



Cornwall Education Learning Trust

Supporting pupils with medical
conditions



Exceptional Educational Experience

SUPPORTING LEARNERS WITH MEDICAL CONDITIONS

Core principles

- All learners with medical conditions (physical or mental) have the same opportunities as others.
- Participation in trips, visits, and sport is expected, with reasonable adjustments.
- We work in partnership with families, healthcare professionals, and the learner.

Key roles

- SLT Lead: oversee IHCPs, actions, records.
- First Aider: liaise with parents, organise training, keep medicine logs.
- Staff: follow IHCPs, respond, attend training.
- Parents/Carers: share information, supply medications, be contactable.
- Learners: involved in decisions.

IHCPs

- For complex/high-risk needs (e.g., epilepsy, severe allergies, diabetes, severe asthma).
- Agreed by school, parents/carers, learner, and healthcare professionals.
- Include condition, needs, support, medication, and emergency actions.
- Reviewed at least annually or sooner if needs change.

Medicines in schools

- Only when needed & with written consent.
- Prescription medications in original containers/labels.
- Emergency meds (inhalers, adrenaline pens) accessible.
- Record administrations; store controlled drugs securely.
- Return expired/unused medication to parents/carers.



Unacceptable practice

- Denying access to medication when needed.
- Ignoring learner/parent views or medical evidence.
- Penalising attendance for medically related absence.
- Preventing participation because of a medical condition.
- Expecting parents to attend to provide routine support.

Training

- Provided for staff supporting learners with medical needs.
- Led/signed off by healthcare professionals and refreshed as required.
- Staff must be competent and confident before taking responsibility.



Trips and visits

- Learners must have required medication and trained staff on all trips/activities.
- Obtain consent for all medications on residentials.
- IHCP considerations are included in risk assessments.



Absence

- For 15+ days' absence (consecutive or cumulative), work with the local authority to ensure education continues.
- Coordinate learning, welfare check-ins, and reintegration planning.



Remember

- Always follow the learner's IHCP and emergency procedures.
- Safeguarding and inclusion underpin every action.
- Small lapses can have big consequences be thorough.
- CELT: Every child with a medical condition must be properly supported to participate fully in school life.



Remember!

- Safeguarding is the golden thread through all school activities
- The full policy contains detailed guidance and must be read alongside this summary

Contents

Aims	4
Definition of 'medical condition'	4
Legislation and statutory responsibilities	4
Roles and responsibilities	5
The Trustees	5
The headteacher	5
Member of SLT responsible for supporting children with medical needs will:	6
Appointed person/ Lead First Aider	6
School staff	6
Parents and carers	7
Learners	7
Other health care professionals, including GPs and paediatricians	7
Equal opportunities	8
Medical information from parents and carers	8
Being notified that a learner has a medical condition	8
General consent	9
Individual health care plans (IHCP)	9
Reviewing IHCPs	11
Staff training and support	11
Managing medicines on school premises	12
Administering medicines	12
Storage of medication	13
Controlled drugs	14
The child's role in managing their own medication – secondary phase only	14
Unacceptable practice	15
Record keeping	15
Review of policy	16
Offsite activities, educational visits and sporting activities	16
Supporting children with health needs who cannot attend school	16

Liability and indemnity	17
Complaints	17
Monitoring arrangements	17
Appendix 1: Individual Healthcare plan (IHCP)	18
Appendix 2: Managing medicines guidance	21
Appendix 3: Receiving medicine record.....	27
Appendix 4: Returning Medication Record	28
Appendix 5: Trips/Visits Controlled Medicines Going Offsite Record Form	29
Appendix 6: Administering medicine record	31
Appendix 7: Controlled Drug Protocol	32
Appendix: History of Changes.....	34

Safeguarding is everyone's responsibility

At Cornwall Education Learning Trust (CELT) we are committed to safeguarding and promoting the welfare of children and we expect all Trustees, CELT community champions, staff and volunteers to share this commitment. This policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

This policy is part of the following suite of annually updated safeguarding policies:

1. Child protection and safeguarding
- 2. Supporting children and school with medical needs/ managing medicines**
3. Mental health and wellbeing
4. Online safety
5. Child-on-child abuse including anti-bullying
6. Attendance
7. Code of conduct
8. Whistleblowing

Aims

This policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

We want all learners, as far as possible, to access and enjoy the same opportunities at school as any other learner. This will include actively supporting learners with medical conditions to participate in school trips, visits and/or in sporting activities.

Definition of 'medical condition'

For the purposes of this policy, a medical condition is any illness or disability which a learner has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the learner can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the learner manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

Children with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and enable them to access their learning. They may require monitoring and interventions in emergency circumstances. It is important to recognise that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Some children with medical conditions may be

Legislation and statutory responsibilities

This policy is based on the Children and Families Act 2014, Children and Families Act 2014, the Education Act 2002, Children Act 1989, Children Act 2004, Equality Act 2010, the Code of Practice 2014 and supporting learners with medical conditions at school.

This policy should be read in conjunction with 'Supporting pupils at school with medical conditions', 'Keeping Children Safe in Education' (2025), 'Working Together to Safeguard Children' (2023) our safeguarding suite of policies and intimate care policy.

Roles and responsibilities

Supporting a learner with a medical condition during school hours is not the sole responsibility of one person. The school will aim to work cooperatively with other agencies such as healthcare professionals, social care professionals (where appropriate) and the local authority in addition to the learner and their family. Different groups within school have different responsibilities.

Please see Safeguarding Suite School Level Context Appendix on the school's website for individual school leads.

The Trustees

As a proprietor CELT has a legal duty to make arrangements for supporting learners at the school with medical conditions. The board of trustees has delegated this responsibility to the school.

The headteacher

The headteacher will ensure:

- all staff are aware of the policy and understand their role in its implementation
- individual healthcare plans are prepared where appropriate and monitored
- that sufficient staff are suitably trained to meet the known medical conditions of learners at the school
- all relevant staff are made aware of the learner's medical condition and supply teachers are properly briefed
- cover arrangements are in place to cover staff absences and turnover to ensure that someone is always available and on site
- risk assessments for school visits and other school activities outside of the normal timetable are completed
- allocate the responsibility for supporting children with medical needs to a member of the SLT

Member of SLT responsible for supporting children with medical needs will:

- oversee the development of individual healthcare plans and review these on an annual basis
- ensure that any action agreed by the school in the healthcare plan is carried out and ensure that information regarding medical needs is up to date and shared with members of the school community
- ensure the local procedures regarding managing medicines is robust and information is communicated with all learner facing staff effectively

Appointed person/ Lead First Aider

The appointed person responsible for children with a medical condition will:

- oversee the development of individual healthcare plans and review these on an annual basis with parents and carers, teaching staff and the member of SLT responsible for supporting children with medical needs
- ensure that any action agreed by the school in the healthcare plan is carried out
- oversee the training needs for staff members who need specific support
- ensure SIMS is updated with medical needs to enable a whole school overview to be produced and class/tutor context pages
- ensure that medical needs lists are kept up to date and that all medicine stored on site is in date
- they should ensure local procedures are robust and systems effective

School staff

All staff should:

- be aware of the medical needs of learners they teach
- be aware of learners across the school who have a 'high-risk' medical need (who is diagnosed as having a condition that may require an emergency response)
- contribute to the individual healthcare plans where appropriate and may be asked to provide support to learners with medical

conditions, including the administering of medicines, although they cannot be required to do so

- receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support learners with medical conditions
- know what to do and respond accordingly when they become aware that a learner with a medical condition needs help

Parents and carers

Parents and carers will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- be involved in the development and review of their child's IHCP and may be involved in its drafting
- carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Learners

Learners with medical conditions will often be best placed to provide information about how their condition affects them. Learners should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs as is age-appropriate.

Other healthcare professionals, including GPs and paediatricians

They may provide advice on developing IHCPs. Specialist local health teams may be able to provide support in schools for children with particular conditions e.g. healthcare plans ensure that we are able to effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will be helpful when conditions fluctuate, where there is a high risk that emergency intervention is needed or where medical conditions are long-term and complex. Not all children with medical conditions will need an individual healthcare plan.

Equal opportunities

CELT is clear about the need to actively support learners with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

CELT will consider what reasonable adjustments need to be made to enable these learners to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that learners with medical conditions are included. In doing so, learners, their parents or carers and any relevant healthcare professionals will be consulted.

Medical information from parents and carers

All parents and carers are asked to complete a medical record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These are updated every 12 months via the collection forms.

Being notified that a learner has a medical condition

When a CELT school is notified that a learner has a medical condition, the process outlined below will be followed to decide whether the learner requires a healthcare plan. The school will make every effort to ensure that arrangements are put into place within a week, or by the beginning of the relevant term for learners who are new to our school.

1. Parent/carer or healthcare professional tells the school that the child:
 - a. has a new diagnosis
 - b. is due to attend a new school
 - c. is due to return to school after a long-term absence
 - d. has needs which have changed

2. The headteacher or nominated member of SLT/appointed person has a meeting to discuss learners needs and identifies a member of staff to support the learner.
3. Hold a meeting with the following people to discuss the need for the healthcare plan
 - a. key school staff
 - b. learner
 - c. parent or carer
 - d. any relevant healthcare professionals
4. Develop healthcare plan
5. School identifies training needs
6. Healthcare professionals commission or deliver training and advise appropriate next steps with an agreed review date.
7. Implement healthcare plan and circulate to relevant staff.
8. Review the health care plan annually or when the learner's condition changes. Parents or healthcare professionals will initiate this.

General consent

CELT schools may take general consent, in written form at the beginning of each academic year to administer paracetamol (Calpol in primary). Schools can administer non-prescribed medicines such as Calpol but parents and carers must be contacted on each occurrence despite written consent held on file. If the written consent states no consent, verbal consent must not be sought.

Individual health care plans (IHCP)

Healthcare plans ensure that we are able to effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will be helpful when conditions fluctuate, where there is a high risk that emergency intervention is needed or where medical conditions are long-term and complex. Not all children with medical conditions will need an individual healthcare plan.

IHCP will vary depending on the learner's needs and the level of detail will depend on the complexity of the learner's condition and degree of support needed. Where a learner has SEND but does not have an EHCP, their special educational needs should be mentioned in the IHCP. Where they have an EHCP, the IHCP should be linked to or become part of this plan. It may be useful to ask for a medical letter regarding their diagnosis.

Examples of where learners may need an IHCP include:

- children with epilepsy
- children with severe allergies (who carry an adrenaline auto-injector or need antihistamines in the event of an allergic reaction)
- children with Type 1 Diabetes
- children with severe asthma (who need to use an inhaler on a regular basis or has been hospitalised in the past)
- Children with mild asthma (who have been prescribed an inhaler - primary)
- any child who is diagnosed as having a condition that may require an emergency response
- any child who requires the administration of healthcare procedures during the school day

Plans will be drawn up using CELT proforma (appendix 1) in partnership with the school, parents, carers, learner and relevant healthcare professionals. They will be reviewed annually or earlier if evidence is presented that the child's needs have changed.

Healthcare plans are likely to include:

- the medical condition, its triggers, signs, symptoms and treatments
- the child's resulting needs
- specific support for the child's educational, social and emotional needs
- the level of support needed
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents, carers and the headteacher for medication to be administered by a member of staff or self-administered by the child
- separate arrangements or procedures required for educational visits

- what to do in an emergency, including who to contact and contingency arrangements.

Where a learner is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHCP identifies the support the learner will need to reintegrate effectively.

Where the learner has a special educational need identified in an Education Health and Care Plan (EHCP), the IHCP will be linked to or become part of that EHCP.

Reviewing IHCPs

Every IHCP shall be reviewed at least annually. The designated member of staff, as soon as practicable, contact the child's parents or carers and the relevant healthcare provider to ascertain whether the current IHCP is still needed or needs to be changed. If the school receives notification that the child's needs have changed, a review of the IHCP will be undertaken as soon as practicable.

Where practicable, staff who provide support to the learner with the medical condition shall be included in any meetings where the child's condition is discussed.

Staff training and support

School staff should be aware of the medical needs of learners they teach. All school staff should be aware of learners across the school who have a 'high-risk' medical need (who is diagnosed as having a condition that may require an emergency response). This will be revisited on a regular basis through briefings.

Any member of staff providing support to a learner with medical needs should have received suitable training. These training needs will be identified with the support of relevant healthcare professionals, and the training will be sufficient to ensure that staff are competent and have confidence in their ability to support children with medical conditions and to fulfil the requirements set out in individual healthcare plans.

The school has whole school awareness training built into the annual safeguarding training so that all staff are aware of the school's policy for

supporting children with medical conditions and their role in implementing the policy.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the learners
- fulfil the requirements in the IHCP
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Staff will not undertake complex healthcare procedures without appropriate training. Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure.

Any staff who will be administering medication will have completed the relevant training course in advance of administering medication. A range of training is available to all staff and will be arranged on an individual needs basis.

Managing medicines on school premises

Administering medicines

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. The school will require parental written consent for a child under the age of 16 to be given prescription or non-prescription medicines. (See Appendix 3). When pain relief medication is given, it must not contain aspirin or ibuprofen unless prescribed by a doctor. Maximum dosages and when the previous dose was taken will be checked and parents/carers will be informed.

Prescribed medicines will only be accepted when in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which will be generally available inside an insulin pen or pump.

The medication must be accompanied by a complete written instruction form signed by the learner's parent or carer. The school will not make

changes to dosages labelled on the medicine or device on parental instructions.

If a learner refuses to take their medication, staff will not force them to do so and will inform the parent or carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

Storage of medication

If a learner requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline auto-injector pens, in school it is vital that the parent and carer advises the school accordingly, so that the process for storing and administering medication can be properly discussed.

All medicines will be stored safely. The children will know where their medicines are always and be able to access them immediately: medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injector pens must always be readily available. Medication will be reviewed termly to ensure it is in date.

Staff should check that the medicine has been administered without adverse effect in the past and that parents and carers have certified this is the case – a note to this effect should be recorded in the written parenteral agreement for the school to administer medicine.

It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

It is the responsibility of parents and carers to notify the school in writing if the learner's need for medication has ceased. When medication is no longer required, expired or at the end of the school year medicines will be returned to the parent or carer. A form will be completed with parents/carers confirming what medication has been returned, the quantity and the reason for this (Appendix 4). Sharps boxes will be used for the disposal of needles and other sharps. Medication will be disposed of safely, if it is not collected.

The only exception to this is where the medicine has been prescribed to the learner without the knowledge of the parents or carers.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine, methadone and methylphenidate.

In secondary schools, a child who has been prescribed a controlled drug may legally have it in their possession but it is an offence to pass it onto another child for use.

Controlled drugs should be securely stored in a non-portable container and only named staff should have access. These drugs should be easily accessible in an emergency.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

[We have a controlled drug protocol \(Appendix 7\) and this must be followed by all CELT schools at all times.](#)

The child's role in managing their own medication – secondary phase only

Learners who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and carers and it will be reflected in their IHCP.

Learners will be allowed to carry their own medicines and relevant devices wherever possible.

Where possible, children should be able to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

In cases where secondary-age learners carry their own medication, e.g. adrenaline auto-injectors, the school where possible should hold the learner's spare medication as well as holding spare medication in an easily accessible place within the school. Schools will consider the speed of access to spare medication in the event of the learner not carrying their own prescription medication.

Unacceptable practice

CELT staff will use their discretion and judge each case individually with reference to the learner's IHCP, but it is not acceptable to:

- prevent learners from easily accessing their inhalers and medication, and administering their medication when and where necessary
- assume that every learner with the same condition requires the same treatment
- ignore the views of the learner or their parents and carers
- ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- if the learner becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise learners for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents or carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues; no parent should have to give up working because the school is failing to support their child's medical needs
- prevent learners from participating or create unnecessary barriers to learners participating in any aspect of school life, including school trips
- administer, or ask learners to administer medicine in a school toilet cubical

Record keeping

Written records will be kept of all medicines administered using administering medicine record (Appendix 6) in line with data protection retention of information guidance.

Parents/carers will be informed for serious conditions and injuries.

Parents/Carers will always be notified if there is a head injury.

IHCP are kept in a readily accessible place which all staff are aware of and have access to.

When administering controlled drugs, these will always be counter signed in line with the controlled drug protocol (Appendix 7).

Review of policy

Where a child has an IHCP, this will clearly define what constitutes an emergency and explain what to do. If a child needs to be taken to hospital, staff will stay with them until the parent or carer arrives, or accompany a child taken to hospital by ambulance.

Offsite activities, educational visits and sporting activities

Children with medical conditions will be actively supported to participate in educational visits and sporting activities. All children will be able to participate in these activities according to their own abilities and with any reasonable adjustments unless evidence from a clinician, such as a GP, states that this is not possible. The school will carry out a risk assessment so that planning arrangements take into account any steps needed to ensure that children with medical conditions are included.

Supporting children with health needs who cannot attend school

CELT aims to support the local authority and ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential.

Cornwall Council is responsible for arranging full-time education for children of statutory school age (5 to 16 years) who, because of illness, where it is clear that the learner will be away from school for 15 days or more, would not receive suitable education without such provision. This duty applies to all learners who live in Cornwall, regardless of the type or location of the school they would normally attend. These duties are set out in Section 19 of the Education Act 1996.

Due to the nature of health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, learners should receive their education within their school and the aim of the provision will be to reintegrate learners back into school as soon as they are well enough.

We understand that we have a continuing role in a child's education whilst they are not attending the school and will work with the local authority, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education. We will ensure that:

- learners are contacted on a regular basis to ensure safeguarding procedures are followed
- appropriate risk assessments are completed and reviewed to support children and their families and where appropriate, regular multi-professional team meetings are held on a regular basis to ensure the families and children are supported during a challenging time

There will be a clear transition plan to ensure the correct reintegration takes place outlining any support for the learner, staff training needs, information sharing and arrangements for education and any examinations.

Liability and indemnity

Our Trust's insurance policy will provide liability cover relating to the administration of medication. Individual cover may need to be arranged by the school for individual circumstances.


Complaints

Should parents, carers or children be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should follow the school's complaints procedure.

Monitoring arrangements

This policy will be reviewed and approved by the board of trustees every year.

Appendix 1: Individual Healthcare plan (IHCP)

School Logo		Individual Healthcare Plan			
Date:					
Completed By:					
Review Date:		12 months or sooner if needed (specify date)			
Pupil Information					
Child's Name:					
Date Of Birth:					
Class/Tutor Group:					
Allergies:					
Parent/Carer Information – Contact 1					
Name:					
Relationship:					
Home Phone:					
Work Phone:					
Mobile Phone:					
Email:					
Parent/Carer Information – Contact 2					
Name:					
Relationship:					
Home Phone:					
Work Phone:					
Mobile Phone:					
Email:					
Medical Condition and need:					

Health Contact Details:		
	Name:	Contact Details
Clinic/Hospital Contact		
GP		
School Nurse		
Specialist Nurse		
SENDCo		
Link person in Education		
Other Relevant Staff		

The learner requires the following medication. Medication will be stored in:
 XXXX e.g. Medical Room Cabinet/Refrigerator

Condition	Drug	Dose	When	How

Provisions and Storage of medication
Disposal including any clinical waste

Does the treatment of the medical condition affect behaviour or concentration?
Are there any side effects of the medication?
Is there any ongoing treatment that is not being administered in school?
If yes, what are the side effects of these?

Physical Assistance and Handling:
Additional considerations for this condition?
PE, Games, Sports
Meal Times (Before school, break, lunch, after school?)
Off Site Activities
Support for Social & Emotional Needs

School Environment

Emergencies				
Situation	Symptoms	Triggers	Action	Follow Up

Is training required	Yes/No
If yes, what are the details?	

If your child is asthmatic, please complete the section below:

Consent to use Emergency Asthma Reliever Inhaler Medication
<p>I, give consent for my child named in the Individual Health Care Plan to be administered an emergency reliever inhaler (e.g. Salbutamol/Ventolin) by a trained staff member in the event of asthma symptoms or a suspected asthma attack when their personal inhaler is not available, or if immediate access to relief medication is necessary.</p> <p>I understand that:</p> <ul style="list-style-type: none"> • The emergency inhaler will only be used in accordance with standard asthma first aid procedures. • This is a precautionary measure and does not replace the need to provide a personal asthma action plan and medication. • I will be informed if the emergency inhaler is used. • In all cases of severe asthma symptoms or if there is no improvement after using the inhaler, emergency services will be contacted immediately.
Name of Parent:
Signed:
Date:

Signed (Parent/Carer) Dated
 Signed (First Aider) Dated

Appendix 2: Managing medicines guidance

Important procedures:

1. Prior to admission
2. Emergency medication
3. Administration of prescription medication
4. Application of cream and lotions
5. Record keeping
6. Alternative medication
7. Simple analgesics (pain relief)
8. Storage and disposal
9. Refusal of medication
10. Offsite activities and educational visits

As an inclusive Trust, we recognise that there may be times when medication needs to be administered to ensure a child's participation in our schools. We will therefore administer medication and supervise children taking their own medication according to the procedures in this guidance.

We do support parents and carers when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document 'Supporting Pupils at school with medical conditions' (2014).

Children with special medical needs

Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents and carers, discuss their individual needs and write an IHCP. We will also involve other outside agencies as appropriate to the needs of the child and family.

Essential information will be on display in classrooms, staffrooms and kitchens. Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

Procedures

1. Prior to admission

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication,

emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months via the collection forms.

2. Emergency medication

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. adrenaline auto-injectors, defibrillators, emergency treatment for epilepsy, emergency treatment for diabetes.

3. Administration of prescribed medication

Should a child need to receive medication during the school day, parents or carers will be asked to come into school and personally hand over the medication to reception staff or the lead first aider.

On receipt of medication, a 'Medicine Record Sheet' should be completed and signed by the parent or carer - (a separate form should be completed for each medication). Completed forms will be kept with medications in the first aid room or School Office depending on setting. No medicine should be administered if the situation is not compatible with the instructions on the medicine label or prescription. If in doubt about any procedure, staff should not administer the medicines but check with the parent, carer or a healthcare professional before taking further action.

The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:

- the child's name
- name of medication
- strength of medication
- how much to be given
- when to be given
- date dispensed and/or expiry date. (if no date given, the medication should be replaced 6 months after date dispensed)
- length of treatment

- any other instructions NB: A label stating 'to be taken as directed' does not provide sufficient information.

Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.

A record of the administration of each dose will be recorded on the administration of medicines form and signed by the administering staff member and countersigned for controlled drugs.

Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes, the school should be notified in writing by the parent or carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

Should the supply need to be replenished this should be done in person by the parent or carer.

All controlled medication will be stored in a locked non-transportable cupboard or a lockable container kept with trip lead for trips/visits.

4. Application of creams and lotions

Non-prescribed creams or lotions, with the exception of herbal creams and lotions, may be applied at the discretion of the headteacher, in line with this policy, but only with written consent from parents or carers.

Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied. If staff are required to support with applying creams, this must be witnessed by another member of staff.

Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.

Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams and self-administer during the day. It should be labelled clearly and is the child's responsibility. Sun creams will not be shared and used by other children.

5. Record keeping

Schools should ensure that written records are kept of all medicines administered to children and inform the child's parent or carer on the same day, or as soon as reasonably practicable. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Records should be kept securely and held in line with data protection guidelines.

6. Alternative medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant. Schools do not allow or administer non-prescription cough sweets to learners.

7. Simple analgesics (pain relief)

With permission of parent and carers, pain relief medication can be given for example when a child has a headache. If pain relief medication is required, we will contact the parent/carer prior to administering to identify when the previous dose was taken. We will not administer pain relief without speaking to the parent/carer.

No aspirin or ibuprofen-based drugs will be given in school unless specifically directed by GP/hospital.

8. Refusing Medication

If a child refuses medication staff will not force them to take it. The refusal will be noted, parents and carers will be contacted by telephone.

If the emergency services are required parents/carers will be notified immediately and if required to leave the site to receive treatment and parent/carer will take time to arrive at site, a member of school staff will accompany the child to hospital to allow parent/carer time to arrive.

9. Storage and disposal of medication

All medication (with the exception of any requiring refrigeration) will be kept in a secure location. Children prescribed with an adrenaline auto-injector will need two pens in school as set out in [Safer Schools Programme for Allergy](#)

[Management | Anaphylaxis UK](#). Adrenaline auto-injectors should be kept in a clearly labelled box in the office; this must travel with the children during off-site visits. Parents are responsible for ensuring that adrenaline auto-injectors they supply to school are 'in date'.

Children should know where their medicines are at all times and their access requirements. They should know who holds the key to the storage area.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens – should always be readily available to children and not locked away.

Medication requiring refrigeration will be stored in a lockable fridge or in the first aid room that is locked when the first aider is not present. It will not be accessible to children.

Emergency medication will be stored out of the reach of children, in the same room as the child wherever possible and easily accessible to staff. All members of staff working in the school will need to be made aware of the location of the emergency medication.

A regular check of all medicines in school by lead first aider will be made every term. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy or clinical waste. No medication should be disposed of into the sewage system or refuse.

Sharps boxes should always be used for the disposal of needles and other sharps.

All storage facilities should be in an area which cannot be accessed by children without supervision. All emergency medication e.g. inhalers, adrenaline pens, dextrose tablets, must be readily accessible but stored in a safe location known to the applicable child and relevant staff.

Medication should always be kept in the original containers. Staff should never transfer medicines from original containers. Local pharmacists and school nurses can give advice about storing medicines.

10. Offsite activities and educational visits

The named leader of the activity must ensure that all children have their medication, including all emergency medication necessary. The medication

will be carried by a named member of staff. Any controlled medicines will be signed out using the 'Trips/Visits Controlled Medicines Going Offsite Record Form' Appendix 5.

This also includes asthma inhalers and other relief medication.

Record forms are also taken to ensure normal administration procedures are followed.

For residential visits parents and carers are required to complete a consent form for all forms of medication. This includes over the counter medication such as travel sickness.

All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should their child require this during the trip. Any such administration of paracetamol is recorded, and parents/carers are informed and asked to countersign on the child's return.

Appendix 3: Receiving medicine record

Receiving Medicine Record

Learner Name:		Date of Birth:	
Year			

Name of medication:	
Purpose of medication:	
Dosage required	
Time of dosage required	
Frequency of dose	
Any previous adverse reactions	

Quantity received	
Check:	<input type="radio"/> In original packaging <input type="radio"/> Prescribed to the child <input type="radio"/> Side Effects Leaflet
Age appropriate	

Signature:		Relationship to learner:
Date:		
Staff Signature		Role
Date:		
Staff witness signature		Role

Appendix 4: Returning Medication Record

Returning Medicine Record

Pupil Name:		Date of Birth:	
Year			

Name of medication returned:	
Reason for return:	

Quantity returned	
Check:	<input type="radio"/> In original packaging <input type="radio"/> Prescribed to the child <input type="radio"/> Side Effects Leaflet

Staff signature:		Role
Date:		
Staff witness signature		Role
Parent/Carer signature		Relationship to child
Date:		

Appendix 5: Trips/Visits Controlled Medicines Going Offsite Record Form

Medication going offsite record form

Trip name and date:	
Trip lead:	
Person responsible for controlled drugs offsite:	
Person administering controlled drugs offsite:	
Controlled drugs protocol read:	Yes/No

Medication signed out prior to trip

Pupil name:		Year:	
Name of medication:		Dose and time	
Side effects/reactions:		Medication quantity signed out:	
Staff name:		Staff signature:	
Staff witness name:		Staff witness signature:	

Medication Signed back in following trip

Medication quantity signed back in.		Administering medications form completed	Yes/No
Staff Name		Staff Signature	
Staff Witness Name		Staff witness signature	

Any Other Information:

Appendix 6: Administering medicine record

Administering Medicine Record

Learner Name:		Date of Birth:	
Class/Year			

Name of Medication:		Dose and Time:	
---------------------	--	----------------	--

Quantity of medication:	Date	Time	Dose:	Administered signature	Administer name:	Witness signature:	Witness name:

Appendix 7: Controlled Drug Protocol

What does this mean at CELT

- Controlled drugs are to be received by the lead first aider in the school, a process to be put in place by the school if the lead first aider is unavailable. When we receive the controlled drugs the 'Receiving Medicine Record' sheet (Appendix 3) **must** be completed. When completing this form, you **must** ensure the quantity is noted and cross checked by a witness. They are then transferred to the lockable cabinet without delay.
- When administering the controlled drugs these **must**:
 - o be witnessed and physically signed, including witness, and dated on the 'administering medicine record' (Appendix 6)
 - o on the right-hand side indicate how many controlled drugs are remaining in our possession.
- If a child is on an organised visit (school trip, trust direction, in trust transfer etc, where still in the care of the child), the following steps will be taken:
 - o A 'receiving medicine record sheet' to be completed, detailing the quantity of the controlled drugs have been handed over, along with the IHCP and a copy of the 'administering medicine record sheet'. This is by the lead first aider to the first aider or person responsible for the child during the offsite event or transporting the medication from one setting to another. This **must** be witnessed and counter signed.
 - o When returning from the offsite event, the 'receiving medicine record sheet' is updated to say how many have returned with the 'administering medicine record sheet'. Ensuring these match. If they do not, you **must** alert the headteacher of the school and an investigation into this will commence. The forms are stored with the child's medical records.

At any given time, there should be a record of exactly how many controlled drugs are in the school's possession (per child) and evidence of how many have been received and administered.

Please follow this protocol with any medication that is being taken off site from the school for a trip or visit.

Examples

EXAMPLE

Appendix 3: Receiving Medicine Record

Receiving Medicine Record

Pupil Name: Charlie Smith Date of Birth: 10.10.2010
 Class: 9AD

Name of Medication: Methylphenidate 15mg

Dosage required: 1x 5mg 1x 10mg

Time dose required: 1:10pm

Frequency of dose: In school 1x aday.

Any previous adverse reactions: None

Quantity received: 20 - 5mg
20 - 10mg

Check: In original packaging Prescribed to the child Side effects leaflet ✓✓

Age appropriate: Yes

Signature: Brith Relationship to Pupil: Mother

Date: 10.01.2025

Staff Signature: Barrel Role: Lead First Aider

Date: 10.01.2025

EXAMPLE

Appendix 4: Administering Medicine Record

Administering Medicine Record

Pupil Name: Charlie Smith Date of Birth: 10/10/10
 Class: 9AD

Name of Medication: Methylphenidate Dose and frequency: 15mg

Remaining 5mg Doses	Date	Time Given	Dose Given	Administer Signature	Administer name	Witness Signature	Witness name
19	19	13.1.25	1:10	Barrel	Amy Daniels	B	Joe Bloggs
18	18	14.1.25	1:08	Barrel	Amy Daniels	B	Joe Bloggs
17	17	15.1.25	1:12	Barrel	Amy Daniels	B	Joe Bloggs
16	16	16.1.25	1:05	Barrel	Amy Daniels	B	Joe Bloggs
15	15	17.1.25	1:10	Barrel	Amy Daniels	B	Joe Bloggs
14	14	20.1.25	1:09	Barrel	Amy Daniels	B	Joe Bloggs
13	13	21.1.25	1:11	Barrel	Amy Daniels	B	Joe Bloggs
12	12	22.1.25	1:10	Barrel	Amy Daniels	B	Joe Bloggs
11	11	23.1.25	1:13	Barrel	Amy Daniels	B	Joe Bloggs
10	10	24.1.25	1:09	Barrel	Amy Daniels	B	Joe Bloggs
9	9	27.1.25	1:08	Barrel	Amy Daniels	B	Joe Bloggs

EXAMPLE

Appendix 4: Administering Medicine Record

Administering Medicine Record

Pupil Name: Charlie Smith Date of Birth: 10/10/10
 Class: 9AD

Name of Medication: Methylphenidate Dose and frequency: 15mg

Remaining 5mg Doses	Date	Time Given	Dose Given	Administer Signature	Administer name	Witness Signature	Witness name
8	8	28.1.25	1:07	Barrel	Amy Daniels	B	Joe Bloggs
7	7	29.1.25	1:10	Barrel	Amy Daniels	B	Joe Bloggs
6	6	31.1.25	1:11	Barrel	Amy Daniels	B	Joe Bloggs
5	5	3.2.25	1:08	Barrel	Amy Daniels	B	Joe Bloggs
4	4	4.2.25	1:09	Barrel	Amy Daniels	B	Joe Bloggs
3	3	5.2.25	1:13	Barrel	Amy Daniels	B	Joe Bloggs
2	2	6.2.25	1:10	Barrel	Amy Daniels	B	Joe Bloggs
11	11	7.2.25	1:15	Barrel	Amy Daniels	B	Joe Bloggs
10	10	10.2.25	1:05	Barrel	Amy Daniels	B	Joe Bloggs

Appendix 3: Receiving Medicine Record

Receiving Medicine Record

Pupil Name: Charlie Smith Date of Birth: 10/10/10
 Class: 9AD

Name of Medication: Methylphenidate 15mg

Dosage required: 1x 5mg 1x 10mg

Time dose required: 1:10pm

Frequency of dose: In school @ lunch

Any previous adverse reactions: None

Quantity received: 10 - 5mg
10 - 10mg

Check: In original packaging Prescribed to the child Side effects leaflet ✓✓

Age appropriate: Yes

Signature: Brith Relationship to Pupil: Mother

Date: 07.02.25

Staff Signature: Barrel Role: Lead First Aider

Date: 07.02.25

Due to more medication being received. Therefore the current number of tablets for this child.

Appendix: History of Changes

Version	Date	Page	Change	Origin of change
1.0	30.11.22		Original draft	
1.1	11.05.23	17	Supporting children with health needs who cannot attend school updated	
1.2	23.08.24		Updated medication procedure	
1.3	17.08.2025		Pupils/students to learners Link to controlled drug protocol Use of emergency Asthma inhaler Appendix 4 – returning medication form Appendix 5 – Trips/Visits- when controlled medication foes offsite Changes are in blue	