THE NEWCASTLE SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

September 2026

This policy applies across the whole school including the Early Years Foundation Stage (EYFS).

1. Aims

At The Newcastle School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that wherever possible they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions.
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions.
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs).
- Set out how we will manage medicines in school.
- Reassure parents/carers that the school will help their child feel safe, supported and included.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Governing Bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and Responsibilities

3.1 Governing Body

The Governing Body has ultimate responsibility for making arrangements to support pupils with medical conditions.

The Governing Body will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements.
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- Monitor practice, and staff training, in regard to pupils with medical conditions, in line with this policy.

The Governing Body delegates the day-to-day implementation of this policy to the Chief Operating Officer (COO)

3.2 Chief Operating Officer (COO)

The COO will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Make sure that there are a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Make sure that all staff who need to know are aware of a child's medical condition.
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs).
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs.
- This duty is delegated to the HR Manager.
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions.
- This duty is delegated to the Events / Visits Co-ordinator.
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of any 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 consider 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.

3.4 Parents / Carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Provide evidence of appropriate prescriptions and written permission for medicines to be administered by staff.
- Be involved in the development and review of their child's IHP, and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are always contactable.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible (appropriate to their age) to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 Healthcare Professionals

Where appropriate, healthcare professionals involved in the pupil's care will liaise with the school and provide advice on the development and review of Individual Healthcare Plans (IHPs).

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

5. Notification that a child has a medical condition

When the School is notified that a pupil has a medical condition, staff will work in partnership with parents / carers and, where appropriate, healthcare professionals to determine whether an Individual Healthcare Plan (IHP) is required. It is important to note that not all pupils with medical conditions will need an IHP; the decision will be made on a case-by-case basis, considering the nature of the condition and its potential impact on the pupil's daily school life.

5.1 IHP

An IHP is typically developed when a pupil's medical condition is complex, potentially life-threatening, or may require emergency intervention during the school day. Examples include diabetes, asthma, epilepsy, or severe allergies. An IHP may also be appropriate where a medical condition significantly affects a pupil's ability to access education, participate in physical activities, or take part in school trips and other aspects of school life.

The School will make every effort to ensure that arrangements (including IHPs where required) are put into place as soon as reasonably possible (within one week if the pupil has a potentially life-threatening condition). In more complex cases, where a pupil's medical condition significantly affects their ability to access education, take part in physical activities, attend school trips, or fully engage in school life, the full process may take longer. However, the School will ensure that planning and support are not unnecessarily delayed, and interim measures will be put in place as needed.

5.2 Obtaining information about medicines

The school will:

- For new starters, send a medical questionnaire to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) / treatment / adaptations their child needs.
- Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place as soon as reasonably possible (within one week if the pupil has a potentially life-threatening condition).
- Ask parents to confirm medical information before the start of each academic year.

Parents / carers must proactively email the relevant school office if their child's medical needs change during the school year.

6. Individual Healthcare Plans

The COO has overall responsibility for the development of IHPs for pupils with medical conditions. The day-to-day responsibility has been delegated to appropriate staff.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with parents/carers when an IHP would be appropriate. This will be based on evidence. If there is no consensus, the COO will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and where appropriate / possible a relevant healthcare professional, such as the GP, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, and counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the pupil, during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

A template IHP is included in Appendix 1

7. Emergency medical treatment

By accepting a place at the School, parents / carers are required to authorise the Head, a Co- Head of the Junior School, the Head of Senior School, or an appropriately authorised deputy to consent, on the advice of a qualified medical professional, to their child receiving emergency medical treatment. This may include procedures such as general anaesthesia or surgery under NHS care, in circumstances where it is not possible to contact the parent or carer in time.

8. Managing medicines

8.1 Prescription medications

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, and
- Where we have parents/carers' written consent. (See Appendix 2 Parental agreement to administer medicine).

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers. Where there are other exceptional circumstances, pupils who are deemed Gillick competent will be able to self-consent with appropriate safeguarding in place. This will be determined on a case by case basis. Such decisions will be made in consultation with the Designated Safeguarding Lead (DSL) and, where appropriate, relevant healthcare professionals.

Only reasonable quantities of prescribed medicines should be supplied to the School (for example, a maximum of four weeks' supply at any one time). Each item of medication must be delivered to the relevant school office, in normal circumstances by the parent, ***in a labelled container as originally dispensed***.

Each item of medication must be clearly labelled with the following information:

- Pupil's name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Storage requirements (if important).
- Expiry date.

The School will not accept items of medication in unlabelled containers.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor or the school has received a letter from the pupil's doctor to state when it should be administered.

Anyone giving a pupil any medication will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.
The person administering medication will keep an appropriate record of this (refer to record keeping section for further information).

8.2 Emergency medication

Pupils who have been prescribed emergency medication (e.g. adrenaline pens, asthma inhalers) and who are competent at self-administration will be permitted to carry their own medication, where prior parent consent has been obtained.

Pupils must not carry any other medication whilst in school. If it is brought into school, it must be handed to the relevant school office.

The School asks that all pupils who have prescribed emergency medication bring a spare/s into school, to be stored in the appropriate first aid area.

Please refer to the Allergy and Anaphylaxis Policy for details on allergy management and the use of spare adrenaline pens.

8.3 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments.

A pupil who has been prescribed a controlled drug must hand it to the relevant school office so that it can be placed in a locked medicine cabinet or secure fridge as appropriate.
As stated above, the school requires written consent before the medicine can be administered.

8.4 Non-prescription medication

Staff identified by management can administer, school provided, paracetamol and antihistamines to pupil if parents/ carers have given prior consent and it is deemed necessary by the member of staff. This staff member will:

- Establish the reason for giving the medicine (and determine if other actions could be taken before medication is administered).
- Check whether the pupil has taken any medication recently, and if so, what has been taken, the dose and when it was taken.
- Verify that written parental consent is held.
- Check for allergies by asking the parent/child and checking the most up to date medical form.
- Check the expiry or 'use by' date on the medication package or container.
- Ensure that parents / carers are informed that their child has been given medicine (including the reason, the dose and the time).

Over the counter medicines provided by parents (e.g. ibuprofen, cough/cold remedies, aspirin) will only be accepted in exceptional circumstances.

- The parent/carer must clearly label the container with the child's name, Date of Birth (D.O.B), dosage and time of administration and complete a consent form. Staff will check that the medicine has been administered without adverse effect in the past and that parents / carers have certified that this is the case; a note to this effect must be recorded in the written parental agreement for the school to administer medicine.
- The use of non-prescribed medicines will normally be limited to 48hrs. The School will consider exceptional circumstances on a case by case basis.
- If symptoms persist medical advice should be sought by the parent /carer.

The person administering any non-prescription medication will keep an appropriate record of this (refer to record keeping section for further information).
Other remedies, including herbal preparations, will usually not be accepted for administration in school.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor or the school has received a letter from the pupil's doctor to state when it should be administered.

8.5 Adverse reactions to medications

If a pupil experiences side effects to a medication, the relevant parent will be informed. If a serious reaction occurs medical attention should be sought immediately, if necessary, by calling 999.

8.6 Storage of medication

On arrival at school, all medication is to be handed in to the relevant school office unless there is prior agreement with school and pupil for the pupil to carry emergency medication (e.g. asthma inhalers) and details of this are entered in the School's medication record.

Medication must be stored in a locked cabinet, with the key stored in an accessible but restricted place known to the designated members of staff. If refrigerated storage is required, this must be in a designated restricted area of the school and used solely for that purpose. Once removed from the cabinet, medication should be administered immediately and never left unattended.

Emergency medication (e.g. asthma inhaler, adrenaline pens (otherwise known as AAI devices), insulin) will be READILY AVAILABLE i.e. not locked away.

8.7 Disposal of medication

Parents / carers are responsible for ensuring that any medication, that is no longer required, is disposed of safely.

Medications will be returned to the child's parent/carer:

- When the course of treatment is complete.
- When labels become detached or unreadable.
- When instructions are changed.
- When the expiry date has been reached.
- At the end of the academic year.
- When a pupil leaves the school.

A programme of periodic checks of all medication storage areas is in place (termly). Any medication which has not been collected by parents / carers and is no longer required will be disposed of safely by returning it to a community pharmacy where possible.

8.8 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP (where there is one), they will keep in mind that it is not generally acceptable practice to:

- Prevent pupils from easily accessing their emergency medication.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers.
- Ignore medical evidence or opinion.
- 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 IHPs.
- Send an ill pupil (e.g. feeling sick/ dizzy) to the school office or medical room unaccompanied or with someone unsuitable i.e. a fellow pupil who is not old or responsible enough.
- 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 school to administer medication or provide medical support.
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

9. Emergency procedures

In the event of a medical emergency, staff will follow the School's standard emergency protocols, including contacting emergency services (e.g. calling 999). Each pupil's Individual Healthcare Plan (IHP) will clearly define what constitutes an emergency and outline the specific actions to be taken.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parent or carer arrives. Where necessary, staff may accompany the pupil to hospital by ambulance to ensure continuity of care and support.

10. Pupils with mobility difficulties

When a pupil experiences mobility difficulties, whether temporary or long-term, their ability to safely evacuate the building in the event of an emergency must be assessed. A Personal Emergency Evacuation Plan (PEEP) must be developed and agreed upon in accordance with the Fire Safety Procedures and Risk Assessment Policy.

In cases of short-term mobility issues, such as injuries requiring crutches or a 'moon boot', an Individual Healthcare Plan (IHP) may not be necessary. However, a risk assessment must be completed and approved prior to the pupil's return to school to ensure appropriate safety measures are in place.

11. Responding to Illness and Infection Control

The School is committed to preventing the spread of infection and ensuring the health and safety of all pupils, staff, and visitors. In line with the Early Years Foundation Stage (EYFS) statutory framework, we have a procedure for responding to children who are ill or infectious. These actions are applied across the whole school:

- Prompt isolation of the child in a safe area until collection (EYFS pupils are fully supervised; other pupils are appropriately supervised)
- Immediate communication with parents/carers to arrange collection.
- Clear advice on exclusion periods before returning to school.
- Enhanced cleaning and hygiene measures in affected areas.

The School applies current UK Health Security Agency (UKHSA) guidance on infection prevention and control in educational settings which includes recommended exclusion periods for common illnesses.

Pupils can only return to school at the end of the advised medical exclusion and when they are well enough to attend school.

12. Medical examinations and immunisations

Parents will always be informed in advance of any immunisations to be administered by health professionals in school. No immunisation or vaccination will be administered to pupils without full, informed consent.

13. Training

Identified staff will receive training on the administration of medicines.

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will either be included in meetings where this is discussed or updated about any changes that need to be implemented.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the HR Manager. 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 pupils.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will be made aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

14. Record keeping

(See Appendix 2 Record of administration of medicines).

The school will:

- Enter each pupil's medicine need in the school's record system.
- Update our records when parents/carers inform us of changes to their child's needs.
- Make sure that all staff have access to medical records and IHPs so that they are informed about pupils' medical needs.
- Securely hold this information digitally in accordance with the UK GDPR.
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018).

The system of record keeping includes:

- Records of parental/carer consent including those for pupil self-administration consent.
- A parent/carer request form completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.
- Record of administration of medication including amount administered.
- Where school provided medication is administered, parents will be informed why the medicine was given, what medicine was administered, the dose provided and when it was administered.
- Record of medication returned to the parent/carer wherever possible.
- Record of medication disposed, including date and method.
- Reasons for not administering regular medication (e.g. refusal by pupil) must be recorded and parents / carers informed.
- Parents will always be informed if their child has any adverse reaction to medication.

Termly checks will be made as follows:

- All medicine is in date.
- All medicine has an associated consent form.
- IHP information has been reviewed and changes are shared with staff.

Appendix 1: Individual Healthcare Plan example

Pupil Information	
Pupil's name	
Year group	
Date of birth	
Medical diagnosis or condition	

IHP dates	
Date of IHP completed	
Review date	
Parent / Carer (1) Contact Information	
Parent / Carer's name	
Phone no. (mobile)	
Relationship to child	
Parent / Carer (2) Contact Information	
Parent / Carer's name	
Phone no. (mobile)	
Relationship to child	
Other information	
Who is responsible for providing support in school?	
Medical needs: 1) pupil's symptoms/ signs 2) triggers 3) facilities, equipment or devices required 4) environmental issues to be considered 5) other requirements	
Medication: 1) name of any medication(s) 2) dose 3) method of administration 4) administered by: self/ with supervision/ administered by staff- 5) is there parental consent to administer emergency medication 6) timing / trigger to administrator 7) possible side effects 8) contra-indications	

Emergencies 1) Describe what constitutes an emergency 2) Action to take	
Arrangements for spare emergency medication: • spare/s held in school? • carried by pupil?	
Daily care requirements:	
Specific support for the pupil's educational, social and emotional needs:	
Arrangements for school visits/trips etc.:	
Staff training needed/undertaken – who, what, when:	
Other information	

Appendix 2: Parental agreement to administer medicine

Part A

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	The Newcastle School
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 school/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	[relevant School Office]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the School's Supporting Pupils with Medical Conditions Policy. I will inform the relevant School Office immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Part B – Details of medication to be administered.

Name of school/setting	The Newcastle 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 of medicine	

Signature of parent _____

Staff signature _____

Part C - To be completed by staff.

Date			
Time given			
Medicine given			
Dose given			
Reason			
Name of member of staff			
Staff initials			

Date			
Time given			
Medicine given			
Dose given			
Reason			
Name of member of staff			
Staff initials			
Date			
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Staff initials			

Date			
Time given			
Medicine given			
Dose given			
Reason			
Name of member of staff			
Staff initials			

POLICY CONTROL – SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Status & Review

Statutory policy or document	Yes
Publish on school website	Yes
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Version Control

Author	Creation / Revision Date	Version	Status
COO (MAD)	February 2026	1.0	Final approved version for publication. New policy - replaces (a) Administration of Medicines and (b) Infection Prevention and Control Policy) Introduction of version control
COO (MAD)	September 2026	2.0	Changed school name to The Newcastle School. Changed the Head of Junior School to 'a Co-Head of the Junior School'.