Wolsey House Primary School

Supporting Pupils with Medical Conditions and Administration of Medicines Policy

Policy date: September 2026

Policy review date: September 2027

STATUS NOTE

This policy combines and replaces the September 2025 Medical Conditions Policy and the 2025 Administration of Medicines Policy. It reflects the medical-conditions guidance currently in force and the July 2026 statutory allergy-safety guidance. The DfE has stated that the wider medical-conditions guidance will be updated in due course; this policy must be checked when that revised guidance is published.

1. Purpose and principles

Wolsey House Primary School is an inclusive community. Pupils with medical conditions will be properly supported so that they can access education, attend regularly and participate fully in school life, including physical education, clubs, visits and residential activities.

The governing body makes arrangements under section 100 of the Children and Families Act 2014. The school also has duties under the Equality Act 2010, health and safety legislation, safeguarding requirements and, for children in the EYFS, the Early Years Foundation Stage statutory framework.

- support is based on the individual pupil's needs and the best available clinical advice;
- pupils and parents or carers are listened to and involved in decisions;
- medicines are administered at school when it would be detrimental to health or attendance not to do so;
- emergency medication is readily accessible and never delayed by avoidable administrative arrangements;
- information is shared only with people who need it to keep the pupil safe;
- no pupil is unnecessarily excluded from learning, activities or visits because of a medical condition.

2. Scope and related policies

This policy applies during the school day, on school premises, during breakfast and after-school provision operated by the school, and on educational visits, residentials and sporting activities. It covers prescribed and agreed non-prescription medicines, self-administration, emergency treatment and Individual Healthcare Plans (IHPs).

Allergy safety is governed additionally by the school's separate, published Allergy Safety Policy, as required by the Children's Wellbeing and Schools Act 2026 and the DfE's July 2026 statutory guidance. Where a pupil has an allergy, both policies apply.

3. Roles and responsibilities

3.1 Governing body

- ensure suitable arrangements and resources are in place;
- approve, monitor and review this policy at least annually;
- name a governor with oversight of medical conditions and allergy safety;
- ensure appropriate insurance and indemnity arrangements;
- assure itself that staff training, emergency arrangements and record keeping are effective.

3.2 Headteacher

- ensure this policy is implemented and communicated to permanent, temporary, supply, catering, lunchtime, wraparound and visit staff;
- appoint a senior medical-conditions lead and ensure cover arrangements;

- ensure sufficient appropriately trained staff are available at all relevant times;
- ensure IHPs are developed, implemented and reviewed;
- ensure incidents, medication errors and near misses are recorded, investigated and used to improve practice;
- liaise with parents, healthcare professionals, commissioners and the local authority as necessary.

3.3 Medical conditions lead

- maintain the medical register and coordinate IHPs;
- coordinate safe receipt, storage, access, expiry checks and return of medicines;
- maintain training, consent and administration records;
- brief relevant staff while protecting confidentiality;
- ensure medical arrangements are included in visit and activity planning.

3.4 Staff

Any member of staff may be asked to support a pupil with a medical condition. Staff must follow agreed plans and procedures, respond promptly in an emergency and seek help when unsure. Except where medical support forms part of a role, staff participation in routine administration is voluntary. No one will undertake a clinical procedure without appropriate training and confirmation of competence.

3.5 Parents and carers

- provide accurate and current information, written consent and prescribed instructions;
- supply in-date medication and equipment in the agreed form;
- notify the school promptly of changes;
- collect expired, discontinued or surplus medicine;
- work with the school and relevant healthcare professionals on an IHP when needed.

The school remains responsible for carrying out any administration it has formally agreed.

3.6 Pupils

Pupils will be involved according to their age, maturity and capability. They should tell an adult if they feel unwell, use medicines responsibly and not share medication. They will not be given responsibility beyond their competence.

4. Identification, notification and transition

Parents are asked about medical conditions and allergies on admission and through annual data checks. Information may also arise following diagnosis, hospital treatment or notification by a health professional. The medical conditions lead will decide with the pupil, parents and relevant professionals what arrangements are required.

- new diagnosis or change: arrangements will begin as soon as practicable;
- planned admission: arrangements should be completed before admission where possible;

- transition between classes, settings or schools: information and plans will be transferred securely with appropriate consent or another lawful basis;
- temporary or supply staff: essential information and emergency procedures will be provided before they take responsibility for a pupil.

5. Individual Healthcare Plans

Not every medical condition requires an IHP. An IHP will normally be considered where needs are complex, fluctuating, long term, potentially life-threatening, require emergency intervention or clinical procedures, or significantly affect attendance, learning or participation. Examples may include diabetes, anaphylaxis, epilepsy requiring rescue medication, gastrostomy feeding, tracheostomy, severe asthma or other needs identified through assessment.

The school is responsible for coordinating the plan. A parent will not be expected to produce it alone. The pupil, parents, relevant school staff, school nurse and other healthcare professionals will contribute as appropriate.

- condition, symptoms, triggers and day-to-day support;
- medicine, equipment, storage, access and self-management;
- dietary, environmental, educational and pastoral adjustments;
- staff training and competency requirements;
- emergency signs, actions, contacts and hospital arrangements;
- arrangements for PE, clubs, visits, transport and periods of absence;
- who needs access to the information and where copies are held;
- review date and arrangements for changes.

Plans will be reviewed at least annually and sooner after a change in need, treatment, serious incident or near miss. A pupil will not be left unsupported simply because a plan is awaiting completion; interim arrangements will be risk assessed and agreed.

6. Managing medicines

6.1 When medicines will be administered

Where clinically possible, parents may ask the prescriber whether doses can be arranged outside school hours. The school will nevertheless administer or supervise medication during the school day where it would be detrimental to health or attendance not to do so. A pupil who is otherwise fit to attend will not be excluded merely because they are taking a short course of medication.

6.2 Consent and acceptance

- Written parental consent is required for each medicine, except where lawful confidential treatment arrangements apply or immediate emergency action is necessary.

- Medicines must normally be in date, in the original pharmacy-dispensed container, labelled with the pupil's name and accompanied by clear directions for dose, route, timing and storage. Insulin in a pen or pump is an accepted exception to the original-container requirement.
- The school will not alter labels, decant medicines or accept unclear instructions. Parents will be contacted if information conflicts or is incomplete.
- The school may agree to administer non-prescription medicine where this is safe and necessary. The same consent, recording and dosage checks apply.
- A pupil under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Any prescribed aspirin will be administered strictly in accordance with the pharmacy label, written parental consent and the pupil's Individual Healthcare Plan or medication plan. Before pain relief is given, staff will check the previous dose and maximum daily dose.

6.3 Administration and checking

1. Confirm the pupil's identity, consent and instructions.
2. Check the medicine name, dose, route, time, expiry date and any contraindications.
3. Administer or supervise in accordance with the label, IHP and training. A second checker will be used where required by the IHP, training or risk assessment.
4. Record the administration immediately, including any refusal, omission, spillage, reaction or discrepancy.
5. Inform parents on the same day where required by the EYFS, the IHP or the agreed arrangements.

Staff will not force a pupil to take medicine. A refusal will be recorded and the IHP followed; parents and, where necessary, a healthcare professional will be contacted.

6.4 Self-administration

Pupils who are competent will be encouraged to manage their own medication where this is safe. The level of supervision, access and recording will be agreed with the pupil and parents and documented in the consent form or IHP. Reliever inhalers and other time-critical emergency devices must be immediately accessible.

7. Storage, access and disposal

- All medicines are stored safely, in accordance with the manufacturer's instructions, while remaining accessible when needed.
- Emergency medicines and devices—including reliever inhalers, glucose treatments and prescribed adrenaline devices—must not be locked away where this could delay treatment.
- Refrigerated medicines are placed in a labelled, closed container within a temperature-appropriate refrigerator inaccessible to unsupervised pupils.
- Controlled drugs are kept in a securely fixed, non-portable container accessible only to named staff. A running balance is maintained.
- Pupils know where their medicine is and how to obtain it. Emergency medicines and equipment accompany the pupil to PE, evacuation points, clubs and off-site activities as required.

- Expired, discontinued and surplus medicines are returned to parents for safe disposal. Sharps are placed immediately in an approved sharps container.

The medical conditions lead will arrange documented expiry and stock checks at least termly and more frequently for emergency stock where the relevant guidance requires it.

8. Emergency arrangements

All staff must summon help promptly. An IHP will define the signs and actions for a known condition. If there is no plan, staff will provide first aid, call 999 when indicated and follow emergency-service instructions.

- Do not delay emergency treatment while attempting to contact a parent.
- If an adrenaline device is used or anaphylaxis is suspected, administer adrenaline without delay in accordance with training and call 999.
- If a pupil is taken to hospital, a member of staff will accompany them or remain until a parent arrives, taking essential medical information where possible.
- The school will ensure ambulance crews are met and directed to the pupil.
- All emergency administration, incidents and near misses will be recorded and reviewed.

9. Asthma

- Pupils have immediate access to their own reliever inhaler and spacer. In our school, the agreed accessible location will reflect the pupil's age and competence.
- Inhalers accompany pupils to PE, visits, evacuation points and activities away from the classroom.
- The school maintains an asthma register and records agreed administration or supervised use. Unexpectedly frequent use, poor response or concern about technique will be escalated to parents and, where appropriate, healthcare advice sought.
- The school will decide, document and communicate whether it holds an emergency salbutamol inhaler, following current Department of Health and Social Care guidance. It may be used only for a pupil on the asthma register whose written parental consent is held.
- An IHP will be considered according to individual need, including after hospital admission or specialist advice; these factors trigger review rather than an automatic blanket rule.

10. Allergy safety

The school will maintain and publish a separate Allergy Safety Policy. In summary, Wolsey House will:

- identify pupils with allergies and ensure appropriate IHPs and recognised allergy action plans;
- provide allergy-awareness and emergency-response training for all staff at least annually, including teaching, support, catering, lunchtime, wraparound, temporary and relevant contractor staff;
- ensure rapid access to pupils' prescribed adrenaline devices;
- stock, store, check and replace spare adrenaline devices in accordance with statutory guidance and regulations;

- reduce exposure to known allergens through proportionate arrangements for food, classrooms, celebrations, trips and activities;
- record, report and learn from allergy incidents and near misses;
- support pupils' inclusion and wellbeing and address allergy-related bullying or isolation.

11. EYFS requirements

For children within the EYFS, prescription and non-prescription medicine will be administered only where written permission has been obtained for that particular medicine. A written record will be made each time medicine is administered, and parents or carers will be informed on the same day or as soon as reasonably practicable. Allergy and dietary information will be obtained, kept current and shared with all staff who prepare, handle or check food.

12. Visits, residentials, PE and wider activities

Pupils with medical conditions will be actively supported to participate. The visit or activity risk assessment will address medication, competent staff, storage, transport, emergency access, food and allergen controls, communications and reasonable adjustments. Parents will not be required to attend solely because their child has a medical condition.

Current consent and medical information will be checked before residential visits. Medicines normally taken outside school hours will be managed through a visit-specific plan and administration record.

13. Attendance, learning and wellbeing

- Absence related to a medical condition will be considered in context and will not be penalised unfairly.
- Reasonable educational support will be provided following absence or treatment.
- Staff will recognise that medical conditions may affect concentration, energy, behaviour, mental health and social participation.
- The SENDCo will be involved where a pupil may also have special educational needs; a medical diagnosis does not itself automatically create SEN.
- Bullying, stigma or exclusion related to a medical condition will be addressed under the behaviour and anti-bullying arrangements.

14. Confidentiality and information sharing

Medical information is special-category personal data. It will be processed lawfully, kept accurate and secure, and shared on a need-to-know basis. Relevant staff must still receive enough information to keep the pupil safe. Emergency services will be given necessary information in an emergency.

15. Medication errors, incidents and near misses

If a dose is missed, late, refused, spilled, given incorrectly, given to the wrong pupil, or causes an unexpected reaction, staff will:

- ensure the pupil's immediate safety and provide first aid;
- seek advice from 999, NHS 111, a pharmacist or the relevant clinician according to urgency;
- inform the headteacher or senior leader and the parent promptly;
- preserve relevant packaging and record the facts without alteration;
- complete an incident or near-miss record and consider safeguarding, regulatory, insurer or other reporting requirements;
- review causes and implement learning, including changes to training, storage, communication or the IHP.

16. Unacceptable practice

The school will not:

- prevent pupils from readily accessing inhalers or emergency medicines;
- assume pupils with the same condition require the same support;
- ignore the views of the pupil, parents or clinical evidence;
- require parents routinely to attend school or telephone to make agreed support happen;
- send a pupil home frequently or prevent normal participation without proper consideration;
- penalise a pupil unfairly for attendance affected by their condition;
- prevent participation in visits or activities without considering reasonable adjustments;
- require a parent to accompany a pupil on a visit solely because of medical needs;
- administer medicine as a punishment, use force to make a pupil take it, or improvise outside agreed instructions.

17. Training and competency

Training will match the support required and be refreshed at intervals advised by the trainer, after relevant change, or where competence is in doubt. Records will show the content, trainer, date, staff attending, competency confirmation where applicable and renewal date. Whole-school awareness does not replace pupil-specific competency training.

18. Complaints, monitoring and review

Concerns should be raised with the class teacher, medical conditions lead or headteacher. Unresolved concerns may be pursued through the school's published complaints procedure. The policy will be reviewed annually and sooner following statutory change, a serious incident or near miss. Implementation will be monitored through training, plan reviews, medicine audits, incident themes, pupil and parent feedback, attendance and participation.

19. Legal framework and guidance

- Children and Families Act 2014, sections 100–100B (as amended);
- Children's Wellbeing and Schools Act 2026;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Human Medicines Regulations 2012 (as amended);
- DfE, Supporting pupils at school with medical conditions (December 2015—remaining in force pending wider revision);
- DfE, Allergy safety in schools: statutory guidance (July 2026);
- DfE, Early Years Foundation Stage statutory framework for group and school-based providers (effective September 2025);
- DHSC, Emergency asthma inhalers for use in schools;
- DHSC, Using emergency adrenaline auto-injectors in schools;
- UK GDPR and Data Protection Act 2018.

Appendix A – Individual Healthcare Plan

Pupil name _____

Date of birth / year group _____

Plan date / review date _____

Parent/carer contacts _____

_____

GP / specialist / school nurse contacts _____

_____

Condition and impact

Diagnosis / medical condition _____

_____

Signs, symptoms and triggers _____

_____

_____

_____

Impact on attendance, learning, PE and wellbeing _____

_____

_____

_____

Daily support and adjustments

Routine care, diet, environment, equipment or clinical procedures _____

_____

_____

_____

_____

_____

Reasonable adjustments and pastoral support _____

_____

_____

Medicines

Medicine / strength	
Dose, route and time	
Storage and access	
Side effects / contraindications	
Self-administration / supervision	

Emergency plan

Emergency signs _____

_____

_____

_____

_____

Immediate actions and medicine _____

_____

_____

_____

When to call 999 / who to contact _____

_____

_____

_____

Hospital and post-incident arrangements _____

_____

_____

Activities and staffing

PE, clubs, visits, transport and residential arrangements _____

_____

_____

_____

Staff training / named competent staff / cover _____

_____

_____

_____

Who may access this plan and where copies are held _____

_____

_____

Agreement

Pupil views / agreement	
Parent/carer name, signature and date	
School lead name, signature and date	
Healthcare professional contribution, signature and date	

Appendix B – Parent/carer agreement for school to administer or supervise medicine

Date _____ **Pupil Name**_____

Date of Birth _____ **Class / Teacher**_____

Condition or reason for medicine _____

Medicine name and strength _____

Dose / route / exact time or circumstances _____

Start date / end date _____

Storage requirements _____

Known side effects / contraindications _____

_____

Date and time of last dose before school _____

Prescriber / pharmacy contact if relevant _____

Agreed arrangement (tick one): ☐ pupil self-administers

☐ staff supervise

☐ staff administer

☐ emergency use only

I confirm that the information is accurate, the medicine is supplied in date and in the original labelled container (except an insulin pen/pump), and I will notify the school promptly of changes and collect unused medicine.

Parent/carer name and signature / date _____

Daytime and emergency contact numbers _____

School authorisation / named staff / date _____

Appendix C – Individual medicine administration record

Pupil name _____ **Date of Birth** _____

Class / Teacher_____

Medicine, strength, dose, route and instructions _____

Allergies / key cautions _____

Date	Time	Dose / route	Administered by		Comments	Parent(s) informed
			Given by	Witnessed by		

Appendix D – Receipt and stock record (including controlled drugs)

Pupil _____ **Date of Birth** _____

Date / time	Name of person giving/receiving medication	Name of medication	Dosage	Received or returned		Expiry Date	Staff signatures / comments
				Quantity in	Quantity out		

Appendix E – Staff training and competency record

Staff member / role _____

Pupil(s) or procedure covered _____

Training content _____

_____

_____

_____

Trainer name, role and organisation _____

Training date / review or expiry date _____

Competency assessment and outcome _____

_____

_____

Staff signature _____

Senior Leader approval _____

Appendix F – Medication incident or near-miss record

Pupil _____ **DOB** _____

Class / Teacher _____

Date, time and location _____

People involved / witnesses _____

Type: missed / late / wrong pupil / wrong dose / wrong medicine / spillage / refusal / reaction / near miss / other _____

Factual description _____

_____

_____

_____

_____

_____

Immediate care and advice obtained _____

_____

_____

Parent informed: by whom / date / time _____

_____

Senior leader informed / external reporting considered _____

_____

Outcome and follow-up _____

_____

_____

Review findings and actions to prevent recurrence _____

_____

_____

_____

Completed by _____ **Date** _____

Reviewed by _____ **Date** _____

Appendix G – Contacting emergency services

Dial 999, ask for an ambulance and be ready to provide:

- your telephone number and name;
- the school name, full address and postcode;
- the exact location of the pupil and the best entrance;
- the pupil's name, age, symptoms and known condition;
- medicine already given and the time it was given;
- any hazards or access information.

Stay with the pupil, follow emergency-service instructions, arrange for someone to meet the ambulance and do not cancel an ambulance once called unless instructed by the emergency service.

School address: Wolsey House Primary School, Beaumont Leys Lane, Leicester

Postcode: LE4 2BB

Main telephone number: 0116 266 7566

Approval and review record

Approved by	
Headteacher signature / date	
Chair of governors signature / date	
Named governor	
Next review	September 2027 or earlier as set out in section 18

Version history

Version	Date	Summary
Draft 1	August 2026	Combined and updated Medical Conditions and Administration of Medicines policies; aligned with current medical-conditions guidance, EYFS requirements and July 2026 allergy-safety duties.