



Supporting Pupils With Medical Needs Policy

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An academy within:



“Learning together, to be the best we can be”



1. Introduction

- 1.1. Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Government's Supporting Children at School with Medical Conditions (DfE 2015).
- 1.2. This policy outlines how Pennine View School will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Principles

- 2.1. We have adopted the key drivers of the 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives. Wherever possible we will endeavour:
 - To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
 - To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
 - To work with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- 2.2. In line with the 2023 DfE guidance on children unable to attend school because of health needs, Pennine View School will also ensure that:
 - Pupils whose medical needs prevent attendance receive appropriate alternative education arranged in partnership with the local authority.
 - There are clear procedures for maintaining contact, monitoring progress, and planning reintegration.
 - Attendance and safeguarding responsibilities are fulfilled consistently with current DfE guidance.



3. Recognition

- Application to the school has request for parents to provide the school with useful information regarding the pupil's needs
 - The primary liaison member of staff will visit feeder schools (where applicable) before admission date to liaise with staff, parents and pupils to highlight areas of need
 - Any EHCPs in place will be reviewed to monitor how school supports the pupils medical needs.
 - Medical information is recorded on the school's Management Information System (MIS). Issues of a sensitive nature are 'flagged' on a need to know basis.
 - Weekly meetings ensure all staff are aware of emergent or developing medical needs and measures put in place to meet them.
 - All trips beyond routine request that parents inform school of any specific medical needs that may be relevant for that particular activity.
- 3.1. When Pennine View School becomes aware that a child with medical needs will begin attending, or that a child already attending the school has medical needs, the Pastoral Support team will be informed. The Pastoral Support then ensures that all of the relevant staff are notified and begins the process of planning for the child's safe admission to school. Arrangements to support students are ideally in place before they start, or no later than two weeks after their admission wherever practicable.
- 3.2. When a formal diagnosis has not yet been made, or where there is a difference of medical opinion, the school makes a judgement about the appropriate support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers.

4. Individual Healthcare Plans (IHPs)

- 4.1. Students with medical needs attending the school will have an individual healthcare plan where this is required. The plan outlines what needs to be done, when and by whom. The delegated person will work with parents/carers and healthcare professionals to develop, implement and review the healthcare plan.
- 4.2. Not all children with medical needs require a plan. Decisions to not make a healthcare plan are recorded appropriately on the child's file along with the rationale. IHPs will be reviewed at least annually, or sooner if the child's medical needs, medication, or school



circumstances change. Reviews may also be triggered by information shared by health services, or following any medical incident at school.

- 4.3. Each IHP will include:
- Details of the child's medical condition, signs, symptoms, and triggers.
 - Specific support required in school (including medication, equipment, or adaptations).
 - Roles and responsibilities of named staff.
 - Emergency procedures and contact details.
 - Arrangements for staff training and cover.
 - Integration with attendance, safeguarding and SEND procedures where relevant.
- 4.4. In line with *Arranging Education for Children Who Cannot Attend School Because of Health Needs* (DfE 2023), the IHP will also note any alternative or off-site education arrangements that apply when a child's medical condition prevents regular attendance.

5. Children with Special Educational Needs & Disabilities (SEND) and Medical Needs

- 5.1. Some children with medical needs also have SEND. Where a pupil has an Education, Health and Care (EHC) Plan, their medical support requirements will be incorporated within that plan. For children with SEND and medical needs who do not have an EHC Plan, an Individual Healthcare Plan will include reference to any identified special educational needs or disabilities to ensure coordinated provision.
- 5.2. Common medical needs and example arrangements include (but are not limited to):
- **Asthma:** Inhalers (e.g. salbutamol) are accessible either in the classroom or at a designated secure but readily available location (e.g. main office). Staff are trained in emergency inhaler procedures in line with DfE guidance *Guidance on the use of emergency salbutamol inhalers in schools (2015)*.
 - **Anaphylaxis:** Adrenaline auto-injectors (EpiPens) are stored in clearly marked, secure but accessible cupboards in reception and/or the classroom, depending on individual need. All relevant staff receive regular training.
 - **Diabetes:** Insulin and related equipment are stored in labelled, secure but accessible containers in the designated medical storage area. Staff



supporting diabetic pupils will have received appropriate training from healthcare professionals.

- **Temporary or mobility-related injuries (e.g. broken limbs):** Teaching spaces and movement routes will be adapted wherever possible. Timetables and lesson locations may be adjusted to minimise travel distances.
- **Lesson access and movement:** Where required, pupils may be released early from lessons to avoid crowded corridors, and will have access to lifts or accessible routes as needed.
- **Extended or long-term illness:** Where a child's illness prevents attendance, work will be provided remotely or through alternative provision, in line with *Arranging Education for Children Who Cannot Attend School Because of Health Needs* (DfE 2023). The school will liaise with the local authority's medical access or home-tuition service to ensure continuity of education.

6. Roles And Responsibilities

- 6.1. Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff must know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- 6.2. Parents/Carers are responsible for:
 - Providing the school with sufficient and up-to-date information about their child's medical needs and medications
 - Participating in the development and review of their child's individual healthcare plan
 - Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines, ensuring that they are in date, labelled and provided in original containers)
 - Ensuring that written records are kept of all medicines administered to children
 - Collecting medications no longer required or out of date
 - Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.
- 6.3. The Headteacher is responsible for:
 - Promoting this policy with the whole staff team, parents/carers, students and external partners.
 - Ensuring the school complies with section 100 of the Children and Families Act 2014 and relevant DfE guidance (2015 and 2023).



- Ensuring sufficient numbers of trained staff are available to implement IHPs at all times, including cover for absence and school visits.
- Overseeing the development, implementation, monitoring and review of all IHPs.
- Ensuring all relevant staff are informed of pupils' needs and have access to appropriate information in line with data protection requirements.
- Monitoring the effectiveness of this policy and associated procedures.
- Ensuring adequate first-aid provision, infection control, and the availability of personal protective equipment (PPE).

6.4. Teachers and Support Staff are responsible for:

- Supporting the child as much as possible in self-managing their own condition wherever possible and appropriate.
- Risk assessment for school visits, school journey and other school activities outside of the normal timetable
- Implementing their actions identified in individual healthcare plans.
- Recording and reporting any incidents or changes in a pupil's condition.
- Maintaining awareness of pupils' medical needs as communicated through staff briefings, MIS alerts and pastoral updates

7. Links To Achievement And Social And Emotional Wellbeing

- 7.1. There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. At Pennine View School we work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised. This includes recognising when pupils may require additional pastoral, academic or mental health support and making referrals to appropriate services where necessary.
- 7.2. Pennine View School staff are experienced and trained to provide effective emotional and pastoral support. Where a pupil returns to school following a period of illness or hospitalisation, bespoke transition and reintegration plans are developed, often in collaboration with external agencies such as Educational Psychology, the School Nursing Service, or Child and Adolescent Mental Health Services (CAMHS).



8. Procedures For Managing Medicines

- 8.1. The school's arrangements for the safe storage, recording, and administration of medicines are detailed in the **Medicines in School Policy**, which should be read in conjunction with this document. All medication procedures comply with DfE guidance and are reviewed annually to ensure alignment with health and safety and safeguarding requirements.

9. Emergency Procedures

- 9.1. Where a child has an individual healthcare plan, it will define what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 9.2. Other students in the school know that they should seek adult assistance immediately if they think help is needed.
- 9.3. If a student needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany the child taken to hospital by ambulance.

10. Extra-Curricular Activities

- 10.1. Pennine View School staff are fully committed to actively supporting students with medical needs to participate in the full life of the school including trips and visits.
- 10.2. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all students to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible).
- 10.3. Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This includes consultation with the student, the parents/carer and any relevant external agency involved in the care of the child to agree support arrangements and contingency plans.

11. Unacceptable Practice



- 11.1. The school is clear that the following practices are **not acceptable**, in line with DfE statutory guidance (2015):
- 11.2. It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) to:
- Prevent children from easily accessing their inhalers and/ or medication and administering their medication when needed.
 - Assume that every child with the same condition requires the same treatment
 - Ignore the views of the child or their parents; or ignore medical evidence or opinion
 - Send students 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.
 - Leave a pupil who becomes unwell unaccompanied or send them to the medical room alone.
 - Penalise children for their attendance record if their absences are related to their medical condition.
 - Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition.
 - Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues unless specifically agreed as part of the IHP.
 - Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school life due to a medical condition.
- 11.3. All staff are expected to uphold these principles to ensure equality, dignity and safety for all pupils.

12. Support For Children With Allergies And Medical Conditions

- 12.1. On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The Pastoral Support will then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training.
- 12.2. Where appropriate, an allergy student profile will be created which includes a picture of the student, a description of the allergy, triggers and allergic reaction symptoms. Profiles will be shared securely with all staff and held in the student file.



- 12.3. Parents/carers must provide two adrenaline auto-injectors (Epi-Pens) where applicable, one of these should be kept in the student's classroom and the other held centrally. The admin team will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it. Teachers and support staff will be trained on how to use an Epi-Pen.
- 12.4. Training records for the administration of emergency medication are maintained by the school's administrative team and reviewed regularly to ensure coverage and competence.

13. Training

- 13.1. Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners. Pennine View School undertakes whole school awareness training, induction training for new members of staff and training for individually identified members of staff.
- 13.2. We work in partnership with the school nurse to determine what training is required to meet the medical needs of the Pennine View School cohort. We regularly review our training programme in response to changes in staffing, changes in student population and reviews of healthcare plans.

Other Professionals

- 13.3. Pennine View School works closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals to ensure integrated and informed support for pupils.
- 13.4. The School Nursing Service remains a key partner in policy implementation, staff training and review of pupils' healthcare plans.

Monitoring And Review

- 13.5. Whole-school data on medical needs, training, and healthcare plan outcomes is reviewed regularly to ensure best practice and statutory compliance.

14. Monitoring, Review and Complaints



- 14.1. The Senior Leadership Team monitors the implementation of this policy and associated procedures.
- 14.2. The policy is formally reviewed at least every year, or sooner following changes in legislation or statutory guidance.
- 14.3. 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 unresolved, the matter will be handled in accordance with the school's Complaints procedure.



Appendix 1

Pennine View School - PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICATION

Consent to Administer Medication

For prescribed medication to be administered within school hours

Our Medications in School Policy states that staff can administer medication to pupils during school hours. **The school will not give your child medication unless this form has been completed. Therefore, please ensure that this form is submitted before your child arrives at school.**

Child's Name _____ **Date of birth** _____

Medication Name
(As it appears on the label) _____

Expiry date on label _____ **Amount sent to school**
(e.g. 28 tablets, 250ml) _____

Does the medication need to be stored in a fridge? Yes No

Is this an acute medicine (to take for less than 30 days) or an ongoing medicine (longer than 30 days or repeat prescription)

Acute (less than 30 days) Ongoing (more than 30 days)

Date prescribed by a GP _____

Name of GP _____ **GP Phone No.** _____

Reason for medication

Dosage to be given at school

Eg. 2 tablets, 15 ml, 2 drops, 1 puff etc. _____

Last time medication was given _____



Time of 1st
dose

Time of 3rd
dose

(if applicable)

Time of 2nd
dose

(if applicable)

Time of 4th
dose

(if applicable)

Does the medication need to be sent home at the end of the day? Yes No

Additional information

ASTHMA INHALERS

Pupils who have been prescribed an inhaler must ensure they bring it to school each day. However, the school has a small supply of spare inhalers which can be used, with your consent, should the child forget their own. (Please note that the inhalers are sanitised between uses).

I consent to my child using a school inhaler if necessary

Yes No Not applicable

CONSENT

Terms and Conditions

- Medication must be in the original named box/bottle and always with the pharmacy label showing the child's name, DOB, dose, date and storage instructions.
- A measured medicine spoon / syringe should be supplied with the medication (if applicable). Staff must be given all of the information required to insure the well-being of the child.



- Your child should be given at least one dose at home and monitored for any unwanted reactions before sending the medication into school.
- School should be informed immediately if there is a change to this medication.

Agreement to terms and conditions *

I agree to the terms and conditions above and give school staff my consent to administer the above medication, according to the pharmacy instructions provided.

**Parent/Carer
Signature**

Print Name

Contact telephone number

The above form is also available for parents/carers to complete via Jot Form by using the below QR code. This code is shared in weekly newsletters.





Appendix 2

PARENTAL AGREEMENT FOR A PUPIL TO ADMINISTER THEIR OWN MEDICATION

Your child will not be able to take and keep their medication unless you complete and sign this form.

Name of Child	
Date of Birth	
Group / class	
Medical condition or illness	

MEDICINE – This must be sent in the original packaging and be labelled with the child's name and dosage instructions.

Name / type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agree review date to be initiated by staff member	
Dosage and method	
Timing	
Special Precautions	
Are there any side effects that	



we need to know about	
Self administration	YES / NO
Procedures to take in an emergency	

CONTACT DETAILS

Name	
Daytime Phone No	
Relationship to child	
Address	

I understand that my child will be solely responsible for the taking and storing of this medication, ensuring it is kept safe at all times, that no other pupils will be offered or have access to this and that any record keeping is also down to my child.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____

Signature _____



Appendix 3

REQUEST FOR A CHILD TO CARRY HIS/HER OWN MEDICINE

This form must be completed by parents / guardians.

If staff have any concerns discuss his request with healthcare professionals.

Childs Name	
Group / Class	
Address	
Name of Medicine	
Procedures to be taken in an emergency	

Contact information

Name	
Daytime phone No	
Relationship to child	

I would like my child to keep his / her medicine on him/her for use as necessary.

Date _____

Signed _____