



NORTHGATE
High School

Supporting Students with Medical Conditions

Respect | Determination | Teamwork

Review period: Annual

Review by: Mr A Bluck

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Supporting Students with Medical Conditions

1. Aims

1.1 This policy aims to ensure that:

- Students, staff and Parents/Carers understand how our school will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities
- Those with medical conditions are not limited by their condition, and have equal opportunities to learn and work in a safe and healthy environment.

1.2 The Governing Body will implement this policy by:

- Ensure sufficient staff are suitably trained
- Raise awareness of student's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Jim Hunt.

2. Legislation and Statutory Responsibilities

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

It is also based on the Department for Education's statutory guidance: Supporting students at school with medical conditions.

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

3. Roles and Responsibilities

3.1 The Governing Body

The Governing Body has ultimate responsibility to make arrangements to support students with medical conditions. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher 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
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in an appropriate manner.
- Contact the school nursing service in the case of any student 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

3.3 Staff

Supporting students 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 students 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 students 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 students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents/Carers

Parents/Carers will:

- Provide the school with sufficient and valid information about their child's medical needs
- 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
- Discuss with the School where they may feel that changes should be made to the provision of care offered

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School Nurse and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any students identified as having a medical condition.

4. Equal Opportunities

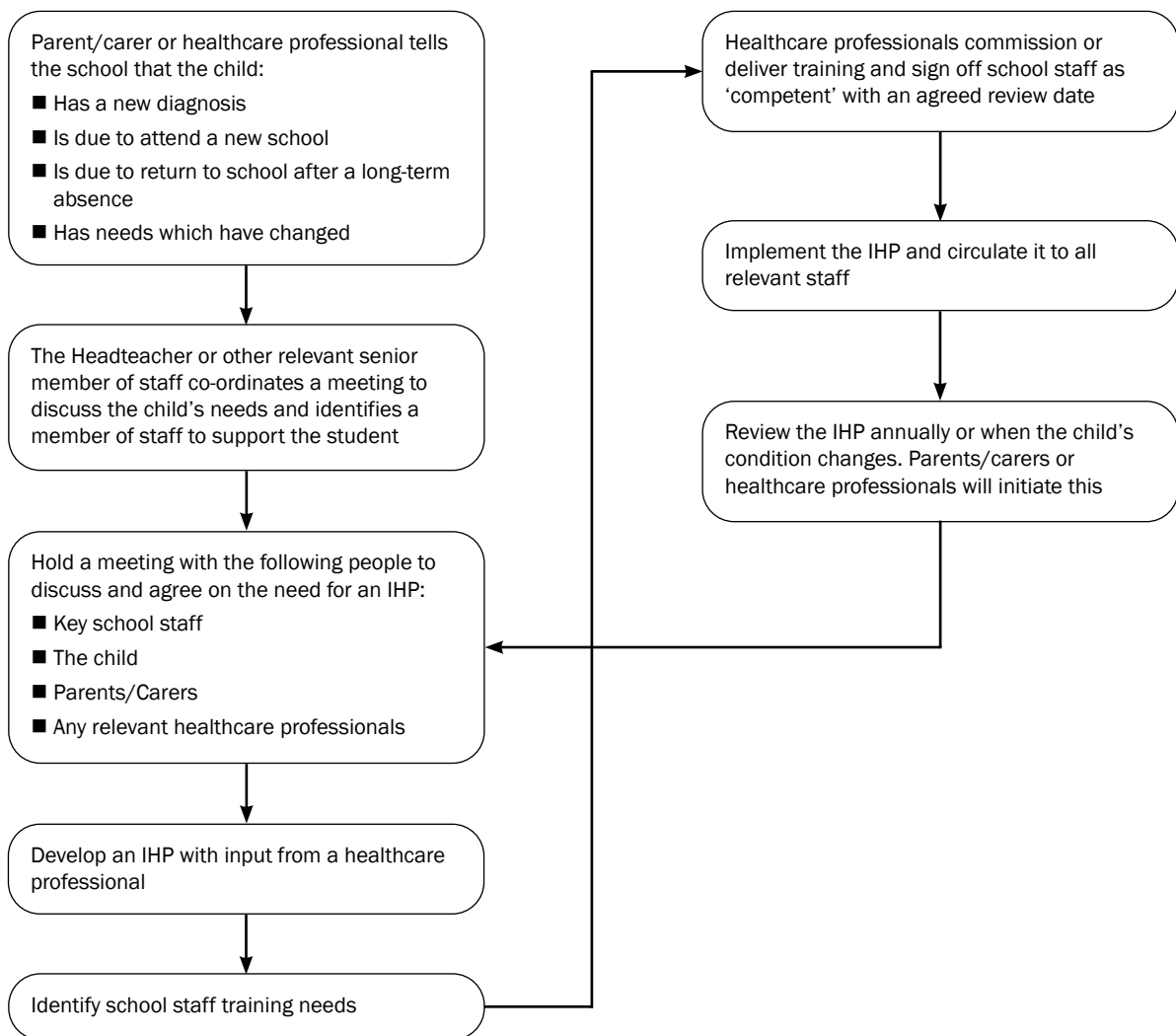
- 4.1** Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- 4.2** The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.
- 4.3** Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

- 5.1** When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.
- 5.2** The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

6. Individual Healthcare Plans

- 6.1** The Headteacher has overall responsibility for the development of IHPs for students with medical conditions.
- 6.2** Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.
- 6.3** Plans will be developed with the student's best interests in mind and will set out:
 - What needs to be done
 - When
 - By whom
- 6.4** Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.
- 6.5** Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate. **See Appendix 5: Model IHP Invitation Letter.**
- 6.6** IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.



6.7 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 Body and Senior Staff, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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 student'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 student 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 student'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 student'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 student 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing Medicines

7.1 Prescription (and non-prescription) medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so and
- Where we have parents/carers' written consent (**see Appendix 2: Parental Agreement for Setting to Administer Medicines**)
- If the medicine has been prescribed for use by the child by a medical professional

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents/carers.

7.2 Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7.3 Anyone giving a student 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.

7.4 The school will only accept 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

See Appendix 6: Protocol for Administering Medicines – Checklist for Staff.

7.5 The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

7.6 All medicines will be stored safely. Students 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 students and not locked away.

7.7 Medicines will be returned to parents/carers to arrange for safe disposal when no longer required. See Appendix 9: Record of Medicines Received and Returned.

7.8 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.9 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.10 Unacceptable practice

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

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- Ignore 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 IHPs
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students 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 student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency Procedures

- 8.1** Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- 8.2** If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

9. Training

- 9.1** Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.
- 9.2** The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.
- 9.3** A record of staff who have received specialist medical training will be completed. See Health & Safety Policy.
- 9.4** The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
 - 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
- 9.5** Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 9.6** 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. This will be provided for new staff during their induction.

10. Record Keeping

- 10.1** The Governing Body will ensure that written records are kept of all medicine administered to students.
See recording templates Appendix 3: Record of Medicine Administered to an Individual Child.
- 10.2** Records will be securely stored on Bromcom. Parents/carers will be informed if their student has been unwell at school.
- 10.3** IHPs and supporting documents/information will be stored on individual student's Bromcom document folder and all staff are to be made aware.

11. Liability and Indemnity

- 11.1** The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.
- 11.2** We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

- 12.1** Parents/carers with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring Arrangements

- 13.1** This policy will be reviewed and approved by the Governing Body every year.

14. Links to other policies

- 14.1** This policy links to the following policies:
- Accessibility plan
 - Complaints
 - Equality Information and Objectives
 - First Aid
 - Health and Safety
 - Safeguarding
 - Special Educational Needs Information Report and Policy

APPENDIX 1 – Individual Healthcare Plan

Photo

Name of school/setting

Northgate High School

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

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 student's educational, social and emotional needs

Arrangements for school visits/trips etc

These will be specific to the type of visit and will be covered as needed within the trip risk assessments conducted by the trip organiser.

Other information

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

As detailed above.

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

Staff attending / first aiders

Plan developed with

Parents/carers and information from

Staff training needed/undertaken – who, what, when

School has 9 qualified first aiders

Form copied to

APPENDIX 2 – Parental Agreement to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Northgate High School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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(s) _____

Date _____

APPENDIX 3 – Record of Medicine Administered to an Individual Child

Student Name	Medication	Date & Time	Initials

APPENDIX 4 – Staff Training Record – Administration Of Medicines

Name of school/setting	Northgate High School
Name	
Type 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 detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

APPENDIX 5 – Model Letter Inviting Parents/Carers to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer

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 students 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 each student needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/carers, students, 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 student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

APPENDIX 6 – Protocol for Administering Medicines – Checklist for Staff

1. Protocol for the administration of medicine

- Check name on medication (never give medication to anyone other than the person named on the prescription)
- Check dosage method and timings
- Check expiry date
- Check medicine is in its original container and clearly labelled (do not accept medication that has been decanted into another container)
- Check details on possible side effects are included with medication (usually a leaflet)
- Check storage requirements (refrigeration)
- Follow any specialist requirements/other instructions. e.g. take on an empty stomach, do not crush tablets etc. If applicable consult individual health care plan. In addition if administering non-prescription paracetamol follow protocol
- Keep records of administration
- If giving a controlled drug ensure administration is witnessed and signed by witness

2. Before administering medication

Check you are giving the:

- RIGHT MEDICATION to the RIGHT CHILD
- Medication is the RIGHT STRENGTH
- You are giving the RIGHT DOSE
- You are administering via, the RIGHT ROUTE (i.e. oral, apply to skin etc.) and are following any specific instructions i.e. take with food
- You are administering at the RIGHT TIME of day – with the correct interval between doses
- And the medication is IN DATE

