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Lyngford Park Primary & Nursery

Supporting Pupils with Medical Conditions Policy

Annually reviewed by SLT and Governing Body.

Signature	*Nick Arnold*	Headteacher	October 2026
Signature	Faye Forsyth	Chair of Governors	October 2026

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Statement of intent

The LGB of Lyngford Park Primary & Nursery has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have access to education (including school trips and physical education) and achieve academic potential.

Lyngford Park Primary & Nursery believes it is important parents/carers of pupils with medical conditions feel confident school provides effective support for their child's medical condition, and pupils feel safe in the school environment.

There are social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders; self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences because of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and manage short-term absence.

Some pupils with medical conditions may be disabled under the definition set out in the Equality Act 2010. School has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years and the school's SEND Policy will ensure compliance with legal duties.

To ensure the needs of our pupils with medical conditions are understood and supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968

- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- First Aid Policy
- SEND Policy
- Complaints Procedure Policy

2. The role of the Local Governing Board (LGB)

2.1. The LGB:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensure arrangements are in place to support pupils with medical conditions.
- Ensure pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Work with the LA, health professionals, commissioners, and support services to ensure pupils with medical conditions receive a full education.
- Ensure, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensure the focus is on the needs of each pupil and what support is required to support their individual needs.
- Ensure all members of staff are properly trained to provide the necessary support and can access information and other teaching support materials as needed.
- Ensure no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensure pupils' health is not put at unnecessary risk. The board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensure policies, plans and systems are properly and effectively implemented.

The role of the Headteacher

2.2. The Headteacher:

- Ensure this policy is effectively implemented with stakeholders.
- Ensure all staff are aware and understand their role in its implementation.

- Ensure staff are trained to implement this policy and deliver against all individual healthcare plans/medical cards (IHP/MCs), including in emergency situations.
- Consider recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHP/MCs.
- Ensure staff are appropriately insured and aware of the insurance arrangements.
- Contact the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

3. **The role of parents/carers**

3.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP/MC.
- Carry out any agreed actions contained in the IHP/MC.
- Ensure they, or another nominated adult, are contactable at all times.

4. The role of pupils

4.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP/MC.
- Are sensitive to the needs of pupils with medical conditions.

5. The role of school staff

5.1. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Consider the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

6. The role of the school nurse

6.1. The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHP/MCs and provides advice and training.

- Liaises with lead clinicians locally on support for pupils with medical conditions.

7. The role of clinical commissioning groups (CCGs)

7.1. CCGs:

- Ensure commissioning is responsive to pupils' needs, and that health services can cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education and care provision for SEND.
- Are responsive to LA & schools looking to improve links between health services
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

8. The role of other healthcare professionals

8.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHP/MCs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

9. The role of providers of health services

9.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

10. The role of the LA

10.1. The LA:

- Commission school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHP/MCs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

10.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

11. The role of Ofsted

11.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

11.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

12. Admissions

12.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

12.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

13. Notification procedure

13.1. When the school is notified a pupil has a medical condition that requires support, the school nurse informs the SENDCo. We then begin to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP/MC (outlined in detail in section 18).

13.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher / SENDCo based on all available evidence (including medical evidence and consultation with parents/carers).

13.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

13.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

14. Staff training and support

14.1. Any staff member providing support to a pupil with medical conditions receives suitable training.

14.2. Staff do not undertake healthcare procedures or administer medication without appropriate training. We aim to make sure that more than one person is trained to cover if there are staff absences or if people leave.

14.3. Training needs are assessed by the school nurse or Headteacher through the development and review of IHP/MCs, on a yearly basis for all school staff, and when a new staff member arrives.

14.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IH/MPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

14.5. The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

14.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

14.7. The school nurse or Headteacher identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

14.8. Training is commissioned by the Headteacher and provided by the following bodies:

- Commercial training provider
- The school nurse
- Local GP consultant
- Parents/carers of pupils with medical conditions

14.9. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

15. Self-management

15.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP/MCs.

15.2. Where possible, pupils are allowed to carry their own medicines and relevant devices.

15.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.

15.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IH/MP is followed. Following such as getting in touch with parents/carers so that alternative options can be considered.

15.5. If a child with a controlled drug passes it to another child for use, this is an offence, and appropriate disciplinary action is taken.

16. Supply teachers

16.1. Supply teachers are:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.

- Covered under the school's insurance arrangements.

17. Individual healthcare plans/medical cards (IHP/MCs)

17.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP/MCs is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher makes the final decision.

17.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHP/MCs. Where appropriate, the pupil is also involved in the process.

17.3. IHP/MCs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for written permission from parents/carers and the Headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency - contact details and contingency arrangements.

17.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP/MCs.

17.5. IHP/MCs are easily accessible to those who need to refer to them, but confidentially.

17.6. IHP/MCs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

17.7. Where a pupil has an EHC plan, the IHP/MCs is linked to it or becomes part of it.

17.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IH/MP.

17.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IH/MP identifies the support the child needs to reintegrate.

18. Managing medicines

18.1. In accordance with the school's First Aid Policy alongside this policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so by two members of staff (one to administer and one as a witness).

18.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentially.

18.3. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

18.4. No pupil is given medicine containing aspirin unless prescribed by a doctor.

18.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

18.6. Parents/carers are informed any time medication is administered not agreed in IHP/MCs.

18.7. School only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

18.8. All medicines are stored safely. Pupils know where their medicines are always and are able to access them, whether in school or attending a trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

18.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

18.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

18.11. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

19. Adrenaline auto-injectors (AAIs), allergies and Asthma

Please see the Allergy and Anaphylaxis Policy and Asthma Policy for more information on this.

20. Record keeping

20.1. Written records are kept of all medicines administered to pupils.

20.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

20.3. Appropriate forms for record keeping can be found in appendix d and appendix e

21. Emergency procedures

21.1. Medical emergencies are dealt with under the school's emergency procedures.

21.2. Where an IHP/MCs is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

21.3. Pupils are informed of what to do in an emergency, such as telling a teacher.

21.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

21.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

22. Day trips, residential visits and sporting activities

22.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

22.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

22.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

23. Unacceptable practice

23.1. The school will never:

- Assume pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.

- Ignore views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP/MCs.
- Send an unwell pupil to the school office with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when managing their condition.

24. Liability and indemnity

24.1. Through the Richard Huish Trust, the school holds an insurance policy covering liability relating to the administration of medication.

24.2. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

25. Complaints

25.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to initially speak to the school.

25.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

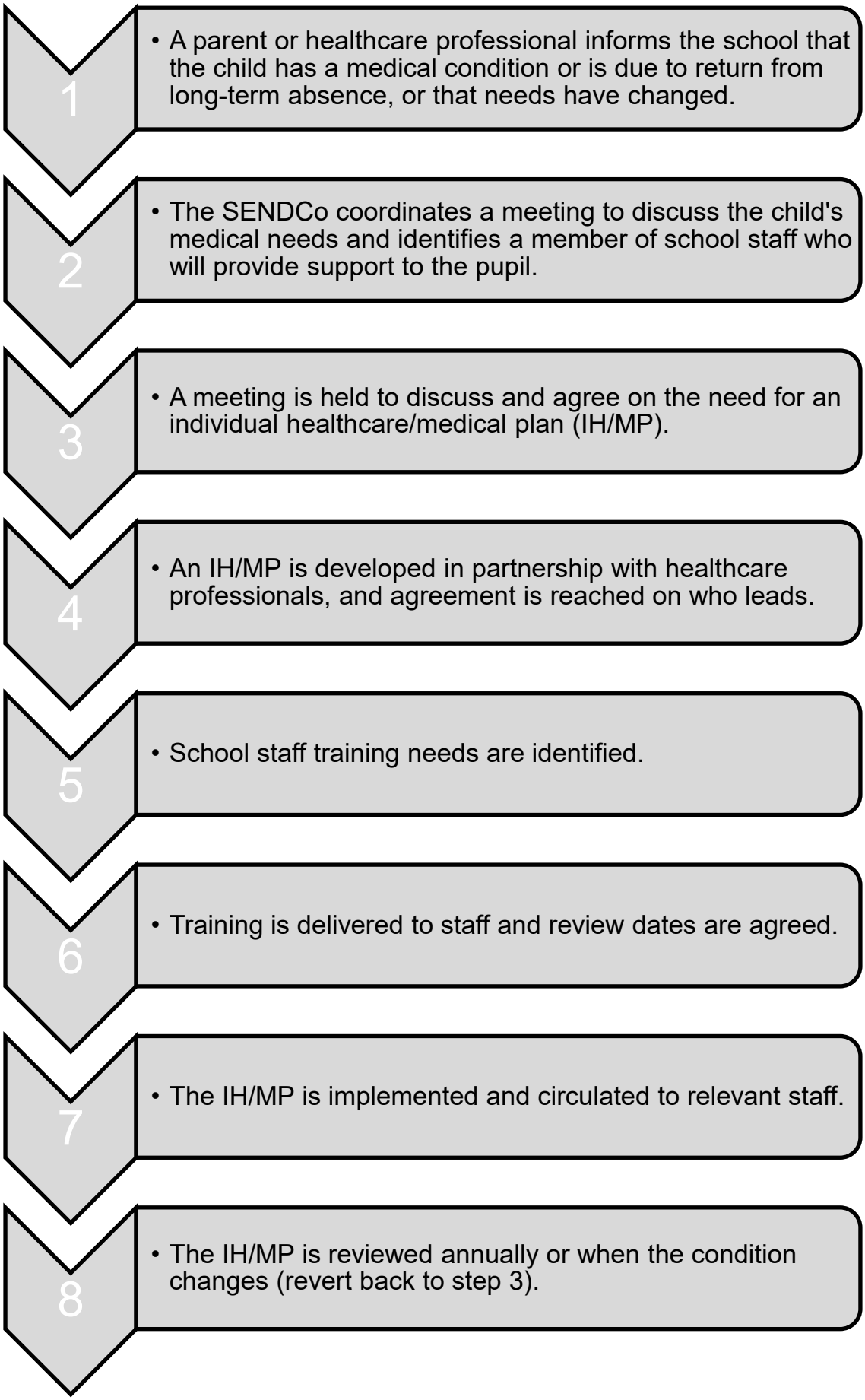
25.3. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

26. Home-to-school transport

26.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

26.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Individual Healthcare Plan/ Medical card Implementation



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Lyngford Park Primary School

Individual Healthcare Plan

Name:

Class:
Year Group:

Address:

Date of Birth:

Medical diagnosis or Condition:

GP Surgery:

CONTACT INFORMATION

Family Contact 1

Name: .....

Phone No (work): .....

(home): .....

Relationship: .....

Family Contact 2

Name: .....

Phone No (work): .....

(home): .....

Relationship: .....

Clinic/Hospital Contact

Name: .....

GP

Name: .....

Phone No: ..... Phone No: .....

Describe medical needs/ condition and give details of child's individual symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements and specific support for pupil with educational, social or emotional needs:

Arrangements for school visits/ trips:

Describe what constitutes an emergency for the child and the action to be taken if this occurs:

Follow up care/ training if required:

Who is responsible in an emergency (state if different on off site activities):

Mr Arnold - Headteacher
Mr Upham – Deputy Headteacher
Mrs Ingram - SENDCo
Class teacher and any adults working with the child

Additional information re: Parent's/Carer's and child's wishes regarding their care:

Parent agreement/signature……

Signature of staff member…… Role……

Form circulated to:

All staff working with _____ and Parents.

Date: …… Review: ……

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Parent/carer Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine

Name/type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions/other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Y/N:	

Procedures to take in an emergency:	

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

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand I must deliver the medicine personally to:	

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. 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.

Signature(s)_____ Date_____

Lyngford Park Primary School

Record of Medicine Administered to an Individual Child

Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Signature of parent: _____

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
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Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			

Name of member of staff:			
Staff initials:			

Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: 01823 284912
- Your name.
- Your location as follows: Lyngford Park Primary School, Bircham Road, Taunton, Somerset, TA2 8EX
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Lyngford Park Primary school

Medical Information Card

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Name of Pupil:

Medical diagnosis/need:

Medications taken:

What I need school staff to look out for:

Is there anything that can make their condition worsen?

What should happen in an emergency?

◇ I give permission for this information to be shared in the staff room and in the supply teacher's folder with my child's photo on it.

Name: _____Signature: _____

Date: _____