

Stocks Green Primary School  
Healthcare Policy  
February 2026

Healthcare Policy	
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School Staff responsible for the policy:	Inclusion Team
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Governor committee responsibility:	P&P

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This policy has been impact assessed by Peter Hipkiss in order to ensure that it does

not have an adverse effect on race, gender or disability equality.

## 1. Aims

This policy aims to ensure that:

- › Pupils, staff and parents/carers understand how our school 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 school trips and sporting activities

The governing board will implement this policy by:

- › Making sure sufficient staff are suitably trained
- › Making staff aware of pupils' conditions, where appropriate
- › Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- › Providing supply teachers with appropriate information about the policy and relevant pupils
- › Developing and monitoring individual healthcare plans (IHPs)

**The named person with responsibility for implementing this policy is the Headteacher.**

## 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 boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

## 3. Roles and responsibilities

### 3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2 The headteacher

The headteacher will:

- › Make sure all staff are aware of this policy and understand their role in its implementation
- › Ensure that there is 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
- › Ensure that all staff who need to know are aware of a child's condition
- › Take overall responsibility for the development of IHPs
- › Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- › Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- › Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### 3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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 medicine.

Those staff who take 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
- › When asked to by the school, provide new medication to replace any that is going out of date
- › 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 to the development of their IHPs. They are also expected to comply with their IHPs.

### **3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Equal opportunities**

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

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school 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 school.

See Appendix 1.

## **6. Individual healthcare plans (IHPs)**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Gilly Francis.

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 a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, 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 governing board, Headteacher and Gilly Francis 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 or additional support in catching up with lessons, 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 confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, 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 and the headteacher 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

See Appendix 3

## **7. Managing Medicines in School**

### **7. Administration of Medicines**

7.1 Medicines will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so. Written consent from parents/carers is mandatory.

7.2 Prescription medicines must:

- Be in the original container with prescriber's instructions.
- Be labelled, in-date, and provided with instructions for administration, dosage, and storage.
- 

7.3 Parents are encouraged to time doses to minimize in-school administration. For long-term conditions, parents can request:

- Timed-release medication.
- Separate prescriptions for home and school use.
- 

7.4 Non-prescription medicines, such as liquid paracetamol, may be administered with written parental consent. Aspirin or ibuprofen will only be given if prescribed by a doctor.

7.5 Before administering medication, staff will verify the maximum dosages and the timing of previous doses.

## **8. Storage of Medicines**

8.1 All medicines will be stored securely:

- Controlled drugs will be kept in a locked cupboard attached to a structural wall, with access restricted to named staff. Records of usage and stock will be maintained.
- Emergency medicines, including asthma inhalers and adrenaline pens, will be stored in unlocked, accessible locations (e.g., classrooms) and taken on trips.

8.2 Medicines no longer required will be returned to parents/carers for safe disposal.

## **9. Managing Medicines on trips and Activities**

9.1 Pupils with medical needs will be encouraged to participate fully in school trips and activities. Staff will consult pupils' Individual Healthcare Plans (IHPs) and conduct additional risk assessments where necessary.

9.2 Emergency procedures and care plans will be shared with all relevant staff. Medicines and medical devices will accompany pupils during trips and outings.

9.3 Flexibility will be provided in physical activities (PE/sports) to accommodate medical needs, as noted in pupils' care plans.

## **10. Independent management by Pupils**

10.1 Pupils who are competent will be encouraged to manage their own medicines and health procedures, as detailed in their IHPs. Parents/carers and staff will collaborate to ensure proper support and monitoring.

## **11. Unacceptable Practices**

11.1 The following practices are prohibited:

- Preventing pupils from accessing their medicines or administering them when necessary.
- Ignoring pupils' or parents' views, or medical advice.
- Penalizing pupils for absences related to medical needs.
- Requiring parents to administer medication or provide medical support during school hours.
- Creating unnecessary barriers to participation in school activities, including trips.
- Administering or asking pupils to administer medicine in inappropriate locations, such as school toilets.

## **12. Record keeping**

12.1 The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school. Medicine/s administered will be recorded by the responsible member of staff on CPOMS. This will include the date, time and dosage of medication given.

12.2 IHPs are kept in a readily accessible place that all staff are aware of.

## **13. Roles and responsibilities of staff managing or supervising the administration of medicines**

13.1 The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

13.2 Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

13.3 Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

13.4 When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

13.5 Guidance about Risk Management and Insurance is contained in KCC document 'Insurance Provision for Medical Treatment/Procedures' and can be found on Kelsi.

13.6 In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

13.7 The Headteacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training

- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

13.8 Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

## **14. Children's medical needs – parental responsibilities**

14.1 The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

14.2 The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

14.3 The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

14.4 Parents should provide the school with information about their child's condition. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 2).

## **15. Parents written agreement**

15.1 The attached Medicine record form (Appendix 2) is to be completed and signed by the parents for the administration of the medicines and treatment to their child.

15.2 It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

## **16. Supporting children with complex or long-term health needs**

16.1 The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

16.2 The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

## **17. Advice and Guidance to Staff**

17.1 The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service

- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Ellenor Nurses
- The Health Needs Education Service
- Specialist Health Care Professionals regarding specific diagnosis
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

## **18. Storing Medicines**

The school will keep medicines in a locked secure place, with access only by employed staff. Due to the emergency nature of Epipens and Inhalers, these will be kept in an unlocked cabinet to ensure access at all times.

## **19. Emergency Procedures**

19.1 The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

19.2 All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

## **20. Risk assessment and arrangement procedures (Care Plans)**

20.1 Where a pupil has a complex health need or requires long term medication, risk assessments and health care plans will be drawn up and signed by parents, class teachers and health professionals as needed. (Appendix 3).

## **21. Liability and indemnity**

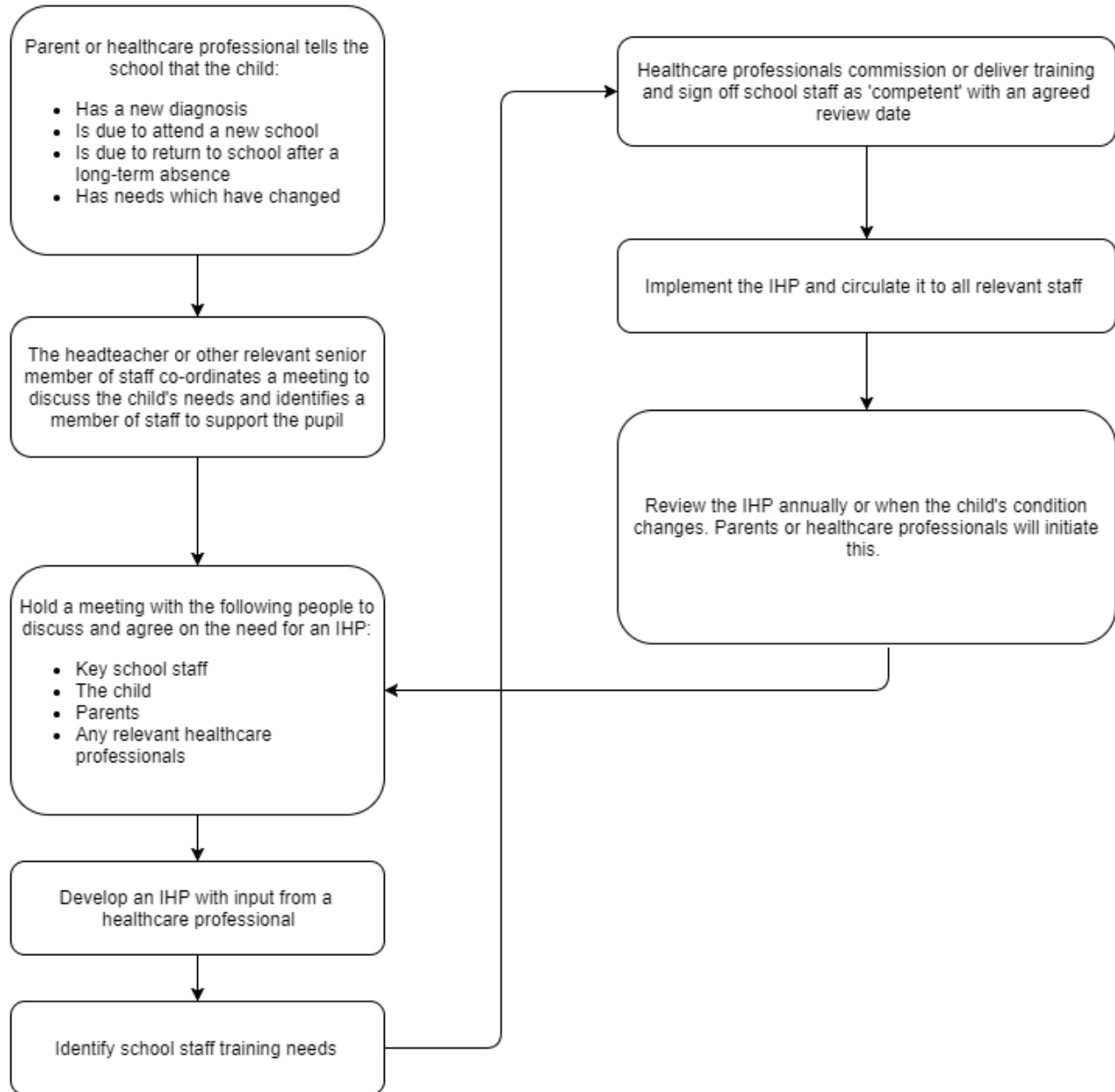
The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: Kent County County via QBE UK Limited

The Insured (school) must take reasonable care to:

- a. prevent accidents; and
- b. maintain, and keep in good working order, premises, plant and equipment and everything used in connection with the Business of the Insured; and
- c. only employ competent Employees; and
- d. act in accordance with all statutory obligations, regulations and requirements of regulatory authorities.

Appendix 1: Being notified a child has a medical condition



Appendix 2

SCHOOL MEDICINE RECORD

**PART 1 -** All sections to be completed by the parent/guardian. If more than one medicine is to be given, a separate form should be completed for each.

**Child's Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Name of Medicine:** \_\_\_\_\_

**What is this Medicine for:** \_\_\_\_\_

**How much to give (i.e. dose)** \_\_\_\_\_

**When to be given:** \_\_\_\_\_  
**(Please specify exact timings, as 'as and when needed' does not provide sufficient clarity)**

**Length of course:** \_\_\_\_\_

Any other instructions (include details for inhalers, if any) and any particular circumstances requiring medication (i.e. asthma):

\_\_\_\_\_  
\_\_\_\_\_

DECLARATION

I request that the above medication be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with medicines in **original packaging with prescription details**.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent, and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Contact telephone No. of parent or adult: \_\_\_\_\_

Medicine/s administered will be recorded by the responsible member of staff on CPOMS.  
This will include the date, time and dosage of medication given.

**Appendix 3**

**INDIVIDUAL HEALTH CARE PLAN**

Student's Name	Student Photograph		
Date of Birth			
Class/Group/Form			
Student's Home Address			
Student's Doctor's Name and surgery			
Student's Doctor's Contact number			
<b>Medical Diagnosis or Condition</b>			
Date Completed		Review Date	
Completed by (Name and role)			
Completed by (Signature)			

**In the event of an EMERGENCY**

What constitutes an **emergency** for the student? Note **Signs and symptoms** and any **known triggers** for the onset or exacerbation of symptoms

**Action** to be taken in the event of an **emergency**

- 
-

School staff responsible in an **emergency**

On Site:

Off-site  
Activities:

School staff responsible for providing **non-emergency** support

On Site:

Off-site  
Activities:

Description of medical needs including symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental factors.

Name of medication, dose, method of administration, when to be taken

Side effects, contra-indications

Is the student self-managing medication? **Yes / No** If yes, record details

Daily care support

Specific support for social, emotional and mental health needs

Does the student have **SEN** or a **disability**? **YES / NO**

Does the student have a **statement** or **EHC** plan? **YES / NO**

Describe the student's SEN and/or disability needs

Procedures required for school trips or other extra-curricular activities

Describe any classroom or on-site procedures or adjustments supporting care of the student

Describe any off-site activity procedures or adjustments that support care of the student

Other information including any potential complications noted

Staff training requirements

People involved in developing the plan and contact details

**Family Contact Information**

Name

Relationship to student

Contact Numbers

Home

Mobile

	Other	
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<b>Second Contact Information</b>		
Name		
Relationship to student		
Contact Numbers	Home	
	Mobile	
	Other	

<b>Hospital Consultant/Clinic Details/Outside Agencies</b>	
Name	
Service/agency	
Contact Number	
Name	
Service/agency	
Contact Number	
Name	
Service/agency	
Contact Number	
Name	
Service/agency	
Contact Number	

<b>Parent/Carer Consent</b>	<b>Yes / No</b>
I agree with the content of this individual healthcare plan.	

I give consent for it to be shared as appropriate*		Yes / No	
If No indicate reasons for disagreement			
Parent/ Carer's Name		Parent/ Carer's Signature	
Health professional		Health professional's signature	

**Process for sharing/storing plan**

Action	Action date	Action by
Paper copy filed in Medical Records		
Paper copy given to Staff		
Paper copy given to Parent/Carer		
Digital Copy uploaded to Student Profile on Arbor		