



**HERITAGE
ACADEMY**

Medical Conditions Policy

" Then eat from all the fruits and follow the ways of your Lord laid down [for you]." There emerges from their bellies a drink, varying in colors, in which there is healing for people. Indeed in that is a sign for a people who give thought.,"

(Quran 16:69)

Written/ Reviewed: September 2026	Next Review: September 2027 (or sooner if required)
Person Responsible	Headteacher
Checked by	Sahdia Akhtar

This policy should be read in conjunction with our:

Safeguarding and Child Protection Policy
Attendance Policy
Health and Safety Policy
Allergy Safety Policy
First Aid Policy

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1. Legislation

Section 100 of the [Children and Families Act 2014](#) places a duty on schools to make arrangements for supporting students at the school with medical conditions. Teachers and other school staff in charge of students have a common-law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Definitions of Medical Conditions:

Students' medical needs may be broadly summarised as being of two types:

- short-term affecting their participation in school activities because they are on following a course of medication;
- long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

2. The Role of Staff

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such students can access and enjoy the same opportunities at school as any other child.

The school, health professionals, parents/ guardians and other support services will work together to ensure that students with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals.

Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans).

At Heritage Academy, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, who we have regular access to and the school nurse will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

3. Procedures to be followed when Notification is received that a Student has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a student has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when student's needs change and arrangements for any staff training or support. For children starting Heritage Academy, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to our school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks or within two weeks of receiving information from previous schools and/or healthcare services such as the NHS.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will

also acknowledge that some medical conditions will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will ensure that arrangements give parents/guardians and students confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

Heritage Academy will actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

We will make sure that no child with a medical condition is denied admission or is prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that students' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

We do not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/guardians. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by consulting the school SENCO.

Following the discussions an Individual Health Care Plan will be put in place. Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/ guardian arrives, or accompany a child taken to hospital by ambulance.

4. The medical Register and Individual Health Care Plans (IHPs)

The medical register will be regularly updated and made available to all staff. The register will be updated under the instruction of the SENCO. Plans will be written and reviewed by Sahdia Akhtar but it will be the responsibility of all members of staff supporting the individual children to ensure that the plan is followed.

The IHPs will be filed in the School Office for easy access to staff and first aiders. School staff will be responsible for the children's development and ensuring that they and their medical conditions are supported at school. Individual Healthcare Plans will help to ensure that the school effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parents/ guardians should agree, based on

evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the SENCO in liaison with the Headteacher will have the final view.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has a SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans, (and their review), may be initiated, in consultation with the parent/ guardian, by a member of school staff or a healthcare professional involved in providing care to the child. Students should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school. The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

The Individual Health Care Plan includes:

- 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/noisy conditions, 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- Arrangements for written permission from parents/ guardians for medication to be administered by a member of staff, or self-administered by the students 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 child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parents/ guardians or child, the designated individuals to be entrusted with information about the child's condition;
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual

Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

5. The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the parents/ guardians, that a child is competent to manage their own health needs and medicines, the school will encourage him to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the School Office to ensure that the safeguarding of other children is not compromised.

Heritage Academy does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. (See appendix)

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/ guardians should be informed, outside of the review, so that alternative options can be considered.

6. Procedures to be followed for managing medicines

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/ guardians written consent.
- We will not administer non-prescription medicines to a child. If a Parent/ guardian wishes a child to have the non-prescription medicine administered during the school day; they will need to come to the school to administer it to their child.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines will be stored safely in the School Office. Children should know where their medicines are kept at all times and must be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, which in normal circumstances is the school receptionist, who is also a qualified first aider.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to students who need them and where staff and the student know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times.

During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all

medicines administered to individual children, stating what, how and how much was administered, when and by whom – (See appendix)

Any side effects of the medication to be administered at the school should be noted. Written records are kept of all medicines administered to children. (See appendix) These records offer protection to staff and children and provide evidence that agreed procedures have been followed. When no longer required, medicines should be returned to the Parents/ guardians to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Antibiotics

Parent/carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school/setting hours wherever possible.

Most antibiotic medication will not need to be administered during school/setting hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parents/ guardians must complete a Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again at the end of each day by the parent/carer (older pupils may bring in and take home their own antibiotics if considered appropriate by the parent/guardian and teachers).

Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/guardian. All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing and be in their original container.

In school, the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many liquid antibiotics need to be stored in a refrigerator – if so, this must be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again this must be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/guardian.

The appropriate records will be kept. If a student does not receive a dose, for whatever reason, the parent/guardian must be informed that day

7. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice:

- to prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- to assume that every child with the same condition requires the same treatment;
- to ignore the views of the child or their parents/ guardians; or ignore medical evidence or opinion, (although this may be challenged);

- to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- to, if the child becomes ill, send them to the school office or first aid room unaccompanied or with someone unsuitable;
- to penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- to prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- to require parents/ guardians or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child including with toileting issues;
- no parents/ guardians should have to give up working because the school is failing to support their child's medical needs;
- to prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring Parents/ guardians to accompany the child.

8. Complaints

Should parents/ guardians or students be dissatisfied with the support provided they should discuss their concerns directly with the SENCO or the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure

Appendix

Example Training Record: staff training record – administration of medicines

Name of school/setting
Staff Name
Type of training received
Date of training completed
Training provided by
Profession and title

I confirm that I have volunteered for and received the training detailed above.

Staff signature _____

Date _____

Review date _____

I confirm that the above named member of staff has received the training detailed above and is competent provide the treatment which was the subject of the training session outlined above.

Head Teacher's signature _____

Date _____

Appendix: Questionnaire about Medical Conditions

It is important that all children with medical conditions are supported to make sure that they are able to access education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day.

Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child Date of Birth

Home Address

.....
.....

Does your child have a medical condition/ health concern? Yes No
If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day? Yes No
If YES please give details

Does your child take medication during the school day? Yes No
If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?
Yes No
If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

Signature(s) _____ Print Name _____

Date _____

Template: 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

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's full name	
Date of Birth	
Date	

Dear _____

This letter is to formally notify you that your son/daughter has had problems with his/her breathing today.

This happened when

Their own inhaler:

- was not functioning
- they did not have their own inhaler on them (delete as appropriate)

As a consequence, they used the emergency asthma inhaler containing salbutamol.

Amount of puffs given _____

Yours sincerely,

Head Teacher

Heritage Academy School Consent Form for use of emergency Salbutamol Inhaler.

Where a child is showing symptoms of asthma/having an asthma attack

1. I can confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler (delete as appropriate).

2. In the event of my child displaying symptoms of asthma, and if there is not a salbutamol inhaler available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____

Name (print): _____

Date: _____

Child's name: _____

Date of Birth: _____

Parents Address and Contact Information:

Home telephone number: _____

Mobile number: _____

E-mail: _____

Appendix C Consent Form to Administer Medicines on School site and off-site activities
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 the following medication: (*delete as appropriate)

Name of child		Date of birth	
Address			
Daytime Tel no(s)			
Year Group			
Medical Condition or Illness, and reason for medication			
Name and strength of medicine (prescribed):	N.B Medicines must be in their original container, and clearly labelled		
Expiry Date			
Name and strength of medication (non-prescribed):			
Expiry Date			
Special precautions e.g. take after eating			
Are there any side effects that the school needs to know about		Dose	
Frequency of Dose		Maximum Dose	
Time of Dose		(if applicable)	
Start Date		Finish Date	

I confirm that:

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the day / week / half term (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 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, child's full name and is within its expiry date; and
- 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 or my child's care 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.

PTO

Signed (parent/guardian)				
Date				
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 Signed (Head teacher)				
Date returned to parent/guardian			Signed by Parent/guardian	

Appendix D: Heritage Academy Individual Student Medication Log

Student Name:..... Date of birth..... Year Group:.....

Name and strength of medication	Date Received in School	Expiry Date	Time and Date Administered	Dosage Administered	Date returned to parent/or medication finished	Staff Name	Signature

Appendix E: record of medicine administered to all children

[illegible]

Appendix F: Reviewing School's Provision

Key questions	School's Evidence			
	Achieved	In progress	Not achieved	Notes
Do you ensure that parents and pupils are consulted about, and made aware of, your arrangements for supporting pupils with medical conditions in school?				
Do you promote pupils' confidence and self-care in managing their own medical needs?				
Do you ensure that staff receive satisfactory training on supporting pupil's medical needs in school?				
Does the proprietor ensure that policies, plans, procedures and systems are properly prepared and implemented?				
Does the school have a policy for supporting children with medical conditions in school?				
Does the school have a contingency plan to cope if staff refuse to administer medication?				
Is the policy reviewed regularly?				
Is the policy easily accessible by parents & staff, in particular the section which explains the school's procedures for dealing with medication in school?				
Does a named individual have overall responsibility for implementation of the policy?				
Are arrangements in place to ensure that the policy is implemented effectively?				
Are Individual Healthcare Plans (IHPs) reviewed at least annually?				
Is there a named individual who is responsible for the development of IHPs?				

Is the school able to identify which staff in school need to be made aware of pupil's medical needs and are those staff aware of which children have health needs and what support is required?				
Is written permission from parents and the head teacher obtained to allow administration of medication by a member of staff, or self-administration by the pupil, during school hours?				
Are arrangements identified in the policy to allow children to manage their own health needs?				
Do IHPs contain appropriate prescription and dispensing information?				
Are emergency contact details & contingency arrangements included on the IHP?				
Does the IHP explain what arrangements/ procedures should be in place during school trips or other school activities outside of the normal school timetable so that the child can participate and are these reviewed prior to each event?				
Does practice reflect the policy?				
Does the policy identify roles and responsibilities?				
Are training needs regularly assessed?				
Have sufficient staff received suitable training?				
Is a record kept of training undertaken?				
Are written records kept of all medicines administered to children?				
Do all staff know what should happen in an emergency?				
Is the appropriate level of insurance in place and does it reflect the level of risk?				
Does the policy set out how complaints can be made?				

