



## ***Medical Needs Policy***

<b>Author/Person Responsible</b>	Headteacher
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<b>Related Policies</b>	Health & Safety Policy Attendance Policy



# Medical Needs Policy

## 1. Aims

- 1.1 To ensure proper care and support for children who need to take medicine or need medical attention in school.
- 1.2 To enable regular attendance at school.
- 1.3 To provide information to parents/carers and staff and to establish regular procedures for the administration of medicines.
- 1.4 To support inclusion and equal access to all school activities for children with medical conditions, making reasonable adjustments where needed.

## 2. Scope

2.1 Daily Care Requirements / Long-term Medication - Some children may require ongoing Daily Care Requirements in order to attend school and remain in good health, which may include the school administering Long-term Medication. Where this has been established, the school will follow the procedure outlined in Appendix 3.

\_Where this is the case, the school will also ensure that an Individual Healthcare Plan (IHP) is in place in accordance with DfE statutory guidance (Supporting pupils with medical conditions at school, 2015).\_

2.2 Short-term Prescription Medicine - Most Prescription Medicine will only need to be taken for a short time (a maximum of 2 weeks) and wherever possible parents / carers should plan for this to be taken outside of the school day. However, where this is not possible, parents / carers can request that medication be administered by the school, although this is a voluntary act by the school and is not an automatic right of parents.

2.3 Non-prescription (over-the-counter) medicine may also be administered if parents/carers provide written consent and it is judged safe and practicable to do so.

## 3. Responsibility

3.1 The Governing Body has general responsibility for all school policies.

### 3.2 The Headteacher is responsible for:

- i. the implementation of the policy
- ii. for the support and training of staff, incl. ensuring sufficient staff have Paediatric First Aid Certificates & are competent to administer medicine.
- iii. day to day decisions regarding the administration of medicine

### 3.3 The parent/carer is responsible for:

- i. making sure that their child is well enough to attend school;



- ii. providing sufficient information about the medical needs of their child by completing a Request to Administer Medicine form;
- iii. ensuring that medicines are properly supplied in a container labelled with the child's name, dosage and frequency of administration;
- iv. making sure all medication held at school is in date.

### 3.4 Staff responsibilities:

- i. Unless the child is subject to a Health Care Plan and identified Long-term medical needs, school staff are under no contractual obligation to administer medicine and any exception to this is voluntary and will first need to be agreed by the school.
- ii. Should staff agree to administer medicine, they are responsible with the Headteacher for the storage of medicines, checking that they are correctly supplied and should be aware of possible side effects and the procedures for emergencies.
- iii. Staff will not routinely administer medicines which require being taken at a set time as this impedes their other core duties.
- iv. The exception to the above will be in emergency situations where all staff are expected to act in the best interest of the child, administering medicine to prevent illness. All staff should receive training on administering emergency medicine (Epi pens, inhalers etc).
- v. Staff must not administer medicine or undertake healthcare procedures without appropriate training provided by a qualified professional.
- v. During residential visits, a named member of staff will be responsible for administering medication and parents will complete a medical form explaining how/when medication will be given.

## 4. Types of medicine administered

4.1 Only medicine prescribed by a doctor will be given. This includes inhalers.

4.1a Non-prescription medicines may also be administered if written parental consent has been provided and it is considered safe and appropriate to do so.

4.2 Medicine will only be given to the child named on the container and in the dosage stated. (A spoon should be provided)

4.3 Only a current course of medicine will be given.

4.4 Medicine will only be given with the consent of the parent. A consent form with additional information must be signed by a parent/carer before medicine is administered. (Appendix 1)



4.5 If there is a request from parents/carers for a child to have, for example, mentholated sweets, during the school day, these will be kept by the teacher and given as appropriate.

## 6. Adrenaline Auto-Injectors (AAIs)

6.1 From 1 October 2017, schools are permitted (but not required) to hold spare adrenaline auto-injectors (AAIs) for emergency use in accordance with The Human Medicines (Amendment) Regulations 2017. Blackhorse does not keep a spare school AAI and asks parents to provide one for school use.

6.2 The school will ensure staff are trained to recognise the signs of anaphylaxis and administer AAIs safely, and that devices are stored and maintained according to national guidance.

## 9. Long Term Medical Needs

9.1 The school must have full information about the medical needs of a child before they start school or as soon as the need is recognised.

9.2 Where parents/carers cannot give full information this will be obtained from the relevant professional and training will be obtained if necessary.

9.3 The school will make a record of the health care needs of children with long term medical needs, this information is also available for supply teachers in the class profile (blue folder).

9.4 The school will work in partnership with parents and the school nurse to devise an appropriate healthcare plan.

9.4a An Individual Healthcare Plan (IHP) will be drawn up for all pupils with long-term, complex, or serious medical conditions in line with DfE guidance (2015). This plan will specify responsibilities, required training, medication arrangements, and emergency procedures.

9.5 Where possible children should participate in the PE curriculum unless otherwise stated in their health record. Certain changes may need to be made to accommodate the needs of such children.

9.6 Medication should be accessible e.g. inhalers, Epi-pen, etc.

9.7 On school visits medication will be carried with the class teacher/group leader and any additional arrangements will be made. We reserve the right to refuse to take children on a school visit if we feel that medical needs pose a serious risk to the safety of the child. However, we would inform the parents/carers well in advance and make appropriate arrangements for the child in school.

## 12. Staff Training and Indemnity

12.1 All staff responsible for supporting children with medical needs will receive suitable training from qualified healthcare professionals before administering medicines.



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12.2 Refresher training will be arranged when medical conditions or medications change.

12.3 Staff acting in accordance with this policy and their training will be covered by the school's public liability insurance.

### 13. Policy Review

13.1 This policy will be reviewed regularly by the Headteacher and Governing Body.

13.2 Updates to Department for Education or MHRA guidance will be incorporated promptly and shared with all staff and parents.



## Appendix 1: BLACKHORSE PRIMARY SCHOOL REQUEST TO ADMINISTER MEDICATION

Parents / carers are advised that, unless you complete and sign this form the school will not administer medication to your son/daughter. The Headteacher and staff must still agree to administer medication as this is a purely voluntary act on their part.

Details of Pupil	
<b>Surname:</b>	<b>Forename(s):</b>
<b>Date of Birth:</b>	<b>Class:</b>
Contact Details	
<b>Name or parent / carer:</b>	<b>Home Address:</b>
<b>Contact telephone number:</b>	
<b>Alternative Tel Number:</b>	
Description of Illness / Condition	
<b>Type of condition (incl. Symptoms):</b>	
<b>Name of medication (Described on container):</b>	
Directions on use:	
<b>Dosage &amp; Method:</b>	<b>Timing:</b>
	Please note that the school cannot guarantee to administer medicines at exact times of the school day, only approximate times.
<b>How long will the need for medicine in school continue?</b>	<b>Special Instructions (continue over):</b>
<b>NB:</b> Without a Health Care plan from the school nurse, the school will usually restrict the administration of prescribed medicines, (except those named in the policy) to 2 school weeks.	

I understand that I must personally deliver the medicine to Headteacher/Secretary/Class Teacher and accept that this is a voluntary service provided by the school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





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## **Appendix 2: DEFINITIONS**

**Daily Care Requirements** – These are the agreed actions that staff will take place in school to help manage the medical condition on a daily basis. This could be administration of medication, carrying out medical techniques or simply to remind and/or supervise a pupil/student taking medication.

**Emergency Action** – This is action that will be taken in the event of a medical emergency. Action will be to dial 999 unless a pupil/student exhibits certain defined symptoms that are covered by a health care plan and an alternative has been specified, e.g. phone parent/carer, administer emergency medication.

**Emergency Medication** – This is medication held in school which will be administered if specified symptoms are observed in a student who has been identified with a medical condition and for which a health care plan is in place.

**Emergency Situation** – This is a situation where a pupil/student exhibits certain defined symptoms that have been identified as requiring emergency action.

**Health Care Plan (HCP)** – This is the agreed plan to be followed in managing a medical need and will include day to day support and/or details of emergency action to be taken as appropriate.

**Long Term Medication** – This is prescribed medication required to manage a long term medical need, i.e. asthma, epilepsy etc.

**Medical Condition** – This is a condition that has been identified by medically qualified personnel.

**Medical Techniques** – These are specialist techniques which will either be undertaken routinely or in an emergency situation. Staff must have received appropriate information, instruction, training and supervision as identified as necessary when preparing the HCP.

**Short Term Medication** - This is prescribed medication that a pupil/student requires when they have an illness, e.g. antibiotics



## Appendix 3 – PROCEDURES FOR LONG TERM MEDICAL NEEDS

### Step 1 – Obtain Information on Pupil/Students long term Medical Conditions

Prior to children starting at school parents / carers are requested to complete information on their child's health and, prior to the start of each subsequent year, they are asked to update this information. This will be done using Appendix 1 attached. In addition to medical conditions the form also requests information on emergency contacts

NB: Parents/carers are not required to disclose information but if they do not it must be made clear to them that this will prevent the school from ensuring the safety of their child.

### Step 2 – Assess the information provided

The health and emergency contact form, should include additional detail where medication will be brought onto site and/or where staff are expected to provide support in administering medication or carrying out medical techniques. The following are the general assessment criteria to be followed:

**a) Where there is an indication pupils/students will undertake self-administration of long term medication** - The information provided will be used initially to assess whether the pupil/student will be allowed to self-administer, this decision being based on the pupil/students maturity, the type of medication and the environment. If it is decided that the pupil/student can self-administer a further decision will be taken as to whether the medication can be carried or should be kept in office/class. In these cases no HCP will be produced but the daily care requirements, what the medication is and what might constitute an emergency for the pupil/student will be added to the class/year group medical record form, see form 4 attached.

NB: Whenever medication is brought onto site the medication must be labelled to indicate who it is for and the dose required.

**b) Where the form indicates that a student will require assistance to administer long term medication** - The information provided will initially be used as the basis for discussion with staff as to whether the assistance can be provided. If not the responsibility will fall to the parent but it will be advised that the situation be discussed with consultant/GP as it may be possible to vary when medication needs to be provided. If staff feel able to support the administration of medication then a further decision is required to decide whether there is a need for a HCP. Unless the request is simply to remind the pupil/student to take medication or store and hand out medication a HCP should be produced.

**c) Where the form indicates that staff may be required to undertake medical techniques** - The information from the form will initially be used as the basis for discussion with staff to see if they are happy to provide the support. If they are not then the Head Teacher will look at other



possibilities and discuss these with the parents/carers. Where staff agree to provide support they must be provided with information, instruction, training and supervision as necessary and a HCP must be produced.

**d) Where the form indicates there are allergic reactions that may require emergency medication to be administered** – The information from the form will be considered. There are many allergies that pupils/students have which are generally not life threatening, e.g. hay fever, but any pupil/student with anaphylaxis, which is an extreme allergic reaction, will require the completion of a HCP.

**e) Where there is information on allergies** – this needs to be considered as a whole school issue and in case of food allergies information must be shared with catering and guidance should be issued to parents on what other children can bring to school. It will usually be sufficient to include such information on the class/year group medical record form, see form 4 attached.

### **Step 3 – Complete HCP**

Where the assessment has indicated a HCP is needed and agreement has been reached with staff to either administer medication or support a pupil/student with medical techniques, an individual HCP must be completed. This plan will be based on information provided by the parents/carers or by medically qualified personnel as appropriate.

Any support identified as necessary when completing the HCP, whether in terms of facilities, equipment or training must be provided.

### **Step 4 – Add information to summary Sheet**

Compile the information on the medical needs of pupils/students and then add to the class/year group medical record form. This information aims to make staff aware of these issues and know who has a medical need and what that is. It must include as much detail as possible about what constitutes an emergency situation and what the daily care requirements are if any.

### **Step 5 – Record Keeping**

It is necessary to record whenever medication is administered or there is a need to undertake a medical technique. Form 3 attached should be completed for each individual whether the administration of medication or the medical technique undertaken is planned or an emergency intervention.

### **Step 6 – Review**

Parents/carers need to be reminded regularly to update the school concerning their child's medical needs and a review of the existing procedures needs to occur whenever this happens or there is any reason to suspect the HCP is out of date or ineffective.