



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Medical Needs Policy 2026–2027

Date Approved	September 2026
Review Date	September 2027
Review Calendar	Annually

Current statutory position – September 2026

Important legal update

The Department for Education's statutory guidance Supporting pupils at school with medical conditions (December 2015) remains in force. The Department has confirmed that revised general medical-conditions guidance will be issued in due course.

From September 2026, maintained schools must also comply with the new allergy-safety duties created by the Children's Wellbeing and Schools Act 2026. Norbury Manor Primary School must therefore have a separate Allergy Safety Policy, review it at least annually, publicise it and publish it on the school website, and have particular regard to the July 2026 statutory allergy-safety guidance.

This policy must be reviewed promptly if the Department for Education publishes revised medical-conditions guidance or further allergy-safety regulations.

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1. Purpose, principles and scope

This policy sets out how Norbury Manor Primary School will support pupils with medical conditions so that they are safe, included and able to access education as fully as possible. Medical conditions may relate to physical or mental health and may be short-term, long-term, complex, fluctuating or life-threatening.

The school will focus on the individual pupil and the impact of their condition on school life rather than relying on assumptions about a diagnosis. Support will be planned in partnership with the pupil, parents/carers and relevant healthcare professionals.

The policy applies during the school day and to normal educational activities away from the school site, including educational visits, residential visits, sporting activities and other school-organised activities. It

also informs arrangements for before- and after-school activities where the school is the provider or commissioner.

For children who are within the Early Years Foundation Stage, the school will also follow the current Statutory Framework for the Early Years Foundation Stage and ensure that arrangements are consistent across EYFS and whole-school practice.

The school's core principles are that pupils with medical conditions will:

- be properly supported to remain healthy, safe and ready to learn;
- have full access to education, including trips, PE and wider opportunities, with reasonable adjustments where required;
- be treated with dignity and have their views heard in age-appropriate ways;
- be supported to develop independence and self-management where this is safe and appropriate;
- not face unnecessary barriers, discrimination or reduced expectations because of a medical condition; and
- receive timely support without the school automatically waiting for a formal diagnosis where reasonable arrangements can be made on the available evidence.

2. Legal and statutory framework

This policy has been written for a local-authority-maintained primary school in England and has regard to the following legislation and statutory guidance, as amended or updated from time to time:

- Children and Families Act 2014, section 100 – duty to make arrangements to support pupils with medical conditions;
- Children's Wellbeing and Schools Act 2026, section 34 – allergy-safety provisions inserting sections 100A and 100B into the Children and Families Act 2014;
- Department for Education, Supporting pupils at school with medical conditions (statutory guidance, December 2015; current guidance);
- Department for Education, Allergy safety in schools (statutory guidance, July 2026);
- Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils;
- Education Act 1996, section 19, and Department for Education statutory guidance on arranging education for children who cannot attend school because of health needs;
- School Attendance (Pupil Registration) (England) Regulations 2024 and Working together to improve school attendance (statutory guidance, as updated July 2026);
- SEND Code of Practice: 0 to 25 years;
- Statutory Framework for the Early Years Foundation Stage;
- Human Medicines Regulations 2012, as amended, including provisions relating to emergency medicines in schools;
- Misuse of Drugs Regulations 2001, as amended, for controlled drugs;
- Health and Safety at Work etc. Act 1974;
- Data Protection Act 2018 and UK GDPR; and
- Department for Education statutory guidance Mobile phones in schools (2026), including reasonable adjustments and medical use of smart technology.

Where statutory guidance is updated after approval of this policy, the school will follow the current legal requirements and guidance and will bring forward the policy review where necessary.

3. Equality, inclusion and safeguarding

Some medical conditions will meet the definition of disability under the Equality Act 2010. The school will make reasonable adjustments and will not discriminate against a pupil because of disability or a medical condition.

Where a pupil also has special educational needs, medical support will be coordinated with SEND provision. If the pupil has an Education, Health and Care (EHC) plan, the Individual Healthcare Plan will be linked to, or form part of, the relevant arrangements where appropriate.

Medical information may also be relevant to safeguarding. Staff must follow the school's safeguarding procedures where a medical matter raises a concern about neglect, fabricated or induced illness, access to treatment, medication, mental health, self-harm, or any other safeguarding risk. A safeguarding concern must never be delayed because the matter is also being managed as a medical issue.

4. Roles and responsibilities

4.1 Governing Body

The Governing Body is legally responsible and accountable for ensuring that arrangements are in place to support pupils with medical conditions. Functions may be delegated, but legal accountability remains with the Governing Body.

- approve and monitor this policy and ensure that it is implemented effectively;
- ensure sufficient staff are suitably trained and competent before they undertake healthcare procedures or administer medicines where training is required;
- ensure appropriate cover arrangements are in place for absence, staff turnover, trips and emergencies;
- ensure arrangements support pupils to access the same opportunities as other pupils, subject to safe and reasonable adjustments;
- ensure appropriate insurance and indemnity arrangements are in place;
- monitor the quality of IHP arrangements and receive assurance about significant medical incidents, themes and learning; and
- ensure the school complies with the separate statutory allergy-safety duties.

4.2 Headteacher

The Headteacher has overall responsibility for implementation of this policy and for ensuring that appropriate systems are in place. The Headteacher may delegate operational coordination to a named Medical Needs Coordinator, but retains overall leadership responsibility.

- make all staff aware of this policy and their role in implementing it;
- ensure there are enough suitably trained staff to meet pupils' needs, including contingency and emergency arrangements;
- ensure IHPs are developed, finalised, implemented and reviewed where required;
- ensure staff have access to relevant information while confidentiality is protected;
- ensure school insurance arrangements cover the support being provided;
- ensure appropriate links are made with the school nursing service and other healthcare professionals; and
- ensure information about a pupil's medical needs is obtained, updated and transferred securely when necessary.

4.3 Medical Needs Coordinator / designated operational lead

- coordinate the school's medical register and IHP review schedule;
- work with parents/carers, pupils, healthcare professionals, class teachers, SEND staff and other relevant colleagues;
- check that medicines, consent records and medical devices are received and stored appropriately;
- coordinate staff briefings, training records and competency evidence;
- ensure relevant information is available for supply staff, trips and emergency situations; and
- escalate concerns, incidents, near misses or gaps in provision to the Headteacher promptly.

4.4 School staff

Supporting pupils with medical conditions is a whole-school responsibility. Any member of staff may be asked to provide support, although staff will not normally be required to administer medicines or undertake healthcare procedures unless this forms part of their role or they have agreed to do so and have received appropriate training where required.

- be aware of relevant pupils' needs and know how to obtain help in an emergency;

- follow IHPs, emergency action plans and this policy;
- not undertake a clinical procedure for which they are not trained or competent;
- consider the impact of medical conditions on learning, attendance, participation and wellbeing; and
- report changes, concerns, incidents or near misses to the designated lead.

4.5 Parents and carers

- provide sufficient, accurate and up-to-date information about their child's medical needs;
- participate in developing and reviewing the IHP where one is required;
- provide medicines and equipment in accordance with this policy and the agreed plan;
- inform the school promptly about changes to medication, dosage, treatment, healthcare advice, contact details or emergency arrangements; and
- collect expired or discontinued medication when requested.

4.6 Pupils

Pupils will be involved in discussions about their medical needs in a way that reflects their age, understanding and circumstances. Where competent, they will be supported to take increasing responsibility for self-management, with appropriate safeguards and monitoring.

4.7 Healthcare professionals and the local authority

The school will work with the school nursing service, GPs, paediatricians, specialist nurses and other relevant healthcare professionals. Healthcare professionals should advise on the pupil's needs and, where necessary, the training required. The school will also liaise with the relevant local authority where a pupil's health needs affect access to suitable education.

5. Notification, admission, transition and changing needs

Parents/carers and healthcare professionals should notify the school as early as possible when a pupil has a medical condition requiring support in school. On notification, the school will consider what support is needed and whether an IHP is required.

For pupils starting the school, arrangements should be in place in time for the start of the relevant term wherever possible. For a new diagnosis, a pupil joining mid-term or a significant change in need, every effort will be made to put arrangements in place within two weeks.

The school does not have to wait for a formal diagnosis before providing appropriate support. Where the position is unclear, the school will make a proportionate decision based on the evidence available, in consultation with the parent/carer and, where appropriate, healthcare professionals.

Transition arrangements will include secure transfer of relevant medical information, discussion with the receiving or previous setting where needed, medication and equipment arrangements, staff training and consideration of reintegration after absence or hospital education.

6. Individual Healthcare Plans (IHPs)

An IHP provides clarity about what needs to be done, when and by whom. An IHP will normally be considered where a condition is long-term or complex, fluctuates, requires daily management or adjustments, creates a significant risk of emergency intervention, or where coordinated arrangements are needed to enable safe attendance and participation.

Not every pupil with a medical condition will require an IHP. The decision will be based on individual need and evidence. If the school, parent/carer and healthcare professional cannot reach agreement about whether an IHP is needed, the Headteacher will make the final school decision, taking account of the available evidence and the pupil's best interests.

IHPs will be drawn up in partnership with the school, parent/carer and a relevant healthcare professional. The pupil will be involved wherever appropriate. Responsibility for ensuring the plan is finalised and implemented rests with the school.

IHPs will be reviewed at least annually and earlier where the pupil's needs change, medication or treatment changes, new healthcare advice is received, following a serious incident or near miss, or where the current arrangements are not working effectively.

An IHP should include, where relevant:

- condition, diagnosis where known, triggers, signs, symptoms and treatment;
- medication and medical devices, including dose, route, timing, side effects, storage and access;
- other treatment, testing, equipment, dietary needs, access to food/drink, toilet breaks and environmental requirements;
- educational, social and emotional support, including arrangements for absence, catch-up, rest breaks and reintegration;
- level of support required, including emergency arrangements and any self-management;
- named staff or roles providing support, training/competency requirements and cover arrangements;
- who needs to know about the condition and how confidentiality will be respected;
- written parental consent and any arrangements for pupil self-administration;
- arrangements for trips, residentials, PE, clubs and other activities;
- what constitutes an emergency, the actions to take, emergency contacts and contingency arrangements; and
- links to an EHC plan, allergy/asthma action plan or other relevant professional care plan where applicable.

7. Managing medicines and medical devices

7.1 General principles

- Medicines will be administered in school only when it would be detrimental to a pupil's health or attendance not to do so.
- No pupil under 16 will be given prescription or non-prescription medicine without written parental consent, except in exceptional circumstances where a medicine has been prescribed without the parent's knowledge. Any such case will be handled carefully, with appropriate clinical and safeguarding advice and regard to confidentiality.
- Pupils under 16 will never be given medicine containing aspirin unless it has been prescribed by a doctor.
- Before administering pain relief or another medicine that could have been given earlier, staff will check the maximum dosage and when the previous dose was taken. Parents/carers will be informed.
- Where clinically possible, parents/carers are encouraged to request dose frequencies that allow medicines to be taken outside school hours.
- Non-prescription medicines will not be routinely administered. Where the school agrees to administer one, written parental consent, clear dosage instructions and safe storage arrangements are required.

7.2 Receiving medicines

The school will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Insulin may be provided in an insulin pen or pump rather than the original container, but it must be in date and appropriately labelled or identifiable for the pupil.

Parents/carers are responsible for ensuring the school has the correct medication and equipment and that repeat prescriptions are supplied before current stock expires. The school will not alter a prescribed dose without written confirmation from an appropriate prescriber or updated healthcare instructions.

7.3 Storage and access

- All medicines will be stored safely and in accordance with the manufacturer's or pharmacist's instructions, including temperature requirements.
- Pupils will know where their medicines and devices are kept and must be able to access emergency medication immediately.

- Emergency medicines and devices, including inhalers, blood-glucose monitoring equipment and adrenaline devices, must be readily available and must not be locked away in a way that prevents immediate access.
- Access to non-emergency medicines will be appropriately controlled. The policy does not require all staff to have unrestricted access to every pupil's medication.
- Where refrigeration is required, medication will be clearly labelled and stored in a suitable sealed container with access managed according to need.
- Arrangements for off-site activities will ensure medicines remain safe, secure and readily accessible as required.

7.4 Controlled drugs

A pupil who has been prescribed a controlled drug may legally possess it if they are competent to do so and this is agreed in their IHP; they must never pass it to another pupil. Otherwise, controlled drugs will be stored securely in a non-portable container with access limited to named staff. They must still be accessible in an emergency. The school will keep a record of the amount held and all doses administered.

7.5 Disposal

Medicines that are no longer required, have expired or have been discontinued will be returned to parents/carers for safe disposal. Needles and other sharps will be disposed of in an approved sharps container in accordance with local arrangements.

7.6 Emergency medicines held by the school

Where the school holds emergency medicines for general emergency use, such as an emergency salbutamol inhaler or spare adrenaline devices, it will do so in accordance with current legislation and Department of Health and Social Care / Department for Education guidance, with a written protocol covering storage, consent, eligibility, administration, recording, replacement and training.

7.7 Medical technology and mobile phones

The school is a mobile-phone-free environment by default. However, where a mobile phone, smart device or connected medical technology is necessary to manage a disability or medical condition (for example, continuous glucose monitoring), the school will make an appropriate exception or reasonable adjustment. The arrangements, including permitted times, locations, safeguarding and data considerations, should be documented in the IHP or another agreed plan.

8. Pupils managing their own medical needs

After discussion with parents/carers and, where appropriate, healthcare professionals, pupils who are competent will be encouraged to take responsibility for their own medicines and procedures. This must be based on individual maturity, competence and risk, not simply age or year group.

Wherever possible and safe, competent pupils should be able to carry their own medicine or device, or access it quickly and easily for self-medication. The level of supervision will be agreed and recorded in the IHP where one is in place.

If a pupil refuses medicine or a necessary procedure, staff will not force them. Staff will follow the IHP or agreed procedure, consider whether emergency action is needed and inform parents/carers as appropriate.

9. Emergency procedures

The school will maintain arrangements for responding to medical emergencies during all school activities, wherever they take place. Staff must call 999 without delay where a life-threatening emergency is suspected or where the pupil's emergency plan requires it.

- Where a pupil has an IHP or emergency action plan, it will identify the signs of an emergency and the required response.

- Relevant staff will know where emergency medication and equipment are kept and how to obtain them immediately.
- In an emergency, a pupil will not be left alone. One adult will remain with the pupil while another obtains medication/equipment, calls emergency services or meets the ambulance as needed.
- Parents/carers will be contacted as soon as practicable, but contacting them must not delay emergency treatment, administration of emergency medication or a 999 call.
- If a pupil is taken to hospital, a member of staff will remain with them until a parent/carer arrives, or will accompany the pupil in the ambulance where required and practicable.
- Staff will provide emergency services with the school address/location, access details, pupil information and relevant medical information.

10. Allergy safety and anaphylaxis

Separate statutory Allergy Safety Policy required

From September 2026 the school must have a dedicated Allergy Safety Policy under section 100A of the Children and Families Act 2014, as inserted by section 34 of the Children's Wellbeing and Schools Act 2026.

That policy must be reviewed at least once every year, publicised within the school and to parents, brought to the attention of pupils, parents and everyone who works at the school at least annually, and published on the school website.

The Governing Body must have particular regard to the Department for Education's July 2026 statutory guidance Allergy safety in schools.

The school's Allergy Safety Policy will set out the detailed arrangements for identifying and reducing allergy risks, staff awareness and emergency response, Individual Healthcare Plans and Allergy Action Plans, catering and food activities, trips, information sharing, spare adrenaline devices, training, recording and learning from incidents and near misses.

Where a pupil has an allergy requiring supportive arrangements in school, the school will consider and, where appropriate, put in place an IHP and relevant action plan. Emergency adrenaline must be readily accessible in accordance with current statutory guidance and the school's allergy procedures.

The school will review its allergy arrangements immediately if further regulations are made under section 100B of the Children and Families Act 2014.

11. Attendance and education during health-related absence

The school recognises that a medical condition may cause short, frequent, intermittent or prolonged absence. Staff will work with the pupil and family to reduce avoidable absence while ensuring that attendance expectations do not create barriers to necessary treatment or safe recovery.

Medical appointments should be arranged outside school hours where reasonably possible. Where this is not possible, only the minimum necessary time should be missed and appropriate attendance evidence may be requested in line with the school's Attendance Policy.

The school will not penalise a pupil simply because absence is related to a medical condition. Attendance codes, support and any intervention will be applied in accordance with current statutory attendance guidance and the pupil's individual circumstances.

15-school-day sickness return

Where the school has reasonable grounds to believe that a compulsory-school-age pupil recorded as absent due to illness will be, or will have been, unable to attend because of sickness for a total of at least 15 school days in the school year, whether consecutive or cumulative, the school will make the required sickness return to the local authority as soon as possible.

The school will liaise with the local authority early where it becomes clear that the pupil may need education arranged because health needs prevent suitable attendance. The local authority's section 19 duty will be considered alongside the school's continuing responsibilities.

Where a pupil cannot attend because of health needs, the school will remain involved in their education and, as appropriate, provide work, maintain pastoral contact, cooperate with the local authority and health services, support examination/assessment access and plan a sensitive, graduated reintegration.

12. Educational visits, residentials, PE and wider school life

Pupils with medical conditions will be actively supported to participate in educational visits, residentials, PE, sporting activities, clubs and other aspects of school life. The school will make reasonable adjustments and will not create unnecessary barriers to participation.

- Risk assessments will take account of the individual pupil's medical needs, emergency procedures, staffing, training, transport, access to medicines/equipment and distance from emergency care where relevant.
- Relevant IHP information will be available to staff leading the activity, subject to confidentiality.
- Parents/carers, pupils and relevant healthcare professionals will be consulted where necessary.
- Parents/carers will not be required to attend a trip or activity simply because their child has a medical condition, unless this is a genuinely agreed arrangement rather than a condition of participation.
- Any clinical advice that limits participation will be considered alongside reasonable adjustments and the pupil's individual abilities.

13. Staff training, competence and cover

Staff who provide medical support will receive suitable and sufficient training for the task. The relevant healthcare professional should normally advise on the type and level of training required for a specific procedure, and the school will ensure training remains up to date.

- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training where training is required by the pupil's IHP or the nature of the procedure.
- Competency will be confirmed where required before staff take responsibility for a procedure.
- First-aid training does not automatically provide competence for specific clinical procedures.
- All staff will receive whole-school awareness of this policy and know how to summon help in an emergency.
- New staff will receive relevant information through induction, and supply/temporary staff will receive the information necessary to keep identified pupils safe.
- Cover arrangements will ensure support is not dependent on one individual member of staff.
- Training and competency records will be retained and monitored.

14. Record keeping, confidentiality and information sharing

The school will keep written records of medicines administered to pupils, including what was given, the dose, route where relevant, time/date and member of staff. Any refusal, error, side effect or unusual event will also be recorded and acted upon appropriately.

Medical information is special category personal data and will be handled in accordance with the Data Protection Act 2018, UK GDPR and the school's data-protection arrangements. Information will be shared on a need-to-know basis where this is necessary to keep the pupil safe and enable them to participate in education.

IHPs and emergency information will be readily accessible to staff who need them while confidentiality is preserved. Relevant information will be made available to supply staff, trip leaders, wraparound staff or contractors where necessary for safe care.

Parents/carers will be informed when medication has been administered outside routine agreed arrangements, where the pupil has been unwell at school, or where an incident requires follow-up, unless there is a lawful safeguarding or confidentiality reason not to do so.

15. Serious incidents and near misses

The school will record and review significant medical incidents and near misses. The purpose is to support the pupil, establish what happened, identify learning and improve systems rather than to apportion blame.

- Immediate medical and safeguarding actions will take priority.
- The Headteacher or designated lead will ensure the incident is documented and parents/carers are informed where appropriate.
- The relevant IHP, risk assessment, medication procedure or policy will be reviewed if the incident indicates that changes may be needed.
- Serious allergy incidents and near misses will be managed in accordance with the separate Allergy Safety Policy and the 2026 statutory allergy guidance.
- Where an incident meets an external reporting threshold, the school will make the required report to the relevant body, for example under health and safety, food safety, safeguarding or other applicable requirements.

16. Unacceptable practice

Staff will use professional judgement and consider each pupil's individual circumstances and IHP. It is not generally acceptable to:

- prevent pupils from easily accessing inhalers, emergency medication or other necessary medical devices;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents/carers, or ignore medical evidence or opinion without proper consideration;
- send pupils with medical conditions home frequently or prevent them from staying for normal school activities unless this is necessary for their safety or set out in the IHP;
- send an unwell pupil to the office or medical area unaccompanied or with an unsuitable person;
- penalise a pupil simply because absence is related to their medical condition or necessary treatment;
- prevent necessary access to food, drink, toilets, rest or other breaks required to manage a condition;
- require parents/carers, or make them feel obliged, to attend school to administer medication or provide routine medical support because the school has not made appropriate arrangements;
- prevent participation in school life or impose unnecessary conditions, such as requiring a parent to accompany a pupil on a trip, where reasonable school arrangements can be made;
- administer medicines in an inappropriate location, such as a toilet, unless a specific clinical need makes this necessary and privacy, hygiene and dignity are properly managed; or
- delay emergency treatment, including calling 999 or administering emergency medication, while waiting for parental permission where an agreed emergency plan or law permits immediate action.

17. Insurance, liability and indemnity

The Governing Body will ensure that the school has an appropriate level of insurance and indemnity which reflects the medical support and healthcare procedures undertaken. Staff providing support will be informed about the relevant cover and any conditions, including training requirements. Where a procedure is unusual or particularly complex, the school will seek confirmation from its insurer or local authority as appropriate before routine implementation, without delaying urgent support that is legally required.

18. Complaints

Concerns should be raised promptly with the Medical Needs Coordinator or Headteacher so that they can be resolved quickly where possible. Formal complaints will be considered under the school's

Complaints Policy. A complaint or disagreement must not be used as a reason to delay reasonable interim support needed to keep a pupil safe and able to access education.

19. Monitoring and review

The Governing Body will review this policy at least annually. It will also be reviewed sooner where there is a significant change in law or statutory guidance, a serious medical incident or near miss, evidence that procedures are not effective, or a significant change in school provision.

The Headteacher will provide appropriate assurance to governors about implementation, including training, IHP review, significant incidents, themes arising from complaints or near misses, and any gaps in staffing, equipment or procedures.

The separate Allergy Safety Policy is subject to its own statutory annual review, publicity and publication requirements.

20. Linked policies and guidance

- Allergy Safety Policy
- Attendance Policy
- Accessibility Plan
- Complaints Policy
- Data Protection Policy / Privacy Notices
- Educational Visits Policy and risk-assessment procedures
- Equality Information and Objectives
- First Aid Policy
- Health and Safety Policy
- Safeguarding / Child Protection Policy
- SEND Policy and SEND Information Report
- Intimate Care / Toileting guidance where applicable
- Behaviour Policy and Mobile Phone Policy

External statutory guidance should be accessed from GOV.UK to ensure the current version is used. The key current publications are Supporting pupils at school with medical conditions; Allergy safety in schools; Working together to improve school attendance; Education for children with health needs who cannot attend school; and Mobile phones in schools.

Appendix A – Individual Healthcare Plan (IHP) template

This template may be adapted to the pupil's needs. Attach professional care plans or emergency action plans where relevant rather than duplicating information unnecessarily.

Pupil name	
Date of birth	
Year group / class	
Address	
Parent/carer names	
Parent/carer contact numbers	
Medical condition / diagnosis (if known)	
Healthcare professional / service	
Plan start date	
Review date	

A1. Condition and daily management

Condition, triggers, signs and symptoms
Daily treatment / procedures / monitoring
Medication: name, dose, route, timing and side effects
Storage and immediate-access requirements
Food, drink, toilet, rest, environmental or equipment requirements

A2. Education, inclusion and wellbeing

Impact on learning, communication, concentration, mobility or participation
Reasonable adjustments and classroom support

Arrangements for absence, catch-up and reintegration

Social and emotional wellbeing support

PE, swimming, clubs, educational visits and residential arrangements

A3. Staffing and training

Level of support and supervision required
--

Named staff/roles providing support
--

Training / competency required and date completed
--

Cover and contingency arrangements

Information that supply / temporary staff need to know

A4. Self-management

What the pupil can manage independently
--

Medicines / devices the pupil may carry
--

Supervision / monitoring arrangements
--

Agreed arrangements for medical phone or smart-device use, if required

A5. Emergency plan

What constitutes an emergency

Immediate action, including emergency medication

When to call 999

Who will contact parent/carer
Location of emergency medication/equipment
Contingency if usual staff or equipment are unavailable

A6. Agreement and review

Pupil (where appropriate)	Name / signature / date:
Parent/carer	Name / signature / date:
School representative	Name / signature / date:
Healthcare professional (where appropriate)	Name / signature / date:
Review completed / next review	Name / signature / date:

Appendix B – Parental agreement for medicine administration

The school cannot give medicine without written consent except in the exceptional circumstances described in this policy and applicable law/guidance.

Pupil name	
Date of birth	
Class / year	
Medical condition / reason for medicine	
Name of medicine	
Strength	
Dose	
Route	
Time / frequency	
Date medicine supplied to school	
Start date	
End date (if known)	
Storage instructions	
Special precautions / side effects	
What to do in an emergency	
Prescribing clinician / pharmacy (if relevant)	

I confirm that the information above is accurate and give permission for the school to administer the medicine in accordance with this policy and the instructions provided. I will notify the school promptly of any change and will replace medication before it expires.

Parent/carer name	
Signature and date	
Emergency contact number	

Appendix C – Record of medicine administered

Pupil: _____ Class: _____

Medicine: _____ Dose/route: _____

Date	Time	Medicine / dose	Route	Reason (if PRN)	Administered by	Witness (if required)	Pupil refused / not given / notes	Parent informed (if needed)

Appendix D – Staff training and competency record

Use this record for training linked to administration of medicines or a specific healthcare procedure. Retain supporting certificates or competency evidence where applicable.

Pupil / group supported	
Medical condition / procedure	
Training provider / healthcare professional	
Training content	
Date of training	
Expiry / refresher date	
Competency assessment required?	Yes / No
Competency confirmed by	
Date competency confirmed	

Staff trained

Staff member	Role	Signature / date	Notes / restrictions

Training review

The Medical Needs Coordinator will check expiry dates and arrange refresher training before competency lapses. Staff must report if they no longer feel confident or competent to carry out an agreed procedure.