Good Shepherd Trust
Life in all its fullness

Supporting Pupils with Medical Conditions Policy

Important note on this policy

This policy is based on the DfE statutory guidance 'Supporting pupils at school with medical conditions' (December 2015) and section 100 of the Children and Families Act 2014 (as amended by the Children's Wellbeing and Schools Act 2026). Updated July 2026 to reflect the DfE Government Consultation Response on supporting pupils with medical conditions. Read alongside the Trust's Allergies and AAI Policy.

This policy should be re-checked against the final revised DfE guidance once published and updated if necessary.

At the time of publishing the following roles were held:

Headteacher	Ashley Ryan
SENDCo	Helen Jones
Designated Safeguarding Lead (DSL)	Ashley Ryan
Health & Wellbeing Lead (if appointed)	Helen Jones

Version History

Version	Version Description	Date of Revision / Review
Previous	Supporting Pupils with Medical Conditions Policy v1.1	March 2024
This version	Restructured and updated; allergy, anaphylaxis and adrenaline auto-injector content moved into a new standalone Allergies and AAI Policy. Updated to reflect the DfE Government Consultation Response 'Supporting pupils with medical conditions at school' (July 2026) and the amendments made to section 100 of the Children and Families Act 2014 by the Children's Wellbeing and Schools Act 2026.	July 2026

Next scheduled review: July 2027, or following a serious incident or near miss where this reveals a weakness in the policy, or if statutory guidance changes.

Contents

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Values

Every member of the Trust family of schools will be valued and encouraged to fulfil their potential. In our Trust we believe: everyone has something to offer; trust, honesty, empathy and social responsibility are the Christian values that frame our work; we are here for the whole person — spiritually, morally, educationally and socially; and in working with transparency and openness.

Definitions

This is a Trust-wide policy covering all Good Shepherd Trust schools. A child, young person, pupil or student is referred to as a 'child' or 'pupil', normally under 18. 'Parent' includes any person with parental authority over the child, such as carers or legal guardians. 'School' or 'setting' refers to the Trust's central office and each academy, including any wraparound care such as breakfast and after-school clubs.

A 'medical condition' refers to, but is not limited to, a long-term condition with acute episodes that requires ongoing support and may involve medication and/or care while at school. The condition may need monitoring and could require immediate intervention in an emergency.

Legislation and Guidance

This policy is based on the DfE statutory guidance 'Supporting pupils at school with medical conditions' (December 2015) and section 100 of the Children and Families Act 2014 (as amended by the Children's Wellbeing and Schools Act 2026 to include duties on allergy safety). It has been updated to reflect the DfE Government Consultation Response 'Supporting pupils with medical conditions at school' (July 2026). It should be read alongside the Equality Act 2010, the SEND Code of Practice 0–25, the Trust's Health and Safety Policy, First Aid Policy, Equality Policy, SEND policies and procedures, the Trust's Allergies and AAI Policy, and the Trust's Data Protection Policy. Pupil health information is special category data under UK GDPR and must be handled in accordance with the Trust's Data Protection Policy.

Statement of Intent

The Trust Board has a statutory duty, under section 100 of the Children and Families Act 2014, to ensure arrangements are in place to support pupils with medical conditions. This policy aims to ensure that all pupils with medical

conditions, in terms of both physical and mental health, receive appropriate support so they can play a full and active role in school life, remain healthy, have full access to education (including school trips, PE, sport and physical activity) and achieve their academic potential.

Some pupils with medical conditions may be considered disabled under the Equality Act 2010, in which case the Trust must comply with its duties under that Act. Some pupils may also have SEND and hold an Education, Health and Care Plan (EHCP), in which case compliance with the SEND Code of Practice and each school's SEND Policy will help ensure compliance with this policy.

The Trust believes it is important that parents of pupils with medical conditions feel confident their child's school provides effective support, and that pupils feel safe. Medical conditions affect not only physical health but also emotional wellbeing, confidence and participation in school life. Children and young people with medical conditions are at increased risk of anxiety, social isolation and bullying, and inconsistent or unclear support can compound these impacts. This policy aims to address the emotional and psychological impact of medical conditions alongside physical safety, recognising the interaction between health, learning and wellbeing, and to manage the impact of related absence on educational attainment.

Organisation and Responsibilities

Trust Board

Ensures arrangements are in place across the Trust to meet the statutory duty, and that this policy and its procedures are properly and effectively implemented in every school.

Chief Executive Officer

Oversees implementation across the Trust and ensures headteachers have the resources and support needed to meet their responsibilities under this policy.

Local Governing Bodies

Ensure their school has effective arrangements in place, that pupils with medical conditions can access and enjoy the same opportunities as their peers, and that the policy gives parents and pupils confidence in the school's ability to provide effective support.

Headteachers

Have overall responsibility for developing and effectively implementing this policy with partners, ensuring all staff are aware of it and their role in it, that sufficient trained staff are available (including for contingencies and emergencies), and for the development of Individual Healthcare Plans (IHCPs). Each headteacher, or a named senior leader to whom they delegate, is the named responsible person for this policy within their school. Headteachers ensure staff are appropriately insured and contact the school nursing service for any child with a medical condition not yet known to the nurse.

School Staff

Any member of staff may be asked to support a pupil with a medical condition, including administering medicines, though they cannot be required to do so. Staff must receive suitable training and achieve the necessary competency before taking on this responsibility, and should know what to do when they become aware a pupil needs help.

Supply Staff

Should be briefed on relevant pupils' medical conditions and this policy as part of induction to a placement, so they can respond appropriately. Catering staff and staff running before- and after-school clubs and other wraparound provision must also be made aware of pupils' relevant medical conditions and any dietary or emergency requirements.

Pupils

Pupils with medical conditions are often best placed to explain how their condition affects them, and should be fully involved in discussions about their support needs, contributing to and complying with their IHCP as far as they are able.

Parents and Carers

Provide the school with sufficient, up-to-date information about their child's medical needs, are key partners in developing and reviewing IHCPs, and carry out agreed actions such as providing medicines, equipment and being contactable.

School Nurses and Other Healthcare Professionals

School nurses notify the school when a child is identified as having a medical condition requiring support, wherever possible before the child starts, and support staff implementing IHCPs, including advice on training. Other healthcare professionals, including GPs and paediatricians, notify the school nurse of relevant conditions and may advise on developing IHCPs.

Integrated Care Boards, Local Authorities and Ofsted

Integrated Care Boards commission health services and should be responsive to schools seeking to strengthen links with health services. Local authorities commission school nursing, promote co-operation between partners under section 10 of the Children Act 2004, and must make arrangements for children who cannot attend school full-time due to health needs. Ofsted inspectors consider how well a school meets the needs of the full range of pupils, including those with medical conditions, as part of inspection.

Procedures

Notification that a pupil has a medical condition

Schools do not need to wait for a formal diagnosis before providing support. Procedures cover transitional arrangements between schools, reintegration, and changing needs. For a new pupil, arrangements should be in place by the start of the relevant term; in other cases, such as a new diagnosis or mid-term arrival, every effort is made to have arrangements in place within two weeks.

School attendance and re-integration

Where a pupil is returning to school after a period of hospital education, alternative provision or home tuition, the school works with the local authority and education provider to ensure the pupil's IHCP identifies the support needed to reintegrate effectively. Short-term and frequent absences connected with a medical condition are managed sensitively to limit the impact on attainment and wellbeing.

Individual Healthcare Plans (IHCPs)

A pupil should have an IHCP where: they have a long-term medical condition with a functional impact on them in school; they are at risk of harm as a result of their condition; and they require arrangements additional to or different from those made generally. A formal diagnosis is not required before a school provides support or begins developing an IHCP. The school, healthcare professionals and parents agree, based on evidence, whether an IHCP is needed; if consensus cannot be reached, the headteacher makes the final decision. An IHCP (template at Appendix C) is the school's record of how it will deliver the care plans, action plans and advice provided by clinicians. Schools must not attempt to summarise clinical plans or make clinical judgements; the IHP ensures this information is captured in one accessible place.

An IHCP covers: the medical condition, its triggers, signs, symptoms and treatments; the pupil's needs including medicines, equipment, dietary requirements and environmental issues; specific educational, social and emotional support; the level of support needed, including in emergencies, and whether the pupil can self-manage; who provides support and their training needs; cover arrangements; who in school needs to be aware; written parental and headteacher permission for medicines; arrangements for trips and other activities; confidentiality; and what to do in an emergency.

IHCPs are reviewed at least annually, when a pupil's circumstances change, or where an incident or near miss indicates that current arrangements may be insufficient. Reviews involve the pupil, their parents or carers, and relevant healthcare professionals wherever possible. Where a pupil has an EHCP, the IHCP is linked to or becomes part of it; where a pupil has SEND without an EHCP, this is mentioned in their IHCP.

Pupils managing their own medical conditions

After discussion with parents, competent pupils are encouraged to take responsibility for managing their own medicines and procedures, reflected in their IHCP. Wherever possible, pupils are allowed to carry their own medicines and devices or access them quickly and easily, with an appropriate level of supervision where needed. If a pupil refuses medicine or a procedure, staff will not force them, but will follow the IHCP and inform parents; this may trigger an IHCP review. Passing a controlled drug to another pupil is a criminal offence and will also be addressed through the Behaviour Policy.

Training

Any member of staff supporting a pupil with medical needs receives suitable training to fulfil their role; a first-aid certificate alone does not constitute appropriate training. Staff will not undertake healthcare procedures or administer medicines without appropriate training, assessed through IHCP development and review, on a termly basis, and when staff join or leave.

- All staff undertake whole-school awareness training on induction and regularly, covering the policy, staff roles, pupils' known conditions, spotting and responding to an emergency, and where to find further information.
- Staff who administer simple oral or topical medicines undertake administration awareness training before doing so, covering FII awareness, hygiene, pre-administration checks, administration procedures and recording.
- Designated staff managing a specific condition or complex medicines undertake specific awareness training delivered by an appropriately

competent healthcare professional, covering responding to requests for help, administering medicines/procedures, recognising when emergency action is needed, record-keeping and informing parents.

A record of training is kept for each member of staff (Appendix F). Families can provide useful specific advice but are never relied upon as the sole source of training.

Managing medicines

Medicines are only administered at school where instructed by a relevant medical professional or parent/carer, and where it would be detrimental to the pupil's health or attendance not to do so. Only staff trained and assessed as competent administer: topical medicines; ear, eye or nasal drops; inhalers or respiratory devices; oral medicines (with additional assessment for controlled drugs); invasive medicines such as auto-injectors, suppositories or pessaries; and personal oxygen. A witness is best practice for all medicines and a legal requirement for controlled drugs.

- Pupils under 16 must not be given prescription or non-prescription medicines without written parental consent, except where prescribed without parental knowledge, in which case the pupil is encouraged to involve their parents while their confidentiality is respected.
- Pupils under 16 must never be given a medicine containing aspirin unless prescribed by a doctor.
- Herbal or homeopathic remedies will not be administered without the agreement of a medical professional, in line with NHS advice.
- Pain relief is never given without checking maximum dosage and time since the last dose; parents are contacted where necessary and informed that pain relief has been given.
- Schools accept only in-date, labelled medicines in their original container as dispensed, with instructions for administration, dosage and storage — pre-loaded devices such as inhalers and auto-injectors can be accepted in the dispenser itself.
- Only the minimum quantity of a medicine necessary is kept in school at any time, based on a risk assessment.
- All medicines are stored safely in accordance with their storage instructions, with pupils always aware of where their medicine is kept and how to access it.
- Medicines are returned to parents for safe disposal when treatment stops or changes, expires, is damaged, or the pupil leaves the school; sharps boxes are always used for needles and other sharps.

Receiving medicines

Only specially identified, trained staff receive medicines into school. Before accepting a medicine, staff check: valid written parental consent is in place; the pupil's name matches the prescription/consent form; the medicine's name and strength match across the label, consent form and packaging; the expiry date (including any 'once opened' date) has not passed; any known allergies or previous adverse reactions; that directions for administration are clear and complete; and that storage requirements can be met. Once accepted, records are completed and the medicine is stored securely without delay.

The six rights of medicines administration

- Right pupil — checking identity and IHCP, including consent and self-administration status.
- Right medicine — checking name, strength, packaging and quantity against records.
- Right dose — checking against records and any special dispensing instructions.
- Right time — checking against the IHCP and administration record that the dose is due now and has not already been given.
- Right route — following prescribed methods; covert administration is strongly discouraged and only used with explicit clinical instruction and written parental consent (see below).
- Right records — completing the administration record fully and immediately, noting any reactions or refusal.

Only one medicine is prepared, administered and recorded at a time, for one pupil at a time; medicines are never 'potted up' in advance. If a member of staff is ever unsure at any stage, they must stop, not administer the medicine, and seek advice.

Self-administration

It is Trust policy that pupils self-administer their own medicines wherever they are capable of doing so safely and explicit parental consent is held. Pupils are assessed as competent to self-administer, with the outcome recorded as agreed, agreed with support, or not agreed, and can be reassessed at any time. Staff supervising self-administration follow the same checks as for staff-administered medicines, ensure clean hands, watch the whole process, and complete records accordingly.

Refusing administration

Pupils aged 16 or over have the same right to refuse medicines as adults. Below 16, a pupil's right to be involved in the decision depends on their understanding, in

line with Gillick competence. Staff must never force a pupil to take or use a medicine. Where a pupil refuses, staff explore their concerns, explain the medicine calmly, consider a delay within prescription guidelines where appropriate, and if refusal continues, record it under 'Reactions' on the administration record and report it in line with the IHCP.

Covert administration

The Trust will not covertly administer a medicine to a pupil unless the pupil actively refuses it, the pupil is considered by their clinicians to lack the mental capacity to consent, there are explicit clinician instructions on how to do so safely, there is explicit written parental consent, and there are exceptional reasons to do so. All such concerns must be referred immediately to the headteacher or a senior leader, who will seek advice from a pupil's clinician or a pharmacy professional.

Controlled drugs

The supply, possession and administration of controlled drugs (for example methylphenidate) is strictly governed by the Misuse of Drugs Act 1971. Controlled drugs are delivered and collected daily by a parent or carer unless otherwise agreed, stored in a non-portable, restricted-access container while remaining easily accessible in an emergency, and administered only with a trained witness present who signs the record legibly alongside the administering member of staff.

Record keeping and retention

Written records are kept of all medicines administered, stating what, how, how much, when and by whom, with any side effects or refusal noted (Appendices E1–E3). Pupil health information, including IHCPs and medicine records, is special category data under UK GDPR; it is shared only with those who need to know, stored securely, and processed in accordance with the Trust's Data Protection Policy. Records relating to the administration of medicines, including consent forms, are classed as school records rather than pupil records, held separately from the pupil file, and are not transferred to the pupil's next school. General records (Appendix E3) are held for 2 years from the date of the last entry; individual child records (Appendices E1 and E2) can be securely destroyed once the pupil leaves the school. See also the Trust's Data Protection Policy and Document Retention Schedule.

Emergency procedures

Medical emergencies are handled under each school's emergency procedures. Where a pupil has an IHCP, it details what constitutes an emergency and what to do. Pupils are involved in age-appropriate ways, such as fetching help, to build

peer resilience and reduce stigma. If a pupil needs to go to hospital, a member of staff stays with them until a parent arrives, including accompanying them in the ambulance where necessary.

Incident reporting and learning

Schools must record, report and learn from serious incidents and near misses relating to pupils' medical conditions. A serious incident is one where a pupil suffers significant harm or is at risk of doing so as a result of their medical condition or a failure in the school's arrangements. A near miss is an event that did not result in harm but could have done. The purpose of recording and reviewing such events is to identify weaknesses, strengthen policy and practice, and prevent recurrence — not to apportion blame. Records should be kept in line with the Trust's safeguarding and health and safety procedures. A serious incident or near miss should prompt the school to consider whether the medical conditions policy or the relevant IHCP requires review; where it reveals a weakness, both should be reviewed and updated without delay. Parents and, where appropriate, pupils should be informed and involved. Where an incident involves a clinical procedure or medication, the school should seek advice from the relevant healthcare professional.

Day trips, residential visits and sporting activities

Through the IHCP, staff are made aware of how a pupil's medical condition may affect their participation in visits, sport or other activities. A risk assessment is completed before any activity to identify reasonable adjustments, with advice sought from pupils, parents and relevant medical professionals. A pupil is excluded from an activity only where the headteacher considers, based on the evidence, that no reasonable adjustment can make it safe, or a clinician states the activity is not possible.

Home to school transport

While the local authority is responsible for pupil safety on statutory home-to-school transport, the school shares relevant IHCP information with the local authority where a pupil travels with a life-threatening condition and carries emergency medicine, so an appropriate transport healthcare plan can be developed. Where transport is arranged privately with parents, the school works with parents to ensure the operator is aware of any life-threatening condition.

Defibrillators

Whether a school hosts a Community Public Access Defibrillator or purchases an Automated External Defibrillator is determined by the first-aid needs risk

assessment or a local community action plan. Further detail is in the Trust's First Aid Policy.

Unacceptable practice

It is never acceptable to: prevent pupils from easily accessing their medicines when needed; assume every pupil with the same condition needs the same treatment; ignore the views of the pupil or their parents, or medical evidence; send pupils home frequently or exclude them from normal activities including lunch, other than as specified in their IHCP; send an unwell pupil to the medical room or office alone or with an unsuitable escort; penalise attendance records for condition-related absence; prevent pupils from eating, drinking or taking breaks as needed; require parents to attend school to provide medical support; or create unnecessary barriers to participation, such as requiring a parent to accompany a pupil on a trip.

Insurance

All Trust staff are appropriately insured under the Risk Protection Arrangement (RPA) to carry out tasks associated with supporting pupils with medical conditions.

Complaints

Parents, carers or pupils dissatisfied with the support provided should discuss their concerns with the headteacher in the first instance. If unresolved, a formal complaint can be made through the Trust's Complaints Policy, available on the school and Trust websites.

Appendix A: Letter Inviting Parents to Contribute to IHCP Development

(To be copied onto school headed paper and adapted as needed.)

Dear Parent or Carer,

Re: Developing an Individual Healthcare Plan (IHCP) for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils with medical conditions for your information.

A central requirement of the policy is for an IHCP to be prepared, setting out what support your child needs and how this will be provided. IHCPs are developed in partnership between the school, parents, pupils and the relevant healthcare professional. Although IHCPs are helpful in the majority of cases, not all children will require one; the level of detail will depend on the complexity of your child's condition and the support needed.

A meeting to begin developing your child's IHCP has been scheduled for [date]. Please let us know if you are able to attend, and whether you would like us to invite another medical practitioner or specialist. If you are unable to attend, please complete the attached IHCP template (Appendix C) and return it, with any relevant evidence, for consideration at the meeting.

Yours sincerely,

Appendix B: Model Process for Developing an IHCP

The following steps summarise how an IHCP is developed, based on the DfE's model process:

1. Parent or healthcare professional informs the school that a child has been newly diagnosed, is due to attend a new school, is due to return after a long-term absence, or that needs have changed.
2. The headteacher, or a senior member of staff to whom this is delegated, co-ordinates a meeting to discuss the pupil's medical support needs and identifies the member of staff who will provide support.
3. A meeting is held to discuss and agree the need for an IHCP, including key school staff, the pupil, parents, the relevant healthcare professional and any other clinician as appropriate (or written evidence from them is considered).
4. The IHCP is developed in partnership; the school and family agree who leads on writing it, with input from the healthcare professional.
5. Staff training needs are identified.
6. The healthcare professional commissions or delivers training; staff are signed off as competent and a review date is agreed.
7. The IHCP is implemented and circulated to all relevant staff.
8. The IHCP is reviewed annually, or sooner if the pupil's condition changes; a parent or healthcare professional can initiate a review at any time, returning to step 3.

Appendix C: Individual Healthcare Plan (IHCP) Template

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Parent/carer name	
Relationship to child	
Phone (work)	
Phone (home)	
Phone (mobile)	
Second contact name	
Relationship to child	
Phone (work)	
Phone (home)	
Phone (mobile)	

Clinic / hospital / GP contact

Clinic/Hospital name	
Phone number	
GP name	
GP phone number	

Plan details

Who is responsible for providing support in school	
Medical needs: symptoms, triggers, signs, treatments, facilities, equipment, environmental issues	
Medication: name, dose, method, timing, side effects, contra-indications, self-administered / administered by	
Daily care requirements	
Specific support for educational, social and emotional needs	
Arrangements for school visits / trips	
Other information	
What constitutes an emergency, and the action to take	
Who is responsible in an emergency (state if different off-site)	
Plan developed with	
Staff training needed / undertaken — who, what, when	
Form copied to	

Appendix D1: Parental Consent to Administer Medicine (No Medical Practitioner Signature)

Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Name/type of medicine (as on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Known side effects	
Self-administration? (Y/N)	
Procedure in an emergency	
Contact name	
Daytime telephone number	
Relationship to child	
Address	

Medicines must be in the original container as dispensed by the pharmacy. The above information is, to the best of my knowledge, accurate at the time of writing, and I give consent for school staff to administer this medicine in accordance with the school's policy. I will inform the school immediately, in writing, of any change in dosage, frequency, or if the medicine is stopped.

Parent/carer signature	
Date	

Appendix D2: Parental Consent to Administer Medicine (With Medical Practitioner's Signature)

As Appendix D1, with an additional section for the prescriber to complete and sign, confirming the medicine, dose, route and any special instructions, for use where a medical practitioner's countersignature is required (for example for certain controlled drugs or complex regimens).

Prescriber name	
Prescriber signature	
Date	
Practice / clinic details	

Appendix D3: Combined Parental Consent and Record Form

For one-off or short-term medicines (for example a course of antibiotics), combining consent and the administration record on a single form.

Name of school	
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	
Parent/carer signature	
Staff signature	

Date	Time given	Dose given	Staff name	Staff initials	Reactions

Appendix E1: Record of Medicine Administered to an Individual Child

Name of school	
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	
Staff signature	
Parent/carer signature	

Date	Time given	Dose given	Staff name	Staff initials	Reactions

Appendix E2: Record of Controlled Drug Administered to an Individual Child

As Appendix E1, with an additional witness column — controlled drugs must never be administered without a trained witness present, who signs legibly alongside the administering member of staff.

Date	Time given	Dose given	Staff name	Staff initials	Witness name	Witness signature

Appendix E3: Record of Medicines Administered to All Children

Date	Child's name	Time	Medicine	Dose given	Reactions	Staff signature	Print name

Appendix F: Staff Training Record — Administration of Medicines

Name of school/setting	
Staff name	
Type of training received	
Date training completed	
Training provided by	
Trainer's profession and title	

I confirm that the named member of staff has received the training detailed above and is competent to carry out any necessary treatment. I recommend that this training is updated by [date].

Trainer's signature	
Date	

I confirm that I have received the training detailed above.

Staff signature	
Date	
Suggested review date	

Appendix G: Contacting Emergency Services

To request an ambulance, dial 999, ask for an ambulance, and be ready with the following information. Speak clearly and slowly and be ready to repeat information if asked:

9. Your telephone number.
10. Your name.
11. Your location: [insert school/setting address].
12. The postcode — note that satellite navigation postcodes may differ from the postal code.
13. The exact location of the patient within the school setting.
14. The name of the child and a brief description of their symptoms.
15. Inform Ambulance Control of the best entrance to use and confirm the crew will be met and taken to the patient.
16. Put a completed copy of this form by the phone for quick reference.