



Harborne Primary School

Supporting Pupils with Medical Conditions in School

Written by:	Mrs Francis
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Position:	Head Teacher
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Signed by Chair of IEB:	Raj Mann
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1. Aims

At Harborne Primary School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing personal medical plans (PMPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Mrs Linda Francis (Headteacher).

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on [supporting pupils with medical conditions at school](#) and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to the Headteacher.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all Personal Medical Plans (PMPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of personal medical plans (PMPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs

- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- 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
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's PMP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the PMP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 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 PMPs. They are also expected to comply with their PMPs.

3.6 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 PMP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing PMPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an PMP.

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 pupils who are new to our school.

5.1 Obtaining information about medicines

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school office or an email to enquiry@harborne.bham.sch.uk if their child's medical needs change during the school year.

6. Personal Medical Plans (PMPs)

The headteacher has overall responsibility for the development of PMPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

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

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 advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

PMPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the PMP.

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 will consider the following when deciding what information to record on PMPs:

- 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, 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

6.1 Treating minor illnesses in school

We cannot draw up Personal Medical Plans or administer any non-prescription medication for illnesses such as colds/flu/sore throats etc.

6.2 Non-prescription medication

The school does not store or administer non-prescription medication in school. Non-prescription medication should be taken outside of school hours. In exceptional circumstances, the headteacher may authorise a parent/carer to attend school to administer non-prescription medication on the school site; however, this requires written authorisation and is at the headteacher's discretion.

7. Managing medicines

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

The person administering the medicine will keep a written record on Medical Tracker.

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 recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

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

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

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required. Emergency medication is returned to parents at the end of each term in order that expiry dates can be checked and medication replaced as necessary.

7.1 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 pupil 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 pupil 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.

7.2 Pupils managing their own needs

Pupils 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 PMPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

PMPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's PMP, they will keep in mind that it is not generally acceptable practice 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
- Ignore medical evidence or opinion
- 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 PMPs
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- 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

7.4 Storage of medication

Medicines can often be harmful to anyone for whom they are not prescribed and the school recognises that has a duty to ensure that the risks to the health of others are properly controlled.

Medicine is stored in the medicine cupboard or the staffroom medical fridge. The medicine should be in the original container as dispensed by the pharmacist and must be clearly labelled with:

- name of child
- name of medication
- strength of medication
- dose
- when it should be given
- length of treatment

- any other instructions
- expiry date

7.4.1 Storage of allergy medication

Adrenaline auto-injectors (Jext, EpiPen) and Piriton are stored with the relevant care plans in the child's classroom in the class Medical Needs Rucksack. The care plan is also stored digitally on Medical Tracker. The medication for each child is in a named plastic wallet which contains a copy of the care plan. These rucksacks are taken out with the children when they leave the premises for a school trip, sports lesson or similar.

Any administration of an auto-injector or Piriton is logged on Medical Tracker, and parents are notified.

The school has purchased spare auto-injectors for emergency. These are stored securely with guidelines for their administration.

7.4.2 Storage of asthma medication

Asthma inhalers are named and kept in classroom rucksacks so that they are easily accessible when needed. The classroom doors are not locked and Lunchtime Supervisors are informed of who has an inhaler and where they are stored.

Children in Foundation and Key Stage 1 are supported when using an inhaler. Children in Key Stage 2 are supervised and encouraged to manage their own medication, where appropriate.

Any use of an inhaler is recorded on Medical Tracker, and parents are notified.

The school has purchased spare inhalers and store one in each classroom and First Aid Stations. The classroom inhalers are in the rucksacks and so will be taken out on any trips/visits.

Parents are informed of the use of these. They can be used when a child's own inhaler fails. They could also be used in an emergency on a child who does not have a prescribed inhaler but only under the instruction of a paramedic or other medical professional.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' PMPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

If it becomes necessary to administer emergency medication, for example an adrenaline auto-injector or Diazepam, or if a child is sent to hospital for a medical emergency, such as a seizure or accident, a medical emergency report must be completed and a copy sent to the Nurse Advisor.

When any medical emergency occurs in school the supervising teacher should send the red hand alert card to the main school office. The cards are labelled with the class number and the teacher's name and additional cards are kept in shared areas such as the ICT suites and library.

There is the opportunity to send a virtual "red hand" to the staff group via MS Teams. On receiving the card, the office staff will send someone to the classroom to see what has happened and alert one of the first aiders to go to the room. The person raising the alarm must stay with the child. At no time must the child be left alone. It is important to stay calm and to reassure the child.

If the decision is made to send for an ambulance, an adult will go to the office and dial 9-999: i.e. 9 for an outside line then 999.

Staff will inform the ambulance dispatch operator which entrance to use and a staff member (wearing a high vis jacket) will await the ambulance, unlock the gates and direct the Paramedics to the child.

When an ambulance is requested for school, it will usually be dispatched quickly but the caller needs to stay on the line and ensure that all information has been given and to receive advice.

Ambulance Control will need to know:

- What the emergency is
- The school telephone number
- Child's name, DOB and DRs name
- The school's name, location and ambulance access nearest to ill child
- The child's exact location in school

An Emergency Aid card showing school details and a sheet showing what information will be requested by the ambulance service is positioned by all external telephones.

The child's 'Ambulance' alert card should be printed from Medical Tracker to provide paramedics with relevant medical information about the child.

It is important to continue to administer first aid while waiting for the ambulance.

9. Training

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

The training will be identified during the development or review of PMPs. 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. 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 pupils
- Fulfil the requirements in the PMPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support 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 that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

PMPs are kept in a readily-accessible place that all staff are aware of.

10.1 Recording information about medicines

We will:

- Enter each pupil's medicine need in the school's system (Medical Tracker)
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a log on Medical Tracker of any administration of medicines in school
- Keep a record of changes, labelling the most recent record for each child

- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school is insured through Birmingham City Council and is covered for medical malpractice via QBE UK Limited.

12. Complaints

Parents/carers with a complaint about the school's actions in regard to 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

This policy will be monitored by the Headteacher.

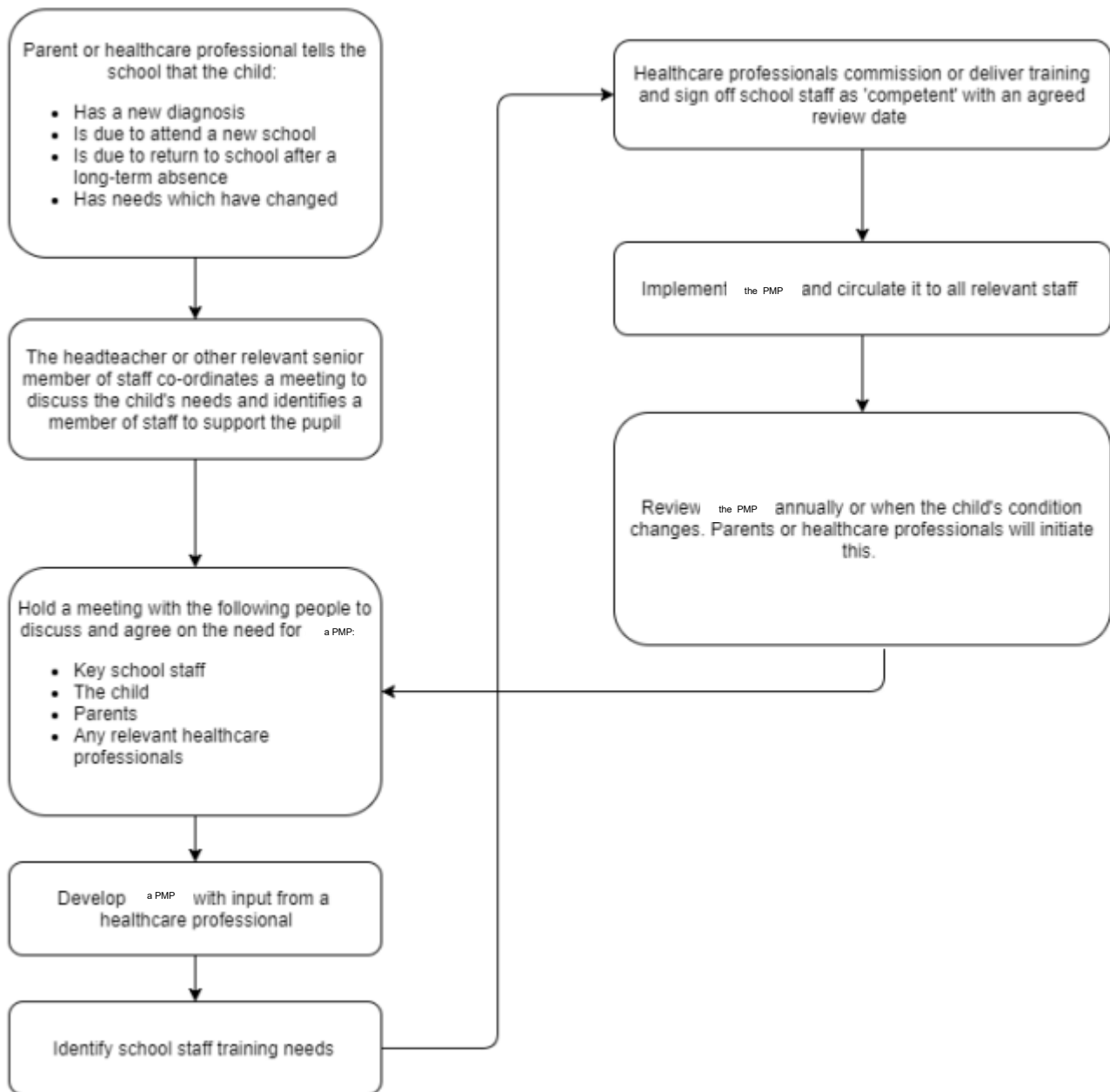
It will be reviewed and approved by the governing board annually.

14. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints Policy
- Equality information and objectives
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Special Educational Needs Information Report and Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- Establishing a daily cleaning routine for:
 - Nappy changing facilities
 - Play areas
 - Toys, activities and equipment

Appendix 3: Consent Form for Administration of Prescription Medicines in School

School staff will not give your child medication unless this form is completed and signed.

Dear Head teacher

I request and authorise that my child* be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		Date of birth	Class
Address Daytime Tel no(s)			
Medical Condition or Illness, and reason for medication			
Symptoms we should look out for. Situations in which medication is or may be required.			
Name of medicine: N.B Medicines must be in their original container, and clearly labelled by the parent			
Special precautions e.g. take after eating			
Are there any side effects that the school needs to know about		Dose	
Time of Dose		Maximum Dose (if applicable)	
Start Date (if applicable)		Finish Date (if applicable)	

Please turn over, read carefully and sign.

I confirm that:

- I understand that staff can only give the medication if symptoms fit those I describe above
- I understand school staff will attempt to contact me before administration but that if I am not contactable my signature here gives consent
- I request to be updated by text/email when medication has been administered (contact details below)
- I agree to collect the medicine at the end of the day/week/term/school year (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- This medicine has been given without adverse effect in the past. I have made the school aware of any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
- The medication is in the original container labelled with the contents, dosage, and child’s full name and is within its expiry date.
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and this agreed plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that school staff have the right to suspend the plan if they become concerned about frequency or severity of symptoms.

Signed (parent/Carer)	
Please contact me on...	
Date	
<p>Based on the above information the Head Teacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours</p> <p>Signed (Head teacher)</p> <p>Date</p> <p>Any queries should be addressed to Phaseleader named here.</p> <p>Date of review</p>	

Appendix 4: Residential Visit Medical Form

Harborne Primary School Residential Visit Medical Form

Pupil's name: _____ Class: _____

Address: _____

Date of Birth: _____

Emergency Contact numbers: Please supply three DIFFERENT numbers

1	Name: Relationship to child:	Number:
2	Name: Relationship to child:	Number:
3	Name: Relationship to child:	Number:

Name of GP: _____

GP Address: _____

Has your child received any form of medical treatment during the past 3 months or is s/he under any medical investigation at the present time? Yes/No

Please give details:

When did your child last receive a tetanus injection? _____

Please state any dietary requirements your child may have: eg vegetarian, no dairy.

Does your child suffer from any medical conditions? eg, hay fever, allergies, travel sickness, bed wetting:
PLEASE GIVE US MORE DETAILS

Medical Condition	Medication / Management	Dosage instructions	
		When	Amount
Has your child ever been stung by a bee/wasp?		Yes/No	
Was there a reaction?			

Any medication required for the trip needs to be discussed with the nominated first aider (for that trip) at least one week before departure.

Please send medication in on the day of departure.

All medication must be sent in the original packaging, with the prescribed dosage details on a clearly labelled bag along with the child's name.

(We will also take any school held medication related to your child).

We will also take bottles of paediatric paracetamol and antihistamine. Should the situation arise, we are prepared to give your child the required dosage of either, according to the bottle. We will attempt to contact you prior to this medication being given but signing here does mean we can give the medicine even if we cannot contact you at the time. Please tick to give your consent.

Paracetamol **Antihistamine**

DECLARATION

I agree to my child receiving medication as instructed and any emergency dental or medical treatment, as considered necessary by medical authorities. I will also inform the school of any changes or possible changes in my child's medical treatment/health between now and the commencement of the trip.

I have ensured that my child understands that it is important for his/her safety and the safety of the group that any rules and instructions given by the staff in charge are obeyed.

I confirm that the enclosed information is correct to the best of my knowledge.

Name of child _____ Class _____
Signed _____ Relationship to Child _____ Date _____

Please note that Travel Insurance is included in the cost of the visit.