



English Martyrs Catholic Voluntary Academy
Supporting Pupils with Medical Conditions in School

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“We grow and learn with the gifts we have been given, following in the footsteps of Jesus.”

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1. Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. English Martyrs CVA is committed to ensuring that children with medical needs have the same right of access as other children. There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The ‘duty of care’ extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

2. The Role of Parents/Carers

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming in to school at lunch time to administer

the medication. In many cases, it is possible for children's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting.

However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administration of Medication Permission and Record form (Appendix 1). Medication must not be given to the class teacher, or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

If a child has not had a medication before it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in Managing Medicines in School and Early Years Settings; the Head teacher is responsible for ensuring all staff understand and follow these procedures.

3. The aims of the Policy

The purpose of this Policy is to ensure that first any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the DFE guidelines "Supporting Pupils at School with Medical Conditions" December 2015 and also in line with the "Children and Families Act 2014" which places a duty on the governing bodies to make arrangements for supporting pupils at their school with medical conditions. This means that no child with a medical condition should be denied admission (School Admissions Code 2014) or prevented from taking up a place in school because arrangements for their medical condition have not been met. However, in line with their safeguarding duties, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

4. Procedures

Administering Medicines

- Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. This will usually be the administration staff but in their absence another appropriately trained member of staff may carry it out.
- Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.
- A list of all staff trained in administration of medicines will be maintained by the administration team. The SENDCO will maintain a record of staff trained in specialist medication for children with Health Care Plans.
- When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to

ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used as necessary.

- Staff are responsible for the correct administration of medication to children. This includes ensuring that the **“Administration of Medicine”** (appendix 1) register has been completed. All columns on the registration form must be completed.
- Children taking prescribed medication must be well enough to attend school.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition. Non-prescribed medication may only be administered for a total of 3 consecutive days, including dosage taken at home.
- Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child’s health if it were not administered during the day.
- A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.
- If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent’s instructions will be checked against the dosage information, and this will not be exceeded.
- If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.
- School may hold an emergency supply of Calpol, or similar, on site for emergencies and parents/carers will be contacted for consent before this is administered.
- Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. Medicine requiring refrigeration will be placed in a lockable fridge with no foodstuffs.
- Parents must give prior written permission for the administration of medication. This is completed on “Permission to Administer Medication” form. No medication will be given without the completion of this form.
- It is the responsibility of the School Office to receive the medicine and “Permission to Administer Medication” form and complete the first part of the “Administration of Medicine” register.
- The administration is recorded accurately each time it is given and is signed by staff.

5. Storage of Medicines

- All medication is stored in accordance with product instructions. Medicines are placed in a secure cupboard or in a locked fridge with no food stuffs.

- Parents are responsible for ensuring medicine is collected at the end of the day.
- **Emergency medicine** such as asthma inhalers or Epi-pens will be stored in a personal medical box in a place that is easily accessible and known to all staff. Children may be required to carry their medicine with them at some times during the school day. This will be decided in discussion between the school, parents and, if applicable the child's doctor. The use of an inhaler must be recorded on the Administration of Medicine form by either the teacher or teaching assistant at all times.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- **Controlled drugs**, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.
- **A spare inhaler** will be kept in school for use in an extreme emergency it will be available for a child that has forgotten to bring one or their inhaler is out of date. In these circumstances the parent must be contacted to replace immediately. Parents of children with a diagnosed asthma condition will need to sign a consent form see appendix 2.

6. Disposal / Return of Medication

- The school has a procedure for returning medication. Parents / Carers are responsible for ensuring that any medication that is no longer needed is returned to a pharmacy and disposed of.
- Medication should be returned to the parent /carer when the course of treatment is complete, the medication is out of date, the labels are no longer able to be read or when instructions are changed.
- At the end of every term medication should be checked by the administration team to ensure that no medication needs to be returned to a parent / carer. If for any reason any medication is not collected by a parent / carer then the school will ensure the medication is taken to a known pharmacy and disposed of.
- All medication returned or disposed of should be recorded.

Children who have **long term medical** conditions and who may require on going medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Head Teacher, SENDCO and class teacher together with parents and external medical personnel.

- Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should understand the routines and activities and point out anything which they think may be a risk factor for their child. If appropriate they may also be shown around the setting.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. Staff awareness needs to form part of the risk assessment.
- The risk assessment includes vigorous activities and any other school activities that may give cause for concern regarding an individual child's health needs.
- A separate risk assessment is written if taking medicines on outings outside of the school grounds and the child's GP's advice or the school nurse is sought if necessary where there are concerns.
- A health care plan for the child is drawn up based upon information from the parent and advice from the child's doctor.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed annually or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Any changes to the health care plan are discussed with parents.
- A list of children needing medication for long term medical conditions eg Epi-pens is displayed in the Staff Room and kitchen with parental consent. This will be updated during the year by the school administration team.
- Plans will be drawn up in partnership with the school, parents 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.
- Health care plans will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the health care plan.
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher and the SENDCO will consider the following when deciding what information to record on IHPs:
 - 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 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/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

7. Managing medicines on trips and outings

- It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.
- **Travel Sickness** - Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.
- **Residential visits** – All medicines which a child needs to take should be handed to the teacher in charge of the visit. The only exceptions are asthma inhalers, which should be kept by the child themselves. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs 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 arrives, or accompany the pupil to hospital by 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 health care plans. 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 health care plans.
- 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. 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 will be informed if their pupil has been unwell at school.

Health care plans are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

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

12. Complaints

Parents 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 to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs policy

Appendix 1



Administration of Medicine in School

Name	
Date of Birth	
Name of Medicine*	
Required Dosage	
Time of Dosage	
Person giving permission (Print)	
Person giving Permission (sign)	
Relationship to child	
Date	

Office Use:

Date	Medication	Amount Given	Time	Administered by	Witnessed by

*Over the counter medicine can only be administered for 3 consecutive days

Appendix 2

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

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

Signed:..... . Date:.....

Name (print):.....

Child's name:.....

Class:.....

Parent's address and contact details:

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

Telephone:.....

E-mail:.....