Supporting Pupils at School with Medical Conditions and Allergies Policy
Nursling C of E Primary School
Date of Issue: October 2026
Review date: October 2027

1. Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting children at their premise with medical conditions and allergy. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions and allergy' and we will have regard to this guidance when meeting this requirement.

We recognise that children and young people with medical conditions have the same right to education as their peers. They should be able to attend regularly, be safe, feel fully included and welcome and enjoy their life in their school.

We will endeavour to ensure that children with medical conditions and allergies are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children will medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified Special Educational Need and/or Disability, the SEND Code of Practice 0 – 25 years will also apply.

The Early Years Foundation Stage (EYFS) statutory framework will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

This policy will be reviewed annually, and it is readily accessible to parents and school staff.

2. Roles and responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions including allergy.

2.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable

training and are competent before they are responsible for supporting children with medical conditions.

2.2 The Headteacher

The Headteacher, working alongside the senior leadership team, will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure 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
- Ensure that all staff who need to know are aware of a child's condition
- ensure a system that informs supply teachers
- Take overall responsibility for the development of individual healthcare plans
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

2.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do 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.

2.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs which will allow the child to be supported well in school and ensure good school attendance
- 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
- Ensure medication and inhalers are in date (See First Aid Policy re: Parents Responsibility)

2.5 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.
Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

2.6 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 IHCPs.

3. Staff Training

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions and allergy, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

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

- Annual asthma and allergy training
- First Aid at Work or Paediatric training by a recognised external trainer as identified for the member of staff's job role.

Training will also be identified during the development or review of IHCPs. 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 / SENCo.

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 that 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.

4. Identifying children with medical conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

School will follow procedures to ensure that information is gathered about medical conditions before a child is admitted to the school.

- Conversations with parents during first contact to the school
- Forms completed by parents/carers when a child starts at school
- A handover from the previous setting

When our school is notified that a pupil has a medical condition we will:

- make every effort to ensure that arrangements are put in place as quickly as possible, or by the beginning of the relevant term for pupils who are new to our school
- plan to implement arrangements, working alongside the child's parent, to support the child, based on the current evidence available for their condition where a formal diagnosis is awaited or is unclear
- work alongside medical practitioners and parents to ensure that every effort is made to understand and implement guidance from formal medical evidence and consultation
- make arrangements for any staff training or support when necessary

5. Individual Healthcare Plans

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCo.

Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social wellbeing and minimise disruption.

An Individual Healthcare plan:

- should be written for every pupil who has a medical condition and developed with the pupil's best interest in mind.
- each plan must address each pupils' specific needs and how these needs will be managed in School. What needs to be done, when it needs to be done and by whom.

- each plan will address what training may be required for a member of staff to fulfil the role of administering medication/medical procedures and how this training will be provided.
- The Individual Healthcare plans should sit within the general Medicines management within the School, outlining where medications kept, rules regarding administration, records of parental consent etc.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

There is a choice of two IHCP forms:

1) Individual Healthcare Plan (Appendix 1)
2) Individual Healthcare Plan for Allergy (Appendix 2)

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

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational need or disability (SEND) but does not have an EHC plan, the SEND will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Headteacher/SENCO, will consider the following when deciding what information to record on IHCPs:

- 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 or 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
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- 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

6. 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/carers' written consent

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/carers will always be informed.

Where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours.

The school will only accept short term 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 *(NB The exception to this is 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)*

Medicines prescribed on a long-term basis will require a confirmation letter from your GP/Health Care Professional.

All medicines will be stored safely in the medical area of the school office. 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 including when pupils are outside the school premises, e.g. on school trips.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school

6.1 Non-prescribed Medicines

At our school we will not administer non-prescription medicines.

The only exception is that the school maintains a small stock of the following non-prescribed medicines (homely remedies):

- Paracetamol (Calpol) – age-appropriate version
- Chlorphenamine Maleate (Piriton) – suitable for use in children aged 1 year plus
- Mepyramine Maleate 2% (Anthisan) bite and sting cream
- Vaseline Petroleum Jelly

Parents are given the opportunity to sign a consent form giving permission for the medications listed to be administered as required, but we will seek verbal permission before administering Calpol or Piriton and send you a text message as confirmation. These will only be administered as per the direction on the packaging, which tells us the correct dose to give. We would not keep children in school unnecessarily if they were poorly and we would contact the parent as necessary. We will periodically review the range of homely remedies kept in school. All medicines will be regularly checked (e.g. expiry dates) in line with guidance published.

6.2 Controlled Drugs

Schools may administer controlled drugs where they have been prescribed to a child. This is permitted by Regulations 7 (1) and 7 (3) of the Misue of Drugs Regulations 2001.

Since the controlled drugs will have been prescribed to the child on the basis that they need to be administered during normal school hours, there are no specific requirements for their storage. Any controlled drugs will be stored safely and in accordance with the manufacturers instructions.

Parents will need to provide written consent and full instructions from a medical professional before any controlled drugs can be administered in school. This will also be subject to any necessary staff training.

6.3 Emergency Asthma Inhalers

The Human Medicines Regulations 2014 (Amendment No2) permits schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can only be used if the pupil's prescribed inhaler is not available, for example, because it is broken or empty.

The school currently holds two emergency inhalers. They are kept in an unlocked cupboard in the First Aid area of the school office. Pupils who have prescribed an inhaler must have one in-date in school.

6.4 Emergency Adrenaline Auto-Injector Devices

The Human Medicines Regulations 2017 (Amendment) permits schools to purchase spare adrenaline devices (AD) without a prescription for use to treat anaphylaxis in emergencies.

The school's spare ADs can be used in children:

- Who have been prescribed ADs but whose own devices are not available (broken / out of date / misfired / cannot be accessed) These children should have an Allergy Action Plan which includes medical authorisation and written parental consent for the use of a spare AD in an emergency.
- With food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own ADs. Medical authorisation and parental consent must have been obtained.

The school currently holds three emergency auto-injector devices. They are kept in an unlocked cupboard in the First Aid area of the school office. Pupils who have prescribed auto-injector devices must also have two in-date devices in school.

7. Emergency Situations

Statutory Requirement: The governing body should ensure that the medical conditions policy sets out what should happen in an emergency situation. This may include considering the role of other children, for example in informing members of staff if they think help is needed.

Children without an IHCP, staff will use their best endeavours to secure the welfare of the pupil in the same way that their parents would be expected to act towards their children. This is particularly important in emergency situations.

Emergency procedures as identified on a child's IHCP will define what to do in an emergency.
If a child is taken to hospital in an ambulance, a member of staff will accompany them in the ambulance and stay with them until their parent arrives.

If a child experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that people who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care.

It is impossible to plan for an emergency situation as nobody knows when or where it may happen but if in school:

- The person closest will send for help and shout for help whilst attending to the patient.
- The closest person with access to a mobile phone, will contact the emergency services.
- A member of the Admin Team will be responsible for contacting the individual's family.
- Members of staff close by will be responsible for managing other children.

8. Record Keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children as stated in the DfE guidance document.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

9. Visits / Trips / Extra Curricular / Off site Activities

Statutory Requirement: The Governing body should ensure that their arrangements are clear and unambiguous about the need for proactive support so that children with medical conditions can participate in school trips and visits, or in sporting and extracurricular activities, and not prevent them from doing so.

We always actively support pupils with medical conditions and allergies to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

A risk assessment will be carried out so that planning arrangements take into account any steps that need to be taken to ensure the child with medical conditions can be included.

It is the parent's responsibility to provide clarification from their GP, of Long and short-term prescriptions, to be administered during the duration of visit.

It is the parent's responsibility to provide evidence and information from a clinician to support documentation required by educational staff to enable the child to participate safely.

10. Unacceptable Practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable

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

- prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers; or **i**gnore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs

- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- administer, or ask pupils to administer, medicine in school toilets
- Liability and indemnity

11. Complaints

If you have a complaint about how your child's medical condition is being supported in school, please contact the Headteacher in the first instance. If for whatever reason this does not resolve the issue, you may make a formal compliant via the school's complaints procedure.

Hampshire County Council's Liability and Medical Malpractice Insurance (provided to Schools as part of the Hampshire County Council Insurance SLA), provides indemnity to staff that administer or are required to administer medication or a medical procedure to pupils. Cover includes providing:

- emergency and/or first aid medical services.
- the administering of 'over the counter' drugs or medicines, and/or procedures, drugs or medicines pre-prescribed by a medical practitioner and subject to any written guidelines by an employee of the public authority in connection with the business of the public authority (provided that no indemnity is available from any other source).

The Liability and Medical Malpractice Insurances require the School to have the parents/guardians permission and for the member/s of staff to have received training and deemed competent on the administration of the medication or medical procedure.

The Insurance covers require Schools to have risk assessed and considered the specific training needed for staff looking after pupils with specific medical conditions and also any general procedures / training required for everyday and/or periodic medical issues.

Review	
07/11/2023	Changed Piritize to Piriton
19/11/2024	Policy revised & reorganised – changes to Insurance section in light of School Communication in May 2024
28/11/2024	Removed statement about controlled drugs being in the possession of a pupil following FGB on 26/11/2024
10/07/2025	Clarified that medicines prescribed on a long-term basis will require a confirmation letter from a Health Care Professional. Updated record keeping on p8.
26/11/2025	Removed sentence "The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers" see FGB 25/11/2025
September	Review of policy with reference to 'Supporting Children and Young People with

2026	Medical Conditions and Allergy' guidance from Department for Education. March 2026

Statutory Guidance on "Supporting pupils at school with medical conditions" was published by DfE in 2014 and updated in 2015. (https://www.gov.uk/government/publications/supporting-pupils-at-school-withmedical-conditions--3).

Draft 'Supporting Children and Young People with Medical Conditions and Allergy' guidance from Department for Education. March 2026

Appendix 1

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 2

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Appendix C

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			