



Madresfield C.E. Primary School

Supporting Pupils with Medical Conditions Policy

Policy LAB Approval: September 2025

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Date of next review: Autumn Term 2026

Policy Owner: Headteacher

Our Vision

Ignite Illuminate Inspire

At Madresfield we are a caring inclusive school, where everyone is welcome as Jesus welcomed all. We work closely with all stakeholders to support our children in achieving their God given potential. Inspired by **Psalm 119:105**

"God's word is a lamp to guide our feet and a light for our path".

As a school we aim to:

Ignite: to cultivate a love for learning and awe and respect for God's world.

Illuminate: to trust in God to guide us and develop our wisdom and compassion as we journey through school.

Inspire: to help our children to shine as we celebrate their successes and help them to develop into beacons of hope for others within our school and wider communities.

In order for children to achieve their potential we have in place and follow the following school rules:

Be kind- being kind to others.

Be ready- being ready to learn.

Be respectful- being respectful to all.

Be safe- being safe around school.

Equality and Diversity Statement

At Madresfield CE Primary School we promote equality of opportunity. We promote positive attitudes and encourage active participation of all stakeholders regardless of race, gender, disability, age, religion, belief and sexuality.

In so doing we strive to eliminate any unlawful discrimination or harassment of any group and where any such harassment is found appropriate action will be taken immediately.

This policy has been reviewed; to the best of our knowledge we do not feel it impacts negatively on any specific group or individual within our school community.

1. Introduction

1.1 This policy should be read in conjunction with DoWMAT's policy on Supporting Children with Medical Conditions.

1.2 The aim of this policy is to ensure that as a DoWMAT academy, Madresfield C.E. Primary School (hereafter referred to as 'the School') carries out its statutory duty to make arrangements to ensure pupils with medical conditions, in terms of both physical and mental health, will be properly supported in School so that they can play a full and active role in school life, remain healthy, achieve their academic potential and access and enjoy the same opportunities at school as any other child.

1.3 We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual.

1.4 We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach.

1.5 The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a statement or Education Health Care Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority where this is in the best interest of the child. Sometimes it may be necessary for the school to work flexibly and may, for example, involve a combination of attendance at school and alternative provision.

1.6 No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made.

1.7 The School supports the view that all children should have the maximum access to the curriculum. A child's medical condition should be considered against the demands of the curriculum and wherever possible the necessary arrangements put in place to allow maximum access.

1.8 Wherever possible any medication required by pupils should be given at home rather than within the School environment. When a pupil is prescribed medication it should be discussed whether doses can be given at times that do not fall within the school day.

1.9 No pupil will be given any medication without written parental consent unless in an emergency situation under the direction of a medical professional.

2. Medical treatment

2.1 Short term medical treatment

The School will work with parents/carers to support keeping pupils in school when they are well enough to attend. When short term medicines such as antibiotics are prescribed, in most cases it should be possible for parents/carers to ask their doctors to arrange antibiotic dose frequencies to enable the medication to be taken outside school hours. If this is not possible, then parents must contact the school, complete a consent form (Appendix A) and give clear details of the medication to be given. Pupils must be well enough to attend school. It is considered that most pupils requiring antibiotics will probably be unwell during the first 3 days of taking them and they should not attend school, although this is subject to discretion for each individual case.

2.2 Pain relief

The School will only administer non-prescribed pain relief with written consent (Appendix A) from the parent detailing clearly why it is required. Non-prescribed pain relief will generally only be administered for a maximum of 3 days although this is subject to discretion for each individual case.

Pain relief prescribed by a medical professional will be given for the duration of the prescription once written consent has been given. Consent must clearly state the time that medication has been given at home prior to school attendance and when any further doses are due.

For residential visits a consent form for pain relief is requested in advance. Parents will be contacted by phone prior to medication being given; only in the event of parents/carers not being contactable and the pupil being in distress will pain relief be given without speaking with the parents/carers.

2.3 Long term medical treatment

It is important for a child's emotional and academic development that the School should be as fully aware as possible of a child's medical condition. The School will draw up, where appropriate and in conjunction with the parent and other relevant health professionals, a written Health Care Plan (see Appendix C). Where medication is to be administered for the long-term needs of the child, e.g. epilepsy, the parents or guardians of the child will need to complete a written agreement form prior to the medication coming onto the school premises (Appendix A).

2.4 Record keeping

The members of staff administering/supervising medication must complete the form at Appendix B to record medication given to pupils. They should check 1) pupil's name, 2) written instructions from parent/guardian, 3) prescribed dose, 4) expiry date, 5) check information with a colleague and seek a counter signature before administering. If in any doubt the member of staff should check with the parent.

2.5 Pupils self-administering medication

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines (e.g. inhalers, diabetes related equipment) as maturity and understanding permits. This will require the written approval of parents and will be subject to the safety of the medication/equipment in relation to other children. Where a medication poses a threat to another child it will always be kept under the supervision of a member of staff.

2.6 Refusing medication

If a child refuses medication they will not be forced to take it. The School will inform the parent as soon as is possible and emergency care will be considered.

2.7 Staff training

Staff will receive the appropriate training and support to meet the needs of pupils that will fall within their care.

2.8 School visits including residential

The school makes provision to meet the health and medical needs of pupils on school visits and residential education. The school has an Educational Visits Policy and follows the National Guidance of the Outdoor Education Advisors Panel.

3. Responsibilities

3.1 It is important that responsibilities for pupils' safety are clearly defined and that each person involved with pupils' medical needs is aware of what is expected of them. Close co-operation between the School, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

3.2 Parent/Guardian Responsibility

- Comprehensive information specifically relating to the pupil's condition and medication must be recorded in an individual health care plan as supplied by the school or medical professional.
- Parents/carers should discuss with medical professionals whether dosages can be prescribed in such a way that they can be given outside of school times.
- Only reasonable quantities of medication should be supplied to the school (e.g. maximum of a term at any one time).

- Notification of changes in prescription drugs issued by GP must be directly given to school by Parent/Guardian.
- Parent/Guardian to collect and restock medication from the School as appropriate in a secure labelled container, wherever possible as originally dispensed.

3.3 School Responsibility

- Medication where not self-managed, will be kept in a known safe secure place (not necessarily locked away) including drugs that require refrigeration.
- Where emergency medication is prescribed this will remain with or in close proximity the pupil at all times and be easily accessible e.g. Epi-pen, Asthma inhalers.
- Clear records of any medication given including times and dosage will be maintained.
- Training needs of staff will be identified and training sourced and arranged.
- An individual health care plan will be developed and implemented for pupils as required, identifying supporting staff.
- If a medical emergency develops the relevant procedures will be activated and the emergency services called on 999.

3.4 G.P./Consultant/Medical Professional Responsibility

- GPs, consultants and other medical professionals are responsible for providing an emergency action plan as required for certain health conditions and medication administration.

4. School Medication Administration and Management Procedure

4.1 Non-prescription medicines

The School will only give non-prescription medicines to pupils in line with this policy, where consent is clearly documented and valid reasons are given. For some conditions, such as Eczema, doctors may have recommended soothing ointments in the event of a 'flare up' of the child's condition.

4.2 Prescriptive labelled drugs

- The information provided must contain
 - Pupil's name
 - Name of medication
 - Dosage
 - Frequency of administration
 - Date of dispensing
 - Storage requirements (if important) e.g. requires refrigeration
 - Expiry Date

4.3 Safe Storage of Medicines

Where medication requires refrigeration, the fridge used is in the staff room and a separate box is used to store medicines.

Where refrigeration is not required, medicine is stored in a secure but unlocked cupboard in the School Office with each child's medicine clearly marked with the child's name and the dose to be taken. Staff record that the dose has been taken.

Controlled drugs (as included in the Misuse of Drugs Regulations) will be kept in the safe in the Office.

Staff will inform parents that the medicine needs to be replenished or replaced, if parents forget to do this.

4.4 Liquid Medicine

Liquid medicines are generally taken at lunchtimes, either before or after their meal, according to their doctor's instructions but may also be taken at other times during the day.

Children go to the School Office. The dose is measured out with the measuring syringe/spoon provided by the parent and, wherever possible, the syringe/spoon is then handed to the child for them to take the dose. All medication administered is recorded using Appendix B.

4.5 Tablets

Children needing tablets generally take them at lunchtime, either before or after their meal, according to their doctor's instructions but may also be taken at other times during the day.

Children go to the School Office. They are given the tablet to take, all medication administered is fully recorded using the form at Appendix B. The child will use their own water bottle if required. Tablets will not be crushed or hidden in food.

School staff make every effort to remind children to take their medicine at the correct time.

4.6 Procedure for managing prescription medicines on residential education visits

- Risk assessments are completed before each school trip and outing. Risks for children with known medical conditions are considered, as well as any potential risk to others.
- In advance of a residential trip staff will make sure that they have up to date information about children with medical conditions to ensure that they are as fully briefed as possible, that adequate quantities of medication are available, that the child's condition is stable and which emergency details are required should the child need to have additional support.
- The Group Leader, supported by another member of staff, will give the medicine to the child to take (or administer it if necessary/appropriate). The child will be supported to take medicine. The members of staff record that medicine has been given using the form at Appendix B.
- Group Leaders will ensure that staff keep the inhalers for children allocated to them 'when out in the field', or, for older, more responsible children, that they keep them with them during the day.
- Medicine is returned to the parent the day the child returns to school after the residential visit.

5. Emergency procedures

5.1 Emergency Medication for Anaphylactic Shock

Anaphylaxis can be triggered by allergens such as insect stings and certain drugs but the most frequent cause is food. Children known to have an allergy to insect stings or food will have an Individual Health Plan (Appendix C) and an Emergency Action Plan which must be completed by the prescribing consultant/doctor.

Before a child with Anaphylaxis is admitted to school, staff will be trained to deliver medication in an emergency via an 'Epi Pen'. The Class teacher, first aiders, office staff and Head of School are trained to administer the injection via a pen. In the event of an emergency School staff will always ring 999.

Sometimes the school will be instructed to give a dose of anti-histamine medicine first, (such as 'Piriton') that is kept in school as detailed in the Individual Care Plan/Emergency Action Plan. Such instructions given to the school **must** include action to be taken if this dose does not reduce the symptoms within a very short time. Parents are informed by phone at once if the anti-histamine medicine has been administered. If the symptoms do not reduce, an ambulance is called and an injection given.

5.2 Asthma Inhalers

Inhalers are kept in the pupil's classroom. When children go out of school for sports or on visits, staff must ensure that inhalers are taken with them.

When a child needs to take their inhaler, for example before a PE lesson, at break time or lunchtime, they should inform the class teacher that they are taking it.

Children are taught how to access their inhaler and the importance of adult supervision/informing an adult if they use it. Younger children are supervised when they take their inhaler. If any child has difficulty, a First Aider is called to assist.

Children needing a nebuliser are supported by a First Aider.

5.3 Emergency Inhalers

The School has an “emergency inhaler” for circumstances whereby a pupil with known asthma requires assistance and their own inhaler is not available. See DfE guidance.

Where parents/carers have given consent for their child’s own inhaler to be used, they will be requested to consent that, in the absence of their own inhaler being available, the “emergency inhaler” can be used.

Following use of the emergency inhaler, the inhaler will be thoroughly cleaned. A record will be made that the inhaler has been used and the parent informed.

Note:

If there is an emergency situation whereby consent has not been received either for a pupil with diagnosed asthma or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

5.4 Injections

School staff in general will not give a child an injection. Children with diabetes or with other medical conditions needing an injection are supported by the First Aider to do so. If the child is unable to do so and it is deemed that adult support is required the care plan will clearly detail this and staff will have been given appropriate training prior to assisting. If a pupil refuses to give themselves an injection the parents will be contacted. In the event of an emergency, an ambulance will be called and staff will follow any instructions given. All medication administered will be fully recorded using the form at Appendix B.

5.5 Emergency Procedures - In the event that an ambulance needs to be called

To request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- i. The school telephone number (01684 573620)
- ii. The school address as follows –
Madresfield C.E. Primary School, 40 Madresfield Village, Madresfield, Malvern, WR13 5AA
- iii. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code, WR13 5AA
- iv. provide the exact location of the patient within the school setting
- v. provide the name of the child and a brief description of their symptoms
- vi. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- vii. put a completed copy of this form by the phone

Following the above

- Endeavour to contact the parent.
- Accompany the child in the ambulance.
- Take a copy of all medical details and their medication with them.
- Remain with the child until the parent arrives.

Staff should not take pupils to hospital in their own car.

Where an Ambulance needs to be called to school, then there are general procedures to be followed. The responsibility for carrying these out is fluid, since at any one time a particular member of staff may not be available.

- The decision that the child needs emergency medical care
- Directing Office staff to call an ambulance and call the parents on another line.
- Passing on information to the Ambulance staff /Paramedics
- Going in the ambulance with the child in the absence of the parents
- Transferring the member of staff from the Hospital back to School when the parents have arrived at the Hospital
- First Aider
- Head of School or most senior member of staff
- First Aider
- Head of School / First Aider / senior member of staff
- Available member of staff

6 Advice on Medical Conditions

The Community Paediatrician or Nurse on request will give the School advice regarding medical conditions. Parents or guardians of children suffering from these conditions seeking general information are advised to seek advice from their GP or the School Health Nursing Service (01905 520032).

Appendix A: Parental agreement for setting to administer medicine

The Academy/setting 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.

All medicine must be delivered personally to the School Office.

Date for review to be initiated by	
Name of Academy/setting	Madresfield CE Primary School
Name of child	
Date of birth	
Class/Year	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing(s) (include home and school)	
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	

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

Signature(s)

Date

Appendix B: Record of medicine administered to an individual child

Name of Academy/setting	Madresfield CE Primary 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	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Counter signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Counter signature			

Appendix C: Template for Health Care Plan



Madresfield C.E Primary School Health Care Plan

Date of Plan:

Review date:

SECTION A: DETAILS OF PUPIL AND CONDITION

Class/Year	
Date of Birth:	
Surname:	
Forename(s):	
Address: Postcode:	
Condition (medical diagnosis):	
Health professional(s) involved in care	
GP name and contact number:	
NHS Number:	
Lead Clinician:	
Hospital Tel No:	

SECTION B: EMERGENCY CONTACT INFORMATION

First Contact (Family):

Name:	
Telephone Home	
Telephone Mobile	
Relationship	

Second contact (Family/other):

Name:	
Telephone Home	
Telephone Mobile	
Relationship	

Fourth Contact:

Name:	
Telephone Home	
Telephone Mobile	
Relationship	

Third Contact (Other):

Name:	
Telephone Home	
Telephone Mobile	
Relationship	

SECTION C: CARE

In an Emergency always contact the Ambulance Service by dialing 999

- Medical needs and details of any symptoms and action to take if they occur:

- Care requirements (including before activity, play/lunch times):

SECTION D: MEDICATION

NB: Supplies of medication to be replaced after use and before expiry date by parent/carer

- Medication taken at home

- Medication held in school

Name of medication	Type of medication	Storage location	Dose to be given	Storage requirements

- Staff trained in use of/authorized to administer medication (if appropriate):

- Arrangements for keeping (and use of) medication during off-site visits:

- Medication to be carried by school staff/pupil (delete as appropriate)

*Note to staff: Ensure First Aider in same group as pupil (if party splits)
Ensure access to emergency services (e.g. mobile phone)*

SECTION E: AGREEMENT TO HEALTH CARE PLAN

This Health Care Plan has been drawn up

for _____ (name of child)

by _____ (name of staff member)

with the involvement and co-operation of

_____ (name of parent/carer)

I _____ (*name of parent/carer*) agree to this Health Care Plan being made available to individual member(s) of staff, as appropriate, for my child's care.

I agree that the school can display my child's name, class and photo on a summary Medical Conditions sheet to alert all staff to the existence of this Health Care Plan.

Parent/Carer signature: _____

Head of School's signature: _____

Date: _____

