



## SLS Supporting children with medical conditions Policy 2025



*Educating through faith, hope and love*

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# SLS Supporting children with medical conditions Policy 2025

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# SLS Supporting children with medical conditions Policy 2025

## Our Christian Vision

At St Luke's CE School, our vision has Jesus' promise "I came to give life—life in all its fullness" at its heart (John 10:10). We believe that all children deserve an education of the highest quality in order to flourish and enjoy a life filled with meaning and purpose.

Our children combine a care for others with a love for learning, and an appreciation of the importance of spiritual, mental and physical well-being.

We serve local children, parents and the community within the context of Christian belief and practice.

## 1. PURPOSE AND SCOPE

In line with our Christian vision, the purpose of this guidance for administering medicine is to ensure that pupils with medical conditions are properly supported to allow them to access the same high-quality education as other pupils, including school trips and sporting activities.

**The named person with responsibility for implementing this policy is Mrs Galton (SENDCo)**

This policy includes:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, residentials, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

## 2. LEGISLATION AND STATUTORY RESPONSIBILITIES

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies in maintained schools to make arrangements for supporting pupils at their school with medical conditions. Additionally, some children with medical conditions may be considered to have a disability under the definition set out in the Equality Act 2010 and governing bodies must comply with their duties under that Act.

It is also based on the Department for Education's statutory guidance: [Supporting Pupils at School with Medical Conditions](#). Some pupils may also have special educational needs (SEN) and/or an



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Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision as per the guidance and requirements of [SEND Code OF Practise](#).

### 3. INFECTIOUS ILLNESSES OR DISEASES

If a child is taking medication for an infectious illness, they should remain at home, for their own sake and the sake of their classmates, until they are well again and no longer infectious. The table gives guidelines for minimum times before children can return to school.

Illness	Guideline
Vomiting	Return to school after 48 hours clear of symptoms
Diarrhoea	Return to school after 48 hours clear of symptoms
Head lice	Treat the whole family and then return to school
Conjunctivitis	Return to school after 24 hours clear of symptoms
Chicken Pox	Return to school when all the blisters have fully crusted over, usually 5-7 days after the first blisters

If a child has an infectious disease (e.g. rubella, conjunctivitis, chicken pox, impetigo, measles, mumps, ringworm, scarlet fever) parents should alert the school office immediately.

### 4. PROCEDURE FOR ADMINISTRATION OF MEDICINES IN SCHOOL

#### 4.1 Administration of Medicine

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents/carers' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

All medicines that are to be administered in school must be accompanied by written instructions from the parent and/or the GP.

All medicines administered at school must be recorded on a log sheet and signed off with date, time and name of child and member of staff who administered it. The log sheet is kept with the medicine being administered.



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Each time there is a variation in the pattern of dosage, a new form should be completed and the previous one filed away safely in the medicines file.

If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day.

### **4.2 Individual Healthcare Plans (IHP)**

For all pupils who may require individual specialised treatment a clear care plan must be available. Generic care plans are stored in school Inclusion Folder.

The SENDCo is responsible for coordinating and writing the care plan. Refer to Appendix A for flow chart of guidance on developing individual care plans.

Under no circumstances should schools provide any individual specialised medical care or treatment until the school has agreed a care plan.

Individual care plans are reviewed at least annually, or earlier if the child's needs/recommendations change. These are reviewed in consultation with the school nurse/specialist nursing/medical teams and parents. In cases where care plans/risk assessments are provided by a paediatrician, the school uses this care plan.

### **4.3 Labelling of medicines**

When medicines are brought into schools, the original duplicate container, with the original dispensing label should be provided. The label must state the following:

- the name of the child,
- the child's date of birth, and
- the route of administration, intervals and amount to be given.

The dispensing chemist may, at their own discretion, agree to supply two filled containers one for home, the other for school use or may request that the G.P. writes two prescriptions.

The information on the label should be checked to ensure it is the same as on the parental consent form.

### **4.4 Storage**

Medication, when not in use, should generally be stored in a safe and secure place and labelled accurately.

The Headteacher will be responsible for ensuring that, when medicines are admitted to school premises, a system of safekeeping is in place, which restricts open access by pupils to medicines but



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is accessible (i.e. not locked) for the relevant children when required. In St Luke's CE School this is the cupboard within the school office.

Certain medicines require special storage, e.g. to be stored away from light or within certain ranges of temperatures, etc. Such requirements must be clearly identified in writing to the school on the label and on the form. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a closed plastic container with the lid clearly marked "Medication". This container should then be kept on a separate shelf in the fridge. At St Luke's CE School, the medical fridge is located within the Medical Room.

Storage areas should be checked regularly, at least half termly, to ensure all medication being stored is in date, the packaging is intact and if it is still required. Expired medication or medication no longer required must be given back to the family who may return it to the dispensing pharmacy for correct disposal.

Facilities should be available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use. Ensure any additional equipment or PPE has been provided and stored alongside the medicine e.g. gloves, sharps bin, hand sanitiser etc. At St Luke's CE School, these facilities and supplies are located within the Medical Room.

### **4.5 Controlled Drugs**

If pupils require controlled drugs, such as Ritalin, Concerta XL, Equasym), the school will normally store them securely (i.e. locked) in a non-portable cabinet, with only named staff having access. *Only staff who have undergone specialist training can administer a controlled drug to a pupil.*

Each time the drug is administered it must be recorded, including if the child refused to take it. A log sheet to be completed each time it is given. It is good practice for two staff members to witness and signoff for controlled drugs. The controlled drugs must also be counted to ensure the amount remaining matched what has been given.

It is good practice to ask families to provide the minimal amount needed that is practical for the family and school to reduce the amount of control drug that has to be stored at one time on school site.

### **4.6 Staff training and competence**

All staff that participate in administering medication must receive appropriate information and training for specified treatments. In most instances this will not involve more than would be expected of a parent or adult who gives medicine to a child.

The school should liaise with the school nurse and GP to identify the type and level of training required by staff.



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Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

All relevant staff to be made aware of pupils who are taking medication and who should be routinely summoned in the event of that child feeling unwell; they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action.

Training should be sufficient so that staff have confidence in their ability to support pupils with medical conditions. The Headteacher must be satisfied that the staff member is competent, prior to staff administering any medication in school.

The school must ensure that a record of all relevant and approved training received by staff is kept. A list of all staff training to be kept on record in accessible location i.e. the school office and first aid room, to ensure robust monitoring. Staff training for Anaphylactic Shock (EpiPen) should be provided by the school nursing team at regular intervals (usually annually).

The School Nursing Service can provide training on specific medical conditions and how to administer the medication and respond to an emergency e.g. Epilepsy and Buccal Midazolam training.

*A first aid certificate does not constitute appropriate training in supporting children with medical conditions.*

### **4.7 Record Keeping**

A parental consent form must be completed each time there is a request for medication to be administered (see appendix 1). All relevant information must be supplied including:

- child's name
- child's date of birth
- name, strength and quantity of medication provided
- clear concise dosage instructions
- reason for the request
- emergency contact names and telephone numbers
- parent/carers signature

Schools are expected to keep written records of all medicines administered to pupils, the date and time given, the dose given, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. At St Luke's CE School this information is recorded on a medical form which is kept with the relevant medication.



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Reasons for any non-administration of medication should also be recorded and the parent/carer informed as soon as possible “wasted” doses (e.g. tablet dropped on floor) should also be recorded.

When a child is self-administering the medicine, this must always be supervised by a staff member and the administration recorded by the adult in the usual way.

### **4.8 Educational Visits/Off site sports events and other school journeys**

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits.

All staff accompanying such visits should be aware of any medical needs and relevant emergency procedures. A First Aid kit must be taken on all off-site visits. For further information, please see the St Luke’s CE School First Aid Policy which is kept on the shared server. Copies of this policy are also available from the school office.

The administration of medicines during educational visits and other out of school activities requires special attention and pre-planning. An individual risk assessment must be carried out in consultation with parents and pupils. Advice to be sought from relevant professionals to ensure pupils can participate safely and the plan must include consideration for the pupil’s dignity and privacy e.g. being able to go to a private place whilst on a school trip to have insulin.

**Specific advice for offsite visits is provided by the Outdoor Education Adviser’s Panel (OEAP) guidance doc [4.4d](#) covering medication.**

### **4.9 Emergency procedures**

Where children have conditions, which may require rapid intervention, parents must notify the head teacher of the condition, the symptoms and appropriate action to be taken. The head teacher must make all staff aware of any pupil whose medical condition may require emergency aid.

It is essential that all staff (including supply staff, lunchtime supervisory staff etc.) are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc.

It is good practice for the school to seek consent from parents to alert the School Nursing Service who can support and provide professional health information concerning diagnosis and care plan, and provide advice to the school and family.





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### **4.10 Emergency Medicine (Asthma Inhaler and EpiPens)**

From October 2014, schools have been able to voluntarily hold Salbutamol asthma inhalers for emergency use i.e. in the event of a pupil displaying symptoms of asthma but their own inhaler is not available or is unusable.

Written parental consent for the use of an emergency inhaler must still be obtained. Detailed protocols including template consent and notification of use forms are available from the [Department of Health Guidance](#) on the use of emergency salbutamol inhalers in schools. As with other emergency medication this must not be locked away but should be under the control of staff. In St Luke's CE School, asthma inhalers and Epi-Pens are kept in the school office. This location can be quickly reached from all areas of the school site.

Since September 2017 Schools can also obtain emergency Adrenaline Auto Injectors (AAI) for treating anaphylaxis. Information is available from the Department Of Health Guidance "[Guidance on the use of Adrenaline Auto injectors in Schools](#)"

### **4.11 Disposal of medicines**

Any medication, which has reached its expiry date, should not be administered. Medicines, which have passed the expiry date, should be returned to parents/guardians for disposal. Medications should also be returned to the child's parent/carer when the course of treatment is complete, or at the end of each term (or half term if necessary)

Sharps boxes should always be used for the disposal of needles or glass ampoules.

Sharps boxes can be obtained by parent/carer on prescription from the child's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **4.12 Medical Confidentiality**

Staff in school do not have an automatic right to be informed of any medical condition suffered by any pupil. However, so pupils can receive the best possible care, parents/guardians should advise the school of any conditions that may require intervention during the school day.

Any medical or related information provided to the school, either by parents/guardians or health care professionals, must always be treated in the strictest of confidence. Information should only ever be shared with those members of staff whose role may lead to them providing treatment or other intervention as agreed with parents.

For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. At St Luke's CE School, a medical information form is included within the 'new



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starter' pack. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Where a medical procedure involves intimate care, the school should require two staff to be present. The school's safeguarding policy will apply in this instance.

### 4.13 Liability and indemnity

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

The details of the school's insurance policy are:

NAME OF MEMBER ORGANISATION: St Luke's Church of England School

MEMBERSHIP NO/URN: 136807

MEMBERSHIP PERIOD: 01 September 2024 to 31 August 2025 (renewed annually)

RPA MEMBERSHIP RULES: Church

(1) EMPLOYER'S LIABILITY Limit of Indemnity Unlimited

(2) THIRD PARTY PUBLIC LIABILITY Limit of Indemnity Unlimited

(3) PROFESSIONAL INDEMNITY Limit of Indemnity Unlimited

(4) PROPERTY DAMAGE Loss of or damage by any risk not excluded to any property owned by or the responsibility of the Member including property the responsibility of the Member due to a lease or hire agreement Cover Limit Reinstatement value of the property

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

### 4.14 Prohibited treatments - Treatments not be carried out by school staff:

- Giving any medication that is not prescribed for the specific child: e.g. not using somebody else's EpiPen or inhaler in first time emergency event.
- Injections (excluding Epi-pens used in treatment of anaphylactic shock, excluding treatment for diabetes)
- Administration of a medication to any child unless specifically prescribed or provided for that child (excluding Salbutamol inhaler or Adrenaline Auto Injector where the child has a prescribed salbutamol inhaler and parental consent in writing)
- Insertion of any form of catheter or any form of intravenous therapy
- Insertion or changing of any form of tube feeding. Administration of **Buccal Midazolam**<sup>1</sup>.

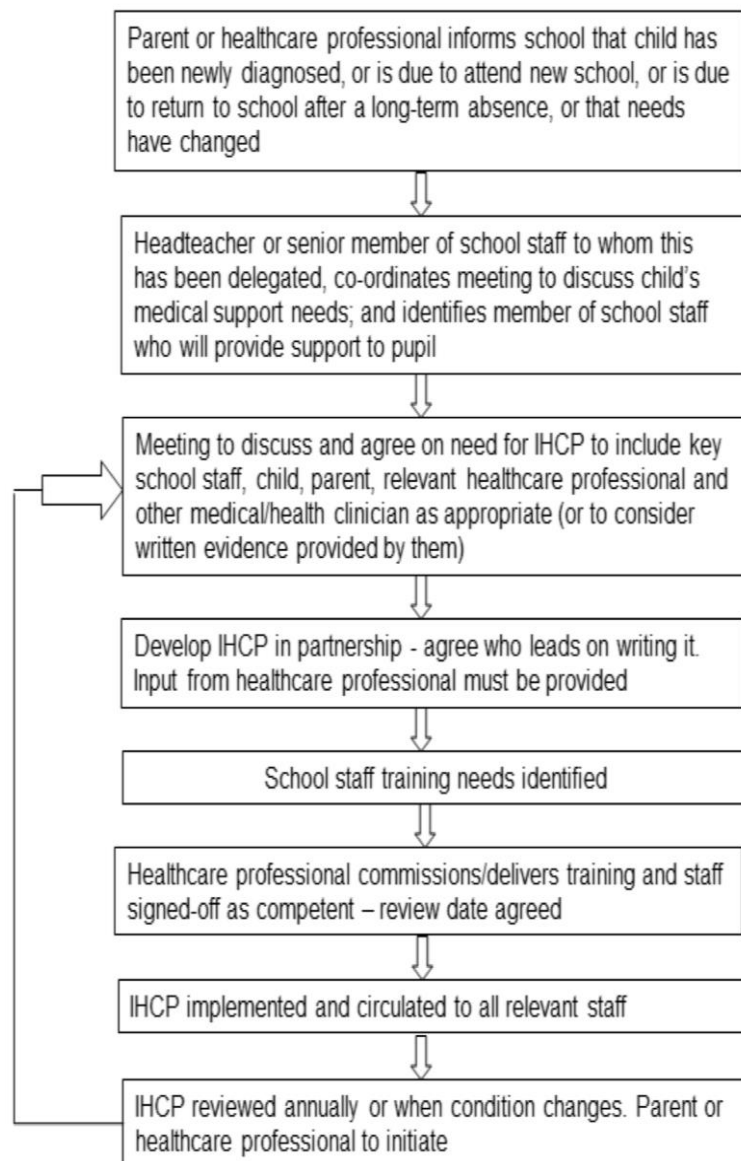
## Appendix 1: Procedure for developing an Individual Healthcare Plan (IHP)

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<sup>1</sup> The recommendation is that this treatment must be given as soon as possible for better outcomes for children and schools are trained on how to use it by School Nurses and the Epilepsy Nurse: It must only be given in conjunction with calling an ambulance when it is given, and it cannot be given as a first dose (if the child has not had it before). Contact Epilepsy Nurse Specialist to discuss: 07534 906987

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*For a newly diagnosed condition, for a child new to the school with an existing condition, following long term absence or changing needs. (DFE guidance states that every effort should be made to do this within 2 weeks.)*



### In addition:

- Children in school may need to be prepared for their arrival – a brief description of the child's presentation and how staff and children in school can support them best.
- A start date will be agreed by parents, school and health care professionals

## **Appendix 2: Roles and responsibilities**

### **The governing body**

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- The governing body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **Headteacher**

- Should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Headteachers have overall responsibility for the development of individual healthcare plans. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

### **School staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.



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- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. This duty will be an addition to their job description.

### **School nurse**

- Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Staff members responsible for administering medicines to a pupil in school should contact the named school nurse for that school to ensure a coordinated approach. School Nursing Service will also be alerted if there is an exacerbation of a medical condition that resulted in A&E or hospital admission.

### **Other healthcare professionals** i.e. GPs, paediatricians, community paediatric nurses

- Other healthcare professionals should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing robust individual healthcare plans.

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.



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### **Parents/carers**

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.



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### **Appendix 3: Each person who administers medication must:**

- Receive a copy of these policy guidelines
- Read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication.
- Confirm the dosage/frequency on each occasion, and consult the administration of medicine record form to ensure there will be no double dosing;
- Be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- Check that the medication belongs to the named pupil and is within the expiry date;
- Record on the medication record form "Appendix B" all administration of medicines as soon as they are given to each individual;
- Understand and take appropriate hygiene precautions to minimise the risk of cross contamination;
- Ensure that all medicines are returned for safe storage.
- Ensure that they remain confident in the procedures and have received appropriate training/information.



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## Appendix 4: School record of medicines administered

Parent's Instructions:

1. All prescription and non-prescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and non-prescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and non-prescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent/guardian permitting the school personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

Child's Name:	Date of Birth
Medication Name:	Dosage:

**I authorise St Luke's Church of England School personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:**

From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ daily while at Osmington Bay.  
Beginning Date                      End date                      Time of Day

Parent's Signature:	Date:
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### MEDICATION CHART

Staff Documentation of Medicine Administration

Date:	Time Given:	Dose Given:	Staff Signature
Date:	Time Given:	Dose Given:	Staff Signature
Date:	Time Given:	Dose Given:	Staff Signature
Date:	Time Given:	Dose Given:	Staff Signature
Date:	Time Given:	Dose Given:	Staff Signature





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Upon completion, return medicine to parent and place form in child’s record.

Staff:	
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### Complaints Procedure

If anyone in the school community feels that this policy is not being followed then they should raise the matter first with the Headteacher and, if concerns persists, with the Chair of Governors who will facilitate the appropriate action, which may include an investigation. If there is a formal complaint, then the school's complaints procedure will be followed.

Copies of this policy will be available in the staff handbook, from the school office and on the school website.

This policy has been agreed by the Headteacher and the Governing Body.

Headteacher signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Chair of Governors' signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_



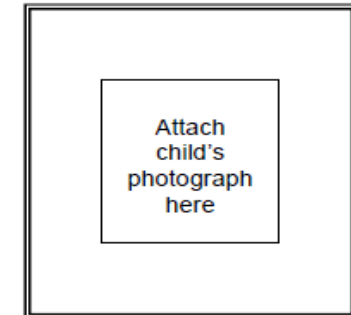
# **SLS Supporting children with medical conditions Policy 2025**

Name of child .....

**Name and strength of medication:**

**Dose and frequency of medication .....**

<b>Date</b>		
<b>Quantity Received</b>		
<b>Quantity returned</b>		
<b>Staff Signature</b>		
<b>Print Name</b>		

[illegible]