Transforming Lives
EDUCATIONAL TRUST

Supporting pupils with medical conditions policy

October 2026

Version Control

Category:	Health & Safety	
Authorised By:	ARC	
Author:	A.Wright	
Version	2	
Status:	Under Review:	✔
	Approved:	
Issue Date:	October 2026	
Next Review Date:	October 2027	
Statutory Policy:	Yes	✔
	No	
Printed Copies Are Uncontrolled		

Contents

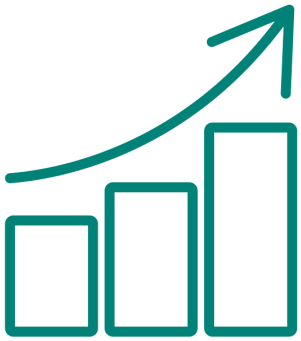
Section	Page
1. The TLET Way	4
2. Rationale and Statutory Requirements	5
3. Scope	5
4. Principles	7
5. Procedure	7
6. Monitoring	11
7. Related Documents	11
Appendix 1	12
Appendix 2	13

1 – The TLET Way

Transforming Lives Educational Trust (TLET/The Trust) is a family of academies. Every TLET policy is rooted in and reflects our ambitions for pupils, students and wider stakeholders alike.

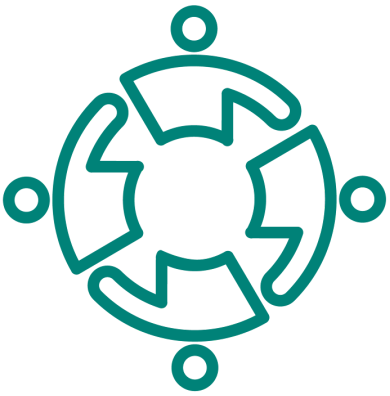
OUR AMBITIONS -
As a Trust family, our shared ambitions drive everything we do, we call this 'The TLET Way'.

Through the transformative values of courage, kindness and loyalty, together we:



NURTURE POTENTIAL

We flourish in the places we create together.



INSPIRE COMMUNITY

We champion each other to make a difference.

DELIVER EXCELLENCE

We strive to achieve our best.

2 – Rationale and Statutory Requirements

2.1 This policy sets out our approach to supporting pupils with medical conditions across Transforming Lives Educational Trust (TLET). The named person for implementing this policy at [name of school] is [name of person].

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our trust 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

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

It is also based on the Department of Educations (dfE) statutory guidance: Supporting pupils at school with medical conditions.

3 – Scope

This policy refers to

Parents/Carers	✔	**Trustees**	
Employees	✔	**Volunteers**	
Pupils/Students	✔	**Visitors**	
Governors		**Community**	

3.1 Roles & Responsibilities

3.1.1 The Board of Trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

3.1.2 The Chief Finance and Operations Officer

The Chief Finance and Operations Officer (CFOO) will:

- Oversee and support the Principal of each school in carrying out their duties
- Highlight any issues found across the trust to the board of trustees

3.1.3 Local governing bodies

Local governing bodies of each school will:

- Help to decide what information should be recorded on individual healthcare plans (IHPs)
- Monitor that there is a sufficient number of trained staff available in their school

- Monitor that records of children medical needs and medicines that have been administered are kept up to date
- Review how well this policy is locally applied and make recommendations to the board of trustees as necessary
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life

3.1.4 The Executive Principal/Head of School

The Executive Principal/Head of School for each school 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 IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with trust procedures
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development of IHPs
- 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
- Make sure the systems are in place for obtaining information about a child's medical needs that this information is kept up to date
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed

3.1.5 Staff

Support pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff at the school 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 the 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.

3.1.6 Parents/Carers

Parents/carers will:

- Provide the school with sufficient and up to date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed as part of the implementation of the ICP e.g. provide medicines and equipment

3.1.7 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

3.1.8 School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupils 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 our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4 – Policy Statement

Our Trust 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 trust and the individual 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 the pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5 – Procedure

5.1 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. This process will be followed by all schools in the trust.

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 the pupils who are new to the school.

See Appendix 1

5.2 Individual healthcare plans

The [Principal/other role] has overall responsibility for the development of IHPs for pupils with medical conditions. [If applicable] [This has been delegated to [insert role, if not the [Principal/other role]].

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

Plans will be developed with the pupils 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 [local governing body – amend if appropriate] and [the Principal / role 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 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

5.3 Managing medicines

Prescription and non-prescription medicines will only be administered at the 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

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

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

Schools will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and including instructions for administration, dosage and storage

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

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

5.4 Controlled drugs

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 will be kept in a secure cupboard in the school office and only named staff will 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.

5.5 Pupils managing their own needs

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

5.6 Unacceptable practice

Staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, or 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

- 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 school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- 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

5.7 Emergency procedures

Staff will follow the schools normal emergency procedures (for example, calling 999). All pupils IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

5.8 Training

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 be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with [the Principal / name of role]. 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 deal 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 receive training so they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

5.9 Record keeping

The [local governing body/or committee/other] 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.

IHPs will be kept in a readily accessible place which all staff are aware of.

5.10 Liability and indemnity

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

The details of the insurance policy are:

- The trust and its academies are signed up to the DfE Risk Protection Arrangement

5.11 Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the [Principal / role of relevant individual] in the first instance. If the [Principal / role of relevant individual] cannot resolve the matter, they will direct parents/carers to the trust's complaints procedure.

6 – Monitoring

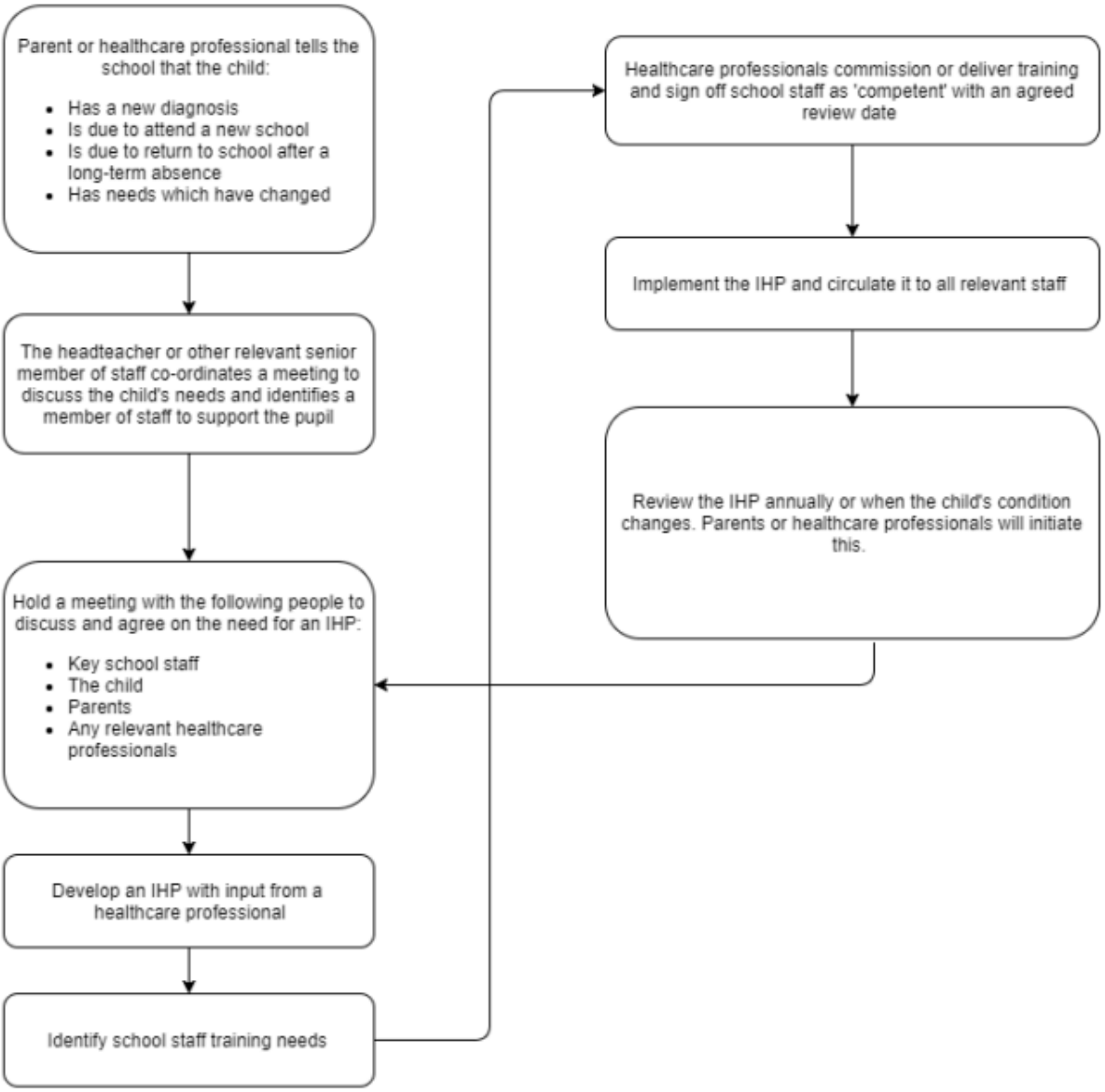
This policy will be reviewed and approved by the board of trustees annually.

7 – Related Documents

This policy links to the following policies:

- Accessibility plan
- Complaints
- First aid
- Health and safety
- Safeguarding
- Allergy Safety Policy

Appendix 1: Being notified a child has a medical condition



Transforming Lives
EDUCATIONAL TRUST

Procedure for Administering Medication

Primary Schools

- Only medication prescribed by a doctor/detailed in a health care plan is to be administered.
- The parent/guardian will sign a form in the office to consent to medication being administered.
- No child under 18 will be given medication without their parent/guardian's written consent.
- We will only accept prescribed medication that is in-date, labelled, provided in the original container, and includes instructions for administration, dosage and storage instructions. The exception to this is insulin, which must still be in date but will generally be available to schools inside an insulin pen or a pump.
- Medication will be locked away in a non portable medical cupboard/fridge and labelled - only named staff should have access. Medication should be easily accessible in an emergency. A record will be kept of any doses used and the amount of drug held.
- Medicines like asthma inhalers, bloody glucose testing meters and adrenaline pens should be always readily available and not locked away.
- Schools will keep a record of all medicines administered, stating what, how and how much was administered, when and by whom.
- 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.

Secondary Schools:

- A form must be completed and signed by parents/guardians before the administration of prescribed medication by a doctor/detailed in a health care plan, or over the counter medication e.g. paracetamol/ibuprofen.
- No child under 18 will be given medication without their parent/guardian's written consent.
- We will only accept prescribed medication that is in-date, labelled, provided in the original container, and include instructions for administration, dosage and storage instructions. The exception to this is insulin, which must still be in date but generally be available to schools inside an insulin pen or a pump.
- Medication including pain relief (non prescribed) will not be administered without first checking maximum dosages, and when the previous dosage was taken. Parents must be informed.
- Medication will be locked away in a non portable medical cupboard/fridge and labelled - only named staff should have access. Medication should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the drug held.

- Students should know where their medicines are and be able to access them immediately. Where relevant they should know who holds the key to the storage facility.
- Medicines like asthma inhalers, bloody glucose testing meters and adrenaline pens should be always readily available and not locked away.
- Schools will keep a record of all medicines administered, stating what, how and how much was administered, when and by whom.
- Where students administer their own medication this should be reflected within their healthcare plans.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal of needles and other sharps.