



Olive Academies

## Supporting Pupils with Medical Conditions Policy

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Updates/revisions included:	<ul style="list-style-type: none"><li>• Included the legislation and guidance</li><li>• Updated sections in line with model policy</li></ul>
<p>These are OA central procedures and should not be modified at a local academy level. Template forms are provided at the end of this policy for use within the academies.</p> <p>All academies to check appropriate for local context and ensure that a lead for ensuring medical plans are kept up to date and information shared with relevant staff is identified.</p>	

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## Statement of Intent

The Children and Families Act 2014 states that arrangements for supporting pupils at academy/school with medical conditions must be in place and those pupils at academy/school with medical conditions should be properly supported so that they have full access to education, including academy/school trips and physical education.

Many children, at some point during their time at academy/school, will have a medical condition which may affect their potential to learn and their participation in academy/school activities. For most, this will be short term; perhaps finishing a course of medication or treatment; other children may have a medical condition that, if not properly managed, could limit their access to education.

Olive Academies recognises that it has a duty to ensure that arrangements are in place to support these pupils. The aim of this policy is to ensure that pupils with a medical condition receive appropriate support to allow them to play a full and active role in academy/school life, having full access to education (including academy/school trips and PE).

The academy believes it is important that parents of pupils with medical conditions feel confident that the academy/school provides effective support for their children's medical conditions, and that pupils feel safe in the academy/school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The academy/school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the academy/school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years and the academy/school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

### **Legislation and guidance**

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children Act 1989
- Children and Families Act 2014
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in academy/schools'
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'School Admissions Code'
- DfE (2022) 'First aid in schools, early years and further education'
- Education Act 1996 (as amended)
- Education Act 2002
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Medicines Act 1968
- Misuse of Drugs Act 1971
- National Health Service Act 2006 (as amended)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- The Human Medicines (Amendment) Regulations 2017
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)

This policy operates in conjunction with the following academy/school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Health and safety manual including information on asthma, allergens and anaphylaxis
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy
- Educational visits
- Complaints Policy and Procedure

### **Aims and objectives**

This policy aims to ensure that:

- pupils, staff and parents understand how the academy will support pupils with medical conditions
- pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including academy/school trips and sporting activities.

Olive academies will ensure that:

- Sufficient staff are suitably trained
- Staff are aware of pupils' conditions, where appropriate
- Cover arrangements are in place to ensure someone is always available to support pupils with medical conditions
- Supply teachers are provided with appropriate information about the policy and relevant pupils
- Individual healthcare plans (IHPs) are developed and monitored as appropriate

### **Roles and Responsibilities**

Supporting a child with a medical condition during academy/school hours is not the sole responsibility of one person. Partnership working between academy staff, healthcare professionals, and parents and pupils will be critical.

The OA Board of Trustees are responsible for ensuring that:

- There are arrangements to support pupils with medical conditions across the Trust
- Pupils with medical conditions are supported to enable maximum participation in all aspects of academy/school life
- Sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions.

It is the day-to-day responsibility of the CEO and leaders within OA central to ensure that the above is in place and provide assurance to the trust board via reports from the Facilities and Infrastructure Manager and the safeguarding lead.

The **Head of Academy** is responsible for ensuring that:

- This policy and procedures are implemented within the academy to meet the needs of pupils with medical conditions
- All staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- All staff who need to know are aware of the pupil's condition
- sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- The school nursing service is contacted in the case of any child who has a medical condition that may require support at the academy but who has not yet been brought to the attention of the school nurse
- Systems are in place for obtaining information about a child's medical needs and that this information is up to date

### **Academy staff**

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

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

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Healthcare professionals should:**

- Notify the academy when a pupil has been identified as having a medical condition who will require support in the academy
- Take a lead role in ensuring that pupils with medical conditions are properly supported in the academy, including supporting staff on implementing a pupil's plan
- Work with headteachers to determine the training needs of academy staff and agree who would be best placed to provide the training
- Confirm that academy staff are proficient in undertaking healthcare procedures and administering medicines.

**Parents and carers must:**

- Provide the academy with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the academy that their child has a medical condition.
- Be key partners and be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.
- Carry out any action they have agreed to as part of its implementation, including the provision of medicines and equipment.
- Ensure that all medicines (including over the counter (OTC) products) are prescribed by a healthcare professional, e.g. their GP. Medicines which have not been prescribed by a healthcare professional will only be administered at the academy in exceptional circumstances and in the case of an emergency. If a pupil requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short-term medical requirement.

**Pupils**

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

After discussion with parents or carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible and safe to do so, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, relevant staff should help administer medicines and manage procedures for them.

If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents or carers should be informed so that alternative options can be considered.

**Equal opportunities**

The Board of Trustees is clear about the need to actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.

The academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on academy/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 pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

### **Being notified that a child has a medical condition**

When the academy is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP. The academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our academy.

### **Individual Health Care Plans (IHCP)**

An IHCP is a document that sets out the medical needs of a pupil, what support is needed within the academy/school day and details of actions that need to be taken within an emergency situation (see template 1). They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual health care plans may be initiated by a member of academy staff, the school nurse, or another health care professional involved in providing care to the child. Plans must be drawn up with input from such professionals, e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the academy, the child, and their parents. Plans should be reviewed at least annually or earlier if the pupil's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being, and to minimise disruption. Where the child has a special educational need, the individual health care plan should be linked to the pupil's statement or EHC plan where they have one.

Parents will receive a copy of the IHP with the originals kept by the academy. Medical notices, including pictures and information on symptoms and treatment, are placed in the staff room and medical room, kitchen and given to the pupil's class teacher for quick identification, together with details of what to do in an emergency.

### **Procedures for administering medicines**

In line with safeguarding duties, the academy will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious disease. The academy will therefore not accept a pupil in academy/school at times when it would be detrimental to the health of that pupil and others.

- Medicines should only be administered at the academy when it would be detrimental to child's health or attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to

another pupil to use. All other controlled drugs are kept in a secure cupboard in the academy/school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours
- Academies should 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. The exception to this is insulin, which must still be in date, but will generally be available to academies inside an insulin pen or a pump, rather than in its original container

Antihistamines will not be administered at the academy unless prescribed by a GP. All medicines must be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to pupils as appropriate.

- Academies should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access
- Controlled drugs should be easily accessible in an emergency a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction.
- Academies should keep a record, via medical tracker of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the academy should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.

There is no legal duty which requires academy staff to administer medication. However, staff across OA may administer medication to children provided that the parent/carer has completed an administration of medication form (see template 2). We will only administer non-prescription medicines under exceptional circumstances and with a written request. Occasionally, a pupil will show an adverse reaction to a new course of treatment and for this reason the academy will not take responsibility for administering the first prescribed dosage. Medication should only be requested to be administered if it needs to be administered during academy/school time. Where the dosage is three times a day it is usually acceptable that these doses are given at home – before academy/school, immediately after academy/school and just before bedtime.

Medication and the request form should be handed to staff by parents/carers, never the child. For children in Key Stage 1 and 2, we encourage parents to provide correct dosages of medicine in an appropriate container for a member of staff to oversee the child whilst he/she takes it. All medications should be placed in a clear container (with a lid) and the name of the child, type of medication and dosage clearly displayed. Medicines should always be provided with the prescriber's instructions.

Pupils with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the academy office or classroom. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.

## **Non-prescription medicines**

The academy is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The academy/school works on the premise that parents have the prime responsibility for their child's health and should provide academy/schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the academy/school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in academy/school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the academy/school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The academy/school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines:

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

## **Paracetamol**

The academy/school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The academy/school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The academy/school will ensure that authorised staff are fully trained and aware of the [NHS advice](#) on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.



The academy/school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent of parents will be required in order to administer paracetamol to pupils.

To reduce the risk of pupils carrying medicines and avoid confusion over what can be administered, the academy/school will keep its own stock of 500mg paracetamol tablets.

The academy/school is aware of the NHS recommended dosages for secondary aged pupils as set out below:

- 10 to 11 years: 500mg - maximum four times in 24 hours
- 12 to 15 years: 750mg – maximum four times in 24 hours

The written consent of parents will be required in order to administer paracetamol to pupils. A 'permission to administer paracetamol section' will be included in the Pupil Information form. This form will be completed as part of the pupil admission process, updated annually and kept in the academy/school office.

For pupils' health and safety, the academy/school will only administer one tablet of 500mg, regardless of age, within the academy/school day and will ensure staff adhere to the following protocols:

- The academy/school will hold a supply of 500mg paracetamol securely in a locked medicine cabinet.
- Before giving paracetamol, affected pupils will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work.
- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending academy/school.
- Following consent, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain or any type of mild to moderate pain.
- Paracetamol will not be issued without prior written consent, and verbal consent from the parent on the day. If verbal consent cannot be obtained, then paracetamol will not be given.
- When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and make a record of it. This record will include:
  - Pupil's name.
  - The name of the medicine.
  - Dose given.
  - Date and time of administration.
  - Signature of the person administering.
- Only standard paracetamol will be given, not combination medicines which may contain other drugs.
- Pupils will only be given one 500mg dose of paracetamol during the academy/school day; this will only be given to pupils after 12.30pm, or where a minimum of four hours has elapsed since the pupil arrived in academy/school that day.
- If paracetamol does not alleviate symptoms, the pupil's parents will be contacted again.
- Paracetamol will not be given following a head injury, or where a pupil has taken paracetamol containing medicine within the last four hours.
- Pupils who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the academy/school office; parents will be contacted by the office staff in these circumstances.
- If a pupil has a minor injury whilst at academy/school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff (who may or may not be the first aider) following consultation and consent from parents.

Below is a checklist of advice that members of staff can refer to when administering medicines to pupils in the academy: 9

Do	Do not
<ul style="list-style-type: none"> <li>✓ Remember that any member of academy/school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so</li> <li>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</li> <li>✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</li> <li>✓ Inform parents if their child has received medicine or been unwell at academy/school</li> <li>✓ Store medicine safely</li> <li>✓ Ensure that the child knows where their medicine is kept, and can access it immediately</li> </ul>	<ul style="list-style-type: none"> <li>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</li> <li>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions</li> <li>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</li> <li>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</li> <li>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</li> <li>✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents</li> </ul>

### Storing medicines

OA will only store, supervise, and administer medicine that has been prescribed for an individual pupil. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers. Medicines are stored safely in the medical room/office and in the refrigerator if required. All emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to the pupil – not locked away.

Pupils should know where their own medicines are stored.

### Disposal of medicines

Staff should not dispose of medicine. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. This includes asthma medication. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

### Safety management of medicines

The storage of medicines must ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### Emergency procedures

In emergency situations, where possible, the procedure identified on a pupil's IHP will be followed. When this is not available, a qualified first aider will decide on the emergency course of action. If it is deemed a

child needs hospital treatment as assessed by the first aider the following procedures must take place:

1. Stabilise the child
2. Dial 999
3. Contact parent/carer
4. Notify headteacher

The most appropriate member of staff accompanies the pupil to hospital with all relevant health documentation (Inc. tetanus and allergy status) and clear explanation of the incident if witness does not attend. Senior members of staff should attend the hospital to speak to parents if deemed necessary.

### **Hygiene and infection control**

All staff should be aware of normal precautions for avoiding infections and following basic hygiene procedures, e.g. basic hand washing. The medical room has full access to protective disposable gloves, visors and disposable aprons, and care is taken with spillages of blood and body fluids.

As already highlighted, particular care will be taken to follow hygiene procedures should a member of staff be supporting a pupil who has displayed coronavirus symptoms.

### **Sporting activities**

Some children may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures

### **Educational visits**

As already emphasised, OA actively supports pupils with medical conditions to participate in trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professionals that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an educational visit.

The class teacher must also ensure that medications such as inhalers and epi-pens are taken on all trips and given to the responsible adult that works alongside the child throughout the day. A first aid kit must be taken on all trips. The trip leader must ensure that all adults have the telephone number of the academy in case of an emergency.

A fully trained first aider should attend all academy trips, especially when a pupil with a specific medical need is going. The first aid provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any pupil with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to children on trips should follow the guidelines above.

### **Staff training**

- Teachers and support staff will receive training on the supporting pupils with medical conditions policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.

- Teachers and support staff who undertake responsibilities under this policy will receive first aid training externally
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- A record of training undertaken will be held along with a list of staff qualified to undertake responsibilities under this policy (see template 5).

Parents can be asked for their views and may be able to support academy staff by explaining how their child's needs can be met, but they should provide specific advice, not be the sole trainer.

### **Avoiding unacceptable practice**

OA understands that it is unacceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- 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 (although this may be challenged)
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal academy/school activities, including lunch, unless this is specified in their individual healthcare plans
- send pupils to the academy office or medical room unaccompanied or with someone unsuitable if the pupil becomes ill
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents/carers, or otherwise make them feel obliged, to attend an academy to administer medication or provide medical support to their child, including toileting issues. No parent or carer should have to give up working because the academy is failing to support their child's medical needs
- prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of academy life, including trips, e.g. by requiring parents or carers to accompany their child.

### **Record keeping**

The trust board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their child is unwell at the academy. IHPs are kept in a readily accessible place which all staff are aware of.

### **Liability and indemnity**

The Board of Trustees ensures that the appropriate level of insurance is in place and appropriately reflects the academy's level of risk. We are a member of the Department for Education's Risk Protection Arrangement (RPA).

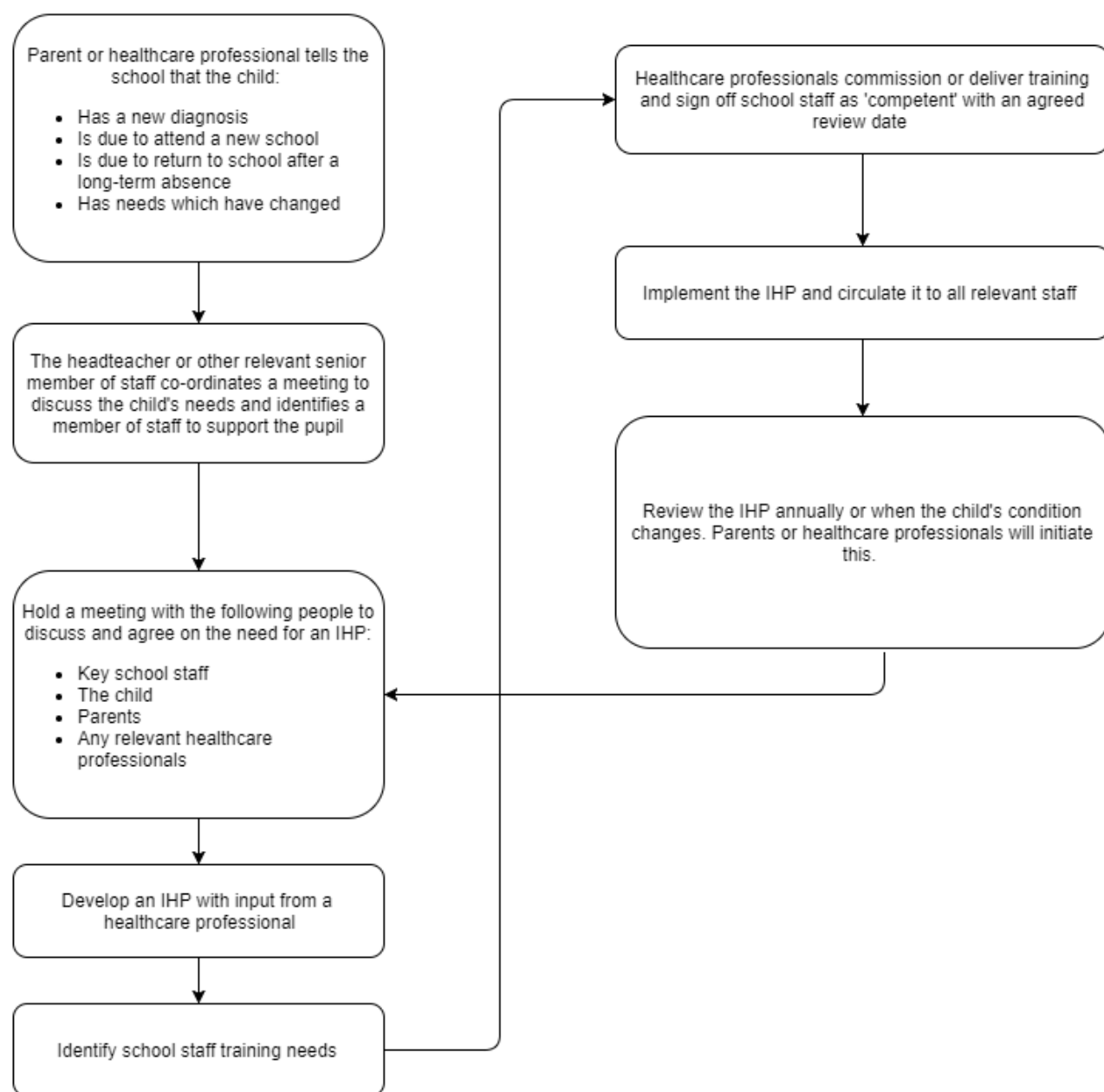
### **Complaints**

Parents/carers are encouraged to discuss any concerns with the pupil's class teacher in the first instance, but should they feel their concern is not resolved, details of how to make a complaint can be found in the OA complaints policy which is available on the academy website.

**Review**

The Bord of Trustees will review this policy annually and update it in line with government legislation or reviews of practice.

## Appendix 1 – Procedure for developing an IHP where relevant



## Appendix 2: Individual Health Care Plan (IHP)

Name of academy/setting

Pupil's name

Group/class/form

Date of birth

Pupil's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in academy

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements, e.g. before sport, during lunch

Specific support for the pupil's educational, social and emotional needs

Arrangements for visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:



### Appendix 3: parental agreement for academy to administer medicine

The academy will not give your child medicine unless you complete and sign this form, and the academy or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of academy/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the OA policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/carers signature(s)

Date

#### Appendix 4: record of medicine administered to an individual child

Name of academy	
Name of pupil	
Date medicine provided by parent	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff


Date

Time given

Dose given

Name of member of staff

Staff initials


## Appendix 5: record of medicine administered to all children

Name of academy

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Date

Child's name

Time

Name of  
ne

Dose given

of staff

Any reactions

Signature

Print name

[illegible]

## Appendix 5: staff training record – administration of medicines

Name of academy

Name

Type of training received

Date of training completed

Training provided by

Profession and title


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

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date