

St. Mary of the Angels Catholic Primary School

Supporting Children with Medical Conditions Policy

Recognising and celebrating the presence of Christ in one another

- ♦ St Mary of the Angels Catholic Primary School aims to be a positive force within the Catholic Church inspired by the life of Christ in the Gospel.
- ♦ The school is committed to the widest and fullest education with ambition for all pupils in a partnership between home, school, parish and community.
- ♦ The school aims to create a happy, ordered environment where all members feel secure and valued.



Current date approved:	September 2026
Approved by:	Full Governing Body
Date of next review:	September 2027

Aims of this Policy Statement

- To support regular attendance of all pupils;
- To ensure staff understand their roles and responsibilities in administering medicines;
- To ensure parents understand their responsibilities in respect of their children's medical needs;
- To ensure medicines are stored and administered safely.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

We will consult with health colleagues, social care professionals, pupils and parents to ensure that the needs of children with medical need are effectively supported.

We will ensure that arrangements are in place in school to support pupils with medical conditions. These arrangements should give parents and pupils confidence in our ability to provide effective support for medical conditions in school.

Where children with medical conditions have a special educational need, disability (SEND) and have a statement, or Education, Health and Care (EHC) plan we will comply with the [Special educational needs and disability \(SEND\) code of practice](#).

Roles and Responsibilities of School Staff

- The Governing Body has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed and implemented. This includes ensuring pupils with medical conditions are supported to enable their full participation in all aspects of school life and ensuring that staff receive suitable training and are competent to support those children.
- The senior leadership team have overall responsibility for ensuring the implementation of this policy and will ensure that relevant staff are made aware of children's conditions, including relevant supply staff.
- Mrs Julie Joyce is currently the First Aid named person. She is responsible to the Headteacher for monitoring and updating care plans, liaising effectively with parents and ensuring that all staff have up to date records available to them for trips and activities. Healthcare plans will be updated at least annually. Mrs Joyce is also responsible for keeping the register of First Aid trained staff up to date and analysing accident data from Medical Tracker in order to identify trends and any further updates to risk assessments as necessary.
- Staff at St Mary of the Angels are expected to do what is reasonable and practical to support the inclusion of all pupils. In identified Individual Health Care plan circumstances, this will include administering medicines or supervising children in self-administration. Instructions on the pharmacy label and parental consent are considered sufficient for staff to administer medication. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so. Staff should take into account the needs of the pupils they teach. Staff will receive the appropriate training before they take on responsibility to support children with specialist / complex medical conditions.
- Staff must complete medication records each time medicine is administered on the app we buy into – Medical Tracker. Any side effects the child may have must be recorded and parents are informed automatically via email from the app.
- Staff administering medication must wash their hands before and after contact - children must follow this process too. PPE is readily available if there is a prolonged administration or close contact.
- Children will be encouraged by staff, depending on the child's needs, to self-administer with adult support where appropriate. Where possible staff will sit/stand beside the child.
- Staff are aware that if a child refuses to take the medication, that the child has a right to refuse and staff will not force them to do so. Parents would be informed of the situation.
- All staff will be trained on how to administer Epi pens and Asthma inhalers each year. The most recent training took place on 1st September 2026 via Elite Health and Safety Service.
- Relevant staff have received training on supporting children with medical needs, including managing medicines and management of care plans as of February 2026.

Parents' Responsibility

- It is parents' responsibility to notify school that a child has a medical condition. School will then ensure that appropriate arrangements are put in place.

- In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration.
- Parents must complete the parental agreement form kept in the school office, before a medicine can be administered by staff. KS2 primary school children will often be able to manage their own medication, under adult, supervision and with parental agreement, given through the appropriate paperwork as described above.
- Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epipens, and that they are kept up to date.
- Medicines no longer required in school, even if empty, will be returned to parents for safe disposal to a pharmacy.
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic by a medical professional.

Infection Control

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after. Even if they have improved, children should not return to school for at least 48 hours into a course of antibiotics.

Prescription Medicines

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day).
- All medicines should be taken directly to the school office by a responsible adult.
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration.
- The medicine should be clearly marked with the child's name and class number.
- The appropriate dosage spoon or syringe should be included with all medicines sent to school.
- Any medicine administered will be recorded by the staff member on the Medical Tracker app.
- Medicines will only be accepted for administration in school on completion of the appropriate form by a parent or carer. Only in exceptional situations we will accept telephone consent.
- School will only also administer non-prescription medicines if there is a compelling reason, supported by a doctor's note or advice. [This must be approved by SLT.](#)
- This information must also be handed in at the office by a responsible adult and they will not be given to children without prior written permission from parents, as above.
- The medicine must be collected from the office and taken under the supervision of a member of staff.
- School will not give paracetamol or ibuprofen regularly, as their primary use is to control raised temperature for which a child should be at home. If advised by a doctor in writing, we will give them for pain relief.
- No child under sixteen should be given aspirin unless prescribed by a doctor and parental consent given.
- We do not allow cough / throat sweets in school.
- If medication is required for eight school days or more, a healthcare plan needs to be put into place with the relevant partners.

Administration of Calpol

This paragraph outlines the safe and appropriate administration of Calpol (paracetamol) to pupils during the school day, ensuring compliance with safeguarding, health, and medication guidelines.

- The school will only administer Calpol when it is necessary for a child's wellbeing during the school day, for example if they are in mild to moderate pain, but well enough to remain in school (e.g. they have a sore throat, stomach ache, etc.)
- Calpol is considered a **non-prescription (over-the-counter) medication**, but it will still be handled with the same care as prescribed medicines.
- Staff will always prioritise the child's safety and parental involvement.

Parental Consent and Administration

- Staff will call the parent to ask whether they give permission for their child to be administered Calpol at school. Calpol is provided by school. If they agree, notification will be sent via Medical Tracker. Written parental consent **must be provided in advance** via return through the school's Medical Tracker system.
- Consent must include:
 - Child's name and class
 - Reason for administering Calpol
 - Dosage instructions (age-appropriate guidance: 0-6 years will be administered the infant Calpol and children aged seven and over will be administered the 6+ Calpol.)
 - Confirmation of when the last dose was given at home. (Four hours must be left between doses.)
 - Confirmation that the child has received this medication before without adverse effects.
- Before administering Calpol, staff will check that it is within date. Two members of staff will be present whilst the Calpol is administered to double check the dosage. Calpol will only be administered by authorised staff members.
- Staff must check:
 - 1) time of last dose, if applicable
 - 2) correct dosage for the child's age
 - 3) expiry date of the medicine

Note

Calpol will be given a maximum of three times per term. If a child requires Calpol more regularly or over a prolonged period, medical advice will be asked for.

Storage

- Calpol will be stored securely within the main school office in a locked cupboard. Syringes with the measurements on will be kept with the Calpol. A new syringe will be used for each administration and then washed and put in the bin after use.

Recording

Every administration must be recorded on **Medical Tracker**, including:

- Date and time
- Dose given
- Reason for administration.
- Parents will be automatically notified via the system once the dose has been administered.

Long-term and Complex Needs

Where a child has significant or complex health needs, parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, a health care plan may be put in place involving the child (pupil voice), parents and relevant health care professionals. (Parents are key partners in developing and reviewing the health care plan.) This is the responsibility of the parent to maintain and update, as recommended by the doctor or medical professional. The health care plan is reviewed annually by key partners.

Care Plans

Healthcare plans will consider the following:

- 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- arrangements for written permission from parents 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

If a child needs to be taken to hospital, school staff will stay with the child until a parent arrives. Staff will accompany a child taken to hospital in an ambulance.

Safe Storage of Medicines

- The school is responsible for ensuring that all medicines are stored safely.
- Parents are responsible for ensuring that medicines in school are up to date for their child; this will be uniformly checked by staff on accepting the medicine into school. [Before expiry via Medical Tracker](#) automatically sends an [email](#).
- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration. [Pupils have a green bag to store their medication](#).
- All medicines are stored in the relevant classroom, or, if appropriate, in the fridge with access only for staff.
- Asthma reliever inhalers are kept in class; pupils are aware where their inhalers are stored and these are accessible.
- EpiPens are kept in an **unlocked** cupboard to ensure swift and easy access; they are in the child's class in a green bag labelled with the child's name and instructions. This is for easy access for staff and children.
- Where medicines need to be refrigerated, they will be kept in the staffroom fridge; the temperature of the fridge is monitored and recorded.
- Prescribed controlled drugs can be administered, but will be stored in a locked non-portable container. Records are kept to record the amount of controlled drugs held. Administration of this medication is by authorised staff only- two members of staff.
- Wherever possible, children can be allowed to carry their own medicines or able to access medicines for self-administration. This would be agreed by the Head Teacher involving a risk assessment.
- Parents of year six walking home are asked to send their child's spare medication in their school bag.
- School WILL dispose of the school spare EpiPens via the local GP surgery in a sharp box and school spare inhalers are handed in to the local pharmacy.
- [There is a pink folder kept in the main hall for access of children's medical conditions at lunchtime. Supply and cover staff will be informed of children's medical needs on entry and storage of medication, within the class they are assigned to.](#)
- [School have two spare emergency EpiPens dosage 0.15 mg; one is stored in the school office evacuation bag and the second in the SLT room](#)
- [School have purchased spare, emergency inhalers which are located in prime locations for quick access.](#)
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Managing Medicines on School Trips

On school visits, the teacher is responsible for taking the class medication, e.g. asthma pump, EpiPen, eczema cream with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics, following the above procedure, providing this is agreed and documented on the risk assessment and approved by a member of the SLT prior to the school visit.

Transition Arrangements

When children are invited to their secondary school, parents are informed that they need to send their medication with their child from home. At the end of the school year, all medication is sent home and transferred via school staff to parent.]School

Nursing Service

The local authority is the commissioner of school nurses for maintained schools and academies under Section 10 of the Children Act 2004. Local authorities have a duty to promote cooperation between relevant partners. The school nursing service, under our local authority, provide support and guidance, including suitable training, to ensure children with medical needs are supported.

DfE Statutory Guidance

This document has been written with due diligence to the following DfE statutory guidance:

<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>