians, where required, to ensure clinical input and pertinent advice is obtained on developing individual healthcare plans.
- Specialist or specific local health teams may be contacted to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Pupils

- Wherever possible pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of, and compliance with, their individual healthcare plan.
- It is the policy of the school to promote self-care for those pupils who are competent to manage their own health and safety needs and medications.

Parents/Carers

- Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. It is recognised that they might, in some cases, be the first to notify the school that their child has a medical condition.
- Parents/carers must give prior written agreement for any medication, prescription or non-prescription, to be given to a pupil.
- As key partners they should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. However, confirmation of any medical or clinical need will always be sought from a suitable healthcare professional.
- Parents should carry out any action they have agreed to as part of the healthcare plan's implementation, e.g. provide medicines and equipment, collect same at end of term, and ensure that they or another nominated adult are contactable at all times.

Local Authority

The Local Authority has a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children relating to their physical and mental health, and their education, training and recreation.

The Local Authority pays regard to statutory guidance on the education of children unable to attend school because of health needs.

Ofsted

The current framework places a clear emphasis on meeting the needs of pupils with SEND, and on considering the quality of teaching and the progress made by these pupils. Inspectors are briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

4. On notification of a pupil with a medical condition

The school will implement suitable arrangements when alerted to pupils with medical conditions. These arrangements may be provided when a child starts at school, when a pupil receives a new diagnosis, or when existing needs change. Where appropriate, the school will ensure that robust individual healthcare plans (IHCPs) are established.

5. Individual Healthcare Plan (IHCP)

The school will follow the Local Authority's advice on supporting pupils with medical conditions/medication in Schools, to ensure that suitable IHCPs are developed.

Each IHCP will be clear about what needs to be done, when, and by whom. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. It is recognised that different children with the same health condition might require very different support.

An IHCP may be initiated by a member of school staff, the school nurse, or another healthcare professional involved in providing care to the child.

An IHCP will be drawn up with input from such professionals, e.g. specialist nurses, who are able to determine the level of detail needed in consultation with the school, the child and their parents.

An IHCP will be reviewed at least annually **or earlier if the child's needs change**. Where the child has a special educational need, the individual healthcare plan will be linked to the child's statement or Educational Healthcare Plan (EHCP) where they have one.

6. Concerns and complaints

Should a concern or complaint arise in relation to a pupil's medical needs, then this should be directed in the first instance to the Headteacher who will address issues on an individual basis. Formal complaints will be handled in line with the school's usual complaints procedure.

ADMINISTRATION OF MEDICATION IN SCHOOL

1. Introduction

The Governors and staff at Wirksworth Junior School wish to ensure that pupils with medication needs receive appropriate care and support at school. From time to time, parents request that the school should administer medicines to children at regular intervals during the school day. While the Headteacher (Mrs Webb) will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication, there is no obligation for staff to do so. Please note – parents/carers should keep their children at home if acutely unwell or infectious.

2. Administration of medication

Only medication prescribed by a doctor or on the advice of the child's doctor will be permitted in school.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent [normally accepted on the school's Medicine in School Form].

Only reasonable quantities of medication should be supplied to school e.g. a maximum of four weeks supply at any one time.

Medication will only be administered at school if the dosage is **4 times a day or more** as any less than this can be administered outside of the school working hours.

All medication must be delivered to the school office by a parent/carer in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- Pupil's name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements
- Expiry Date

THE SCHOOL WILL NOT ACCEPT ITEMS OF MEDICATION IN UNLABELLED CONTAINERS

- Medication will be kept in a secure place, out of reach of pupils.

- The school will keep records which will be available for parents and the emergency services. If a child refuses to take medicine, staff will not force them to do so. The parent will be informed of the refusal as a matter of urgency. If a refusal results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of the parent to notify the school in writing if the pupil's need for medication has changed or ceased.
- It is the parent's responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within expiry date.
- The school will not make changes to prescribed dosages.
- For each pupil with a long term or complex medication need, a Medication Plan will be drawn up in conjunction with health professionals.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/ guidance through the School Health Service if required.
- The school will make every effort to continue the administration of medication to a pupil whilst on a school trip; even if additional arrangements might be required. However, there may be occasions when it is impossible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- All staff are aware of the procedure to be followed in the event of an emergency.

3. Sun Exposure

Please note that we do not apply sun cream to children. As a school, we ask parents to use 24-hour sun cream with a suitably high factor and that this is applied before the school day. Unless a child has a specific medical issue relating to sun exposure, children should not have sun cream in school. It is also advisable that children are suitably dressed to prevent excessive sun exposure by wearing, for example, sun hats and sun glasses.

4. Emergency Procedure (in the event of an accident or sudden illness)

One member of staff dials 999 and requests ambulance support. Be prepared to tell your exact location and nature of the illness or accident. (Information by the phone in staff room and office) Another adult must remain with the child at all times if possible.

Appendix 1.

Form 1
Form 1a

Individual healthcare/treatment plan

	Model letter inviting parents to contribute to individual healthcare plan development
Form 2	Parental Consent for Schools/Setting to Administer Medicine
Form 3	Head teacher/Head of Setting Agreement to Administer Medicine
Form 4	Record of medicine administered to an individual child
Form 5	Record of Medicines Administered to all Children
Form 6	Request for child to carry his/her own medicine
Form 7	Staff training record – Administration of Medicines

Form 1 – Individual health care/treatment plan

Name of School/Setting

Childs name

Date of birth

Group/Class/Form

Childs Address

Medical diagnosis or condition

Date _____

Review Date _____

Family Contact Information – First Contact

Name

Phone Number (work)

(home)

(mobile)

Family Contact Information – Second Contact

Name

Phone Number (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone Number

General Practitioner (G.P.)

Name

Phone Number

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copies to

Form 1a - 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

Form 2 - Parental Consent for Schools/Setting to Administer Medicine



The school will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

If more than one medicine is to be given a separate form should be completed for each one.

Note to parents/carers:

- **Medicines must be in the original container as dispensed by the pharmacy.**
- **The medication must be clearly labelled indicating contents, dosage and the child's name in FULL.**
- **The Governors and Headteacher reserve the right to withdraw this service.**

Name of Child:

Date of birth

Name of teacher & class

Medical condition or illness

Medicine

Name/type of medicine/strength
(as described on the container)

Date dispensed

Expiry date

Is medication prescribed? (yes or no)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Are there any side effects that the School/Setting needs to know about?

Self administration
Procedures to take in an emergency

Contact Details – First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

The above information is, to be 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.

I accept that this is a service that the School/Setting is not obliged to undertake.
I understand that I must notify the School/Setting of any changes in writing

Date _____ Signature(s) _____

Parent's signature _____

Print name _____

Date _____

Reviewed and checked by the Headteacher: (sign and date below)

Form 3 - Head teacher/Head of Setting Agreement to Administer Medicine

Name of School/Setting

It is agreed that (name of child) _____ will receive (quantity and name of medicine) _____ every date at (time medicine to be administered e.g. lunchtime or afternoon break) _____.

(Name of child) _____ will be given/supervised whilst he/she takes their medication by (Name of member of staff) _____

This arrangement will continue until (either end date of course of medication or until instructed by parents)

_____.

Date _____

Signed _____
(The Head teacher/Head of Setting/named member of staff)

Form 4 - Record of medicine administered to an individual child

Name of School/Setting	<input style="width: 100%;" type="text"/>
Childs name	<input style="width: 100%;" type="text"/>
Date of birth	<input style="width: 100%; text-align: center;" type="text" value="Day / Month / Year"/>
Group/Class/Form	<input style="width: 100%;" type="text"/>
Date medicine provided by parent	<input style="width: 100%;" type="text"/>
Quantity received	<input style="width: 100%;" type="text"/>
Name and strength of medicine	<input style="width: 100%;" type="text"/>
Expiry date	<input style="width: 100%; text-align: center;" type="text" value="Day / Month / Year"/>
Quantity returned	<input style="width: 100%;" type="text"/>
Dose and frequency of medicine	<input style="width: 100%;" type="text"/>
Staff signature	_____
Signature of parent	_____

Date	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>
Time given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dose given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of member of staff	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Staff initials	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>
Time given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dose given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of member of staff	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Staff initials	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>
Time given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dose given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of member of staff	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Staff initials	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>	<input style="width: 20%; text-align: center;" type="text" value="/ /"/>
Time given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Form 5 - Record of Medicines Administered to all Children



(This form is optional if form 4 is used)

Name of School/Setting Wirksworth Junior School

Date	Childs Initials	Time	Name of medicine	Dose given	Any reaction	Signature of staff	Print Name
/ /							
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Form 6 - Request for Child to Carry His/Her Own Medicine

This form must be completed by parents/guardian/pupil over 16 (delete as appropriate)

If staff have any concerns discuss this request with healthcare professionals

Name of School/Setting

Childs name

Date of birth

Group/Class/Form

Address

Name of medicines

Procedures to be taken in an emergency

Contact Information

Name

Daytime phone number

Mobile Number

Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

Form 7 - Staff Training Record – Administration of Medicines

Name of School/Setting

Name

Types 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 details above, is competent and has agreed to carry out any necessary treatment. *

** Use continuation sheet where more than one member of staff has been trained*

I recommend that the training is updated (please state how often) _____

Trainers signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 1: letters for EpiPens and Inhalers.

Wirksworth Junior School, Wash Green, Wirksworth,
Derbyshire, DE4 4FD

Tel/Fax: (01629) 822457

Email: office@wirksworth-jun.derbyshire.sch.uk



Headteacher: Mrs Isabel Webb

01 January 2025

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017.

This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at <https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors>).

Please supply the following devices:

Brand name		Dose	Quantity required
Jext	Adrenaline auto-injector device	300 microgram	1
Jext	300 micrograms	Adrenaline auto-injector device	1

Signed:

Print Name: ISABEL WEBB

Headteacher

Date:

Wirksworth Junior School, Wash Green, Wirksworth,
Derbyshire, DE4 4FD

Tel/Fax: (01629) 822457

Email: office@wirksworth-jun.derbyshire.sch.uk

Headteacher: Mrs Isabel Webb



01 January 2025

Dear

CONSENT FORM: USE OF EMERGENCY EPI-PEN

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with a severe allergy which results in an anaphylactic shock has been prescribed an epi-pen, Jext, 150 micrograms.
2. My child has a working, epi-pen, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of anaphylaxis shock, and if their epi-pen is not available or is unusable, I consent for my child to receive 150 micrograms from the Jext epi-pen from an emergency epi-pen held by the school for such emergencies.

Signed:

Date:

Name(print):

Child's name:

Class:

Parent's address and contact details:

Telephone:

E-mail:

Yours sincerely

Mrs Webb
Headteacher

Wirksworth Junior School, Wash Green, Wirksworth,
Derbyshire, DE4 4FD

Tel/Fax: (01629) 822457

Email: office@wirksworth-jun.derbyshire.sch.uk

Headteacher: Mrs Isabel Webb



01 January 2025

To whom it may concern,

We wish to purchase an emergency salbutamol inhaler for use in our school. The inhaler will be used in line with the manufacturer's instructions, for the emergency treatment of asthma in accordance with the Human Medicines (Amendment) Regulations 2014. This allows schools to purchase "spare" back-up inhalers for the emergency treatment of asthma.

Please supply the following devices:

1 x salbutamol metered dose inhaler

2 x spacers (compatible with the inhaler and suitable for use by a child aged 7-11 years)

Signed: _____

Mrs Isabel Webb

Headteacher

Date: _____



01 January 2025

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER
WIRKSWORDH JUNIOR SCHOOL

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....
.....
.....

Telephone:

E-mail: