

Medical Needs and Medicines Policy

Journey Independent School

September 2026



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1 Statement of Intent

The School believes that ensuring the health and welfare of staff, students and visitors is essential to the success of School:

We are committed to:

- Ensuring that students with medical needs are properly supported so that they have full access to education, including School trips and physical education.
- Ensuring that no student is excluded unreasonably from any School activity because of his/her medical needs.
- Ensuring the needs of the individual are considered.
- Providing specialist training for staff.
- Ensuring students and parents are confident in the School's ability to provide effective support to their child.
- Ensuring procedures for supporting students with medical needs are in place and reviewed at least annually.

We will:

- Ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Health Care Plans (IHCPs), including in contingency and emergency situations.
- Ensure that every School and Free School is appropriately insured and that staff are aware that they are insured to provide first aid and other medical support to students.

2 Introduction

Supporting students with medical needs is not the sole responsibility of one person. The School's ability to effectively support students with medical needs will require the schools to work collectively with other agencies, the parents and students. Schools are encouraged to seek additional advice and information from a wider range of people, if considered appropriate.

Students and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. However, in line with safeguarding, a students' health should not be put at risk from for e.g. an infectious disease.

All schools should ensure that medical information is collected from all new students entering the School, so the school can assist with the appropriate management of any medical condition or administration of medication.

3 Arrangements for Implementation of Policy

3.1 Principal

Principals are responsible for ensuring that:

- all staff are aware of the policy for supporting students with medical needs;
- there are sufficient trained personnel to be able to support all the medical and healthcare needs of students and staff in the School;

- a member of staff is appointed to have the lead role in ensuring students with medical conditions are identified and properly supported in the School, and to support staff who are implementing a student's Individual Health Care Plan

3.2 Parents

To assist the School in its fulfilment of the policy, parents are required to:

- provide the School with sufficient information about their child's medical needs including updates;
- be involved in the development and drafting of Individual Health Care Plans;
- provide the required medication and equipment, including spares where appropriate;
- ensure that they, or another nominated adult are contactable at all times

3.3 Students

To assist the School in its fulfilment of the policy, students are encouraged to:

- be fully involved in discussions about their condition and how it affects them
- contribute as much as possible to the development of their Individual Health Care Plan

3.4 School Staff

Any member of School staff may be required to provide support to students with medical conditions. Staff are therefore required to:

- take into account the needs of students with medical conditions
- know what to do and who to speak to if someone becomes unwell or needs assistance
- if required, and having received the appropriate training, administer medication or support to students
- attend training sessions as required to support students with medical needs
- be aware at all times of the students in their care who have known medical conditions

3.5 Medical Lead

The School appointed Medical Lead is responsible for:

- monitoring medical and Individual Health Care Plans for students with medical conditions
- assessing the training needs of staff;
- ensuring that suitable and sufficient training is provided to enable staff to administer medication and support where required;
- arranging whole- School awareness training on supporting students with medical conditions as required;
- ensure the continued professional development of staff to enable them to fully support students

3.6 School Nurses

Every School has access to school nurses, who are responsible for notifying the School when a child has been identified as having a medical condition and who requires support. Nurses do not normally have an extensive role in schools, school nurses can however assist with the following:

- advice on the appropriate support required
- provide support and liaison with outside agencies

3.7 Healthcare Professionals

Health Care professionals are responsible for notifying the School when a child has been diagnosed with a condition that requires support in school. Specialist local Health Care teams may be able to provide support with students who are diagnosed with conditions such as Diabetes, Epilepsy etc.

Further advice on the roles of Local Authorities, Clinical Commissioning Groups, Providers of Health

Services and Ofsted can be found on the following link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions->

4 Individual Health Care Plans (IHCPs)

IHCPs provide clarity to the School on what needs to be done for students with medical conditions and by whom. IHCPs are prepared to help identify the necessary measures to support pupils with medical needs and ensure that they are not put at risk. IHCPs are often issued in cases where emergency intervention is required, or for medical conditions that require daily management, are complex and long-term, or for medical conditions which fluctuate. Not all children require an IHCP, it is for the parents, the students (where able), school and Health Care Professionals to decide if an IHCP is necessary. Students with the same medical condition do not necessarily require the same treatment. Where treatment differs from the norm an IHCP should be written to support that student. (See Form 3 - Model Process for developing IHCPs).

Some students have medical conditions that, if not properly managed, could limit their access to education.

Conditions include but are not limited to:

- Epilepsy
- Asthma
- Severe allergies, which may result in anaphylactic shock
- Diabetes

Most students with special medical needs are able to attend their School regularly. School will provide support to enable them to take part in all activities, unless evidence from a Clinician/GP states this is not possible.

The School will consider what reasonable adjustments it might make to enable students with special medical needs to participate fully and safely on School visits. A risk assessment for each trip will take into account any additional steps needed to ensure that students with special medical conditions are fully included.

School will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of School life; however, School staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

The Medical Lead should ensure procedures are in place to manage transition from one school to another or on reintegration. Arrangements for support should be in place before the student starts. For students newly diagnosed with a medical condition, every effort should be made to ensure that arrangements are in place within two weeks. Finalisation and implementation of the IHCP rests with the school.

The School should ensure that when completing Individual Health Care Plans the following information is recorded:

1. The medical condition
2. Triggers, signs and symptoms
3. Allergies
4. Treatment required
5. Emergency arrangements

- a) Who to contact
- b) Contingency arrangements

- c) Personal Emergency Evacuation Plan (PEEP) required?
- 6. Resulting needs of the student
 - a) Medication (dosage, effects and storage, use of emergency inhaler?)
 - b) Other treatments
 - c) Is time required for a student to recover/recoup?
 - d) Are additional facilities required
 - e) Is any additional equipment needed
 - f) Access to food/drink where this is used to manage their condition
 - g) Use of toileting facilities
 - h) Dietary requirements
 - i) Environmental (mobility/crowded areas/corridors)
- 7. Provision of support (by whom?)
 - a) Their training needs
 - b) Expectations of their role
 - c) Confirmation of proficiency by a healthcare professional
 - d) Cover if they are sick or absent
- 8. Who in the school needs to be aware of their condition
- 9. Arrangements and permission from parents for administration of medication
- 10. Arrangements for school trips/ out of school activities
- 11. Confidentiality issues – designated individuals to be entrusted with information

All IHCPs should be reviewed **annually** or sooner if there are any changes, and should be readily available to staff for quick reference, whilst preserving confidentiality.

The School must ensure they have robust procedures in place to ensure that all staff, where required, have access to and are aware of the medical conditions, treatment and presenting symptoms of students in their care with medical conditions.

5 Supporting Students with Medical Conditions on Educational Visits

Students with medical needs should not be excluded from educational visits of any type, unless evidence from a Clinician states participation is not possible.

Teachers organising and leading on school trips must be aware how a student's medical condition might impact their participation. The trip leader must consider what reasonable adjustments can be made to enable the student to participate fully and safely.

Students with medical needs should be included on the educational visit risk assessment, and where it is considered appropriate, a separate risk assessment should be written to document specific arrangements, hazards, risks and the controls implemented.

Schools are required to carry spares of emergency medication on all school trips. This is especially important on residential school visits.

6 Staff Training

The type and training required to support students with specific medical needs will usually be determined during the development of the IHCP. In cases where care plans are already in place and additional training is required, the Medical Lead will be responsible for arranging the necessary training. A First aid certificate does not constitute appropriate training in supporting students with medical needs. Staff supporting students with medical needs must be appropriately trained and have confidence in their own ability.

7 Managing Medicines on School Premises

7.1 Storage and Access

Each School must designate a safe, lockable place to store students' medication and allocate a member of staff to control access. Where medication is stored, this should be manned at all times.

Students should be aware of the location of their medication at all times, and where necessary be able to access their medication immediately.

Medication and devices such as asthma inhalers, blood glucose metres and adrenaline auto-injectors should always be readily available and **not locked away**. If students with asthma, or students at risk of anaphylaxis, are able to manage their condition, they should be encouraged to carry their inhalers and auto-injectors. Spares of emergency medication should be readily available for use in case of loss or failure of the required device. Further information about emergency asthma pumps can be found in section 7.7. Please refer to the Allergy Safety policy for information on anaphylaxis and the use of auto-injectors.

Medication out of date or no longer required should be returned to the parents for safe disposal. Parents should be advised that medication not collected within 1 month will be disposed of by the School.

Medication not collected thereafter will be returned to the School's local pharmacy for safe controlled disposal. Sharps boxes should be used for disposal of needles and other sharps. Medication should not be disposed of in the general rubbish.

7.2 Administration of Medication

Medication should only be administered at school when it would be detrimental to a student's health or Schools attendance not to do so.

Prescribed or non-prescribed/OTC medicine should never be given to a child under 16 without the consent of their parents (see Form 4). Only in exceptional circumstances for e.g. where the medicine has been prescribed to the child without the knowledge of the parents (for e.g. contraceptive pill). In cases such as this, every effort should be made to encourage the child or young person to involve their parents, whilst respecting their right to confidentiality.

Where possible and considered appropriate to do so, students should be allowed to carry their own medicines and relevant devices for self-medication. Students who self-manage and administer their own medication may require an appropriate level of supervision. If not appropriate, relevant staff should assist with administration and manage procedures for them.

If a child refuses to take medication, staff should not force them to do so, but refer to the Individual Health Care Plan if they have one and contact the parents/carers so alternative options can be agreed.

Children under 16 should not be given medicine containing Aspirin, unless prescribed by a doctor.
Children under 12 should not be given Ibuprofen unless prescribed by a doctor.

Medication should only be accepted into the School if:

- Medication is in date
- In its original container/box/bottle as dispensed by the pharmacist
- Named
- Includes instructions for administration, dosage and storage
- You have consent (Form 4)

The exception to this is Insulin, which must still be in date, although unlikely to be in its original container, but contained within an insulin pen or pump.

7.3 Stock Medication

Journey Independent School are not permitted to hold stock medication (medication purchased and held by the School, such as paracetamol, ibuprofen and antihistamines) for dispensing to students as required. Under no circumstances must staff administer or give students pain relief unless the medication has been provided and consent has been received by the parents. The only exception to this is where an School employ staff such as a nurse practitioner who are licenced to dispense medication without prescription or permission from a parent.

7.4 Short term, non-prescribed or over the counter medication

Where medication or treatment is not part of a long term medical condition, but is only required for a finite period, for example the completion of a course of antibiotics, or for pain relief, the student's parents/carers will be required to sign a Parental Consent for the administration of medication (Form 5).

Non-prescription/ over the counter medication does not need a GP signature/ authorisation in order for it to be administered. To enable access to those medications without a prescription the MHRA¹ classify medication as over the counter (OTC), based on its safety profile. Non-prescription and OTC medication can be administered, as long as parental consent has been received.

Non-prescription medication for e.g. pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.

Staff should be trained to administer both prescription and non-prescription medication. A written record should be kept every time medication is administered and the parents must be notified as soon as practicable - ideally the same day the medication has been taken. Should those administering medication be concerned about the amount of medication being requested, or are aware of any other risk factors, the School senior leadership should be notified as well as the parents.

7.5 Controlled Medication

Students prescribed with a controlled drug may legally have it in their possession if they are considered competent by the School to do so. Passing that medication however, to another student is an offence. It is therefore Journey Independent School's Policy that all controlled medication is secured on site in a secure non-portable container, with named staff given access. When administering controlled medication in school or on school trips, two staff must be in attendance. One member of staff to administer, the other countersigning and confirming what medication has been given, when and by whom. Controlled Medication on school trips should be held securely by the Lead First Aider.

Staff may administer a controlled drug to the child for whom it is prescribed. All controlled medication should be administered by staff in accordance with prescribed instructions. Records should be kept of any doses used and the amount of drug held. Schools are encouraged to count-in and count-out controlled medication. This list should be updated each time medication is taken or administered. (See Form 6: Record of regular medicine administered to an individual student). Parents should be notified when a controlled drug has been administered (Form 10)

7.6 Complimentary Medication

Due to their active ingredients, complimentary medicines cannot be administered by staff unless they are trained to do so.

7.7 Emergency Salbutamol Inhalers

Emergency Salbutamol inhalers should only be used by children diagnosed with Asthma, been prescribed an inhaler, and parental consent has been received. The emergency inhaler is for use when the students own prescribed inhaler is not available, or not working

Emergency inhaler kits should include as a minimum:

- A Salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and the spacer/chamber
- Instructions on cleaning and storing the inhaler
- Manufacturers information
- A checklist record of inhalers batch numbers and expiry date
- Arrangements for replacing the inhaler
- List of children permitted to use the inhaler
- Record of Salbutamol administered

Arrangements for storage and care of the emergency inhaler should be followed to ensure the inhaler is in working order, always ready for use and accessible.

The School must ensure:

1. Spacers and inhaler are checked regularly and noted to be present and in working order;
2. Replacements inhalers and spacers are obtained when expiry dates of existing inhalers approach;
3. They hold a register of students diagnosed with asthma (copies to be held with the emergency inhaler);
4. Have written parental consent for use of the emergency inhaler;
5. Ensure staff are aware that only students where consent have been received can use the emergency inhaler;
6. The School have appropriate support and training for staff in the use of the emergency inhaler;
7. Staff keep a record of the use of the emergency inhaler;
8. Parents are notified when the inhaler is used;
9. Two staff are responsible for ensuring the above is followed

To minimize cross-infection, spacers should only be used once, whereas the inhaler, if cleaned can be re-used. Inhalers that may come into contact with blood should not be re-used, but disposed of.

Further guidance on emergency inhalers can be found here:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

8 Records

8.1 Record Keeping

The School must keep a record of all medication administered, when and by whom. Any side effects of medication administered in school should also be noted and shared with the parents/carers. (Form 10).

8.2 Retention times

Student medical records should be retained for 25 years for the date of birth of the child. Further information on records retention can be found in the records retention policy.

8.3 Displaying Medical Information

In order to improve the physical security of site data further it is recommended that any students' medical information, which needs to be displayed, is done so more discreetly e.g. student allergies in the staff room. The need to protect vital interests obviously trumps data protection, but care should be taken to ensure such information is not so obvious to unauthorised individuals e.g. cleaners or visitors to the School.

9 Unacceptable Practice

All School staff should use their discretion and judge each case on its merits. It is generally not acceptable to:

- Prevent a student from accessing their medication as required
- Treat each child with the same conditions in the same way
- Ignore the views of a child or their parents, or medical opinion
- Send children home unnecessarily or prevent them from staying in school and participating in normal school activities, including lunch
- If a child is ill, send them to the medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance if absence is related to their medical condition
- Prevent students from eating and drinking or taking toilet breaks whenever they need to, to manage their medical condition
- Require parents to attend school to administer medication or provide medical support to their child, including toileting issues. No parent is required to leave or give up work because the School is failing to support their child
- Prevent a student from participating, or creating necessary barriers to children in any aspect of school life, including school trips. For example, by requiring parents to attend school trips

10 School Insurance Arrangements

The School is covered by public liability insurance policies, which will indemnify staff against any claims against them arising from the administration of first aid or medicine in accordance with this policy.

11 Complaints

Should parents/students be dissatisfied with the care and support provided by the School, they should contact the School in the first instance.

Appendix 1: Useful Contacts

Allergy UK

Website: <https://www.allergyuk.org/>

The Anaphylaxis Campaign

Website: <https://www.anaphylaxis.org.uk/>

Shine

Website: <https://www.shinecharity.org.uk/>

Asthma UK

Website: <https://www.asthma.org.uk/>

Council for Disabled Children

Website: <https://www.ncb.org.uk/about-us/our-specialist-networks/council-disabled-children>

Contact a Family

Website: <https://www.contact.org.uk/>

Cystic Fibrosis Trust

Website: <https://www.cysticfibrosis.org.uk/>

Diabetes UK

Website: <https://www.diabetes.org.uk/>

Department for Education

Website: <https://www.gov.uk/government/organisations/department-for-education>

Department of Health and Social Care

Website: <https://www.gov.uk/government/organisations/department-of-health>

Disability Rights

Website: <https://www.gov.uk/rights-disabled-person>

Epilepsy Action

Website: <https://www.epilepsy.org.uk/>

Health and Safety Executive (HSE)

Website: <http://www.hse.gov.uk/>

Health Education Trust

Website: <http://healtheducationtrust.org.uk/>

Hyperactive Children's Support Group

Website: <http://www.hacsg.org.uk/>

MENCAP

Website: <https://www.mencap.org.uk/>

National Eczema Society

Website: <http://www.eczema.org/>

National Society for Epilepsy

Website: <https://www.epilepsysociety.org.uk/>

Psoriasis Association

Website: <https://www.psoriasis-association.org.uk/>

Appendix 2: Form 1 - Medical Information Form

Please complete and return to the School office.

Student information

Student Name:		DOB:	
Address:		Postcode:	
Doctors name:			
Surgery name address and telephone no.:			

Emergency contact information

Parent/carers name:			
Address (if different from above)			
Tel no.		Mobile no.	
Alternative emergency contact name:			
Tel no.		Mobile no.	

Medical information

Does your child have a medical care plan? (please circle) YES/ NO
If yes, please provide the name of the condition, treatment required and medication.

Please provide a copy of the medical care plan.

Please provide information on any allergies your child may suffer from

Is your child under the supervision of a hospital, or doctor for any kind of treatment?

If yes, please provide details:

Condition: Treatment: Medication: _

Please continue overleaf

Please provide any further information you feel necessary (*for example, glasses, or suffer from travel sickness?*)

OFFICE USE ONLY

Received in office	Date
Entered onto BROMCOM/MIS?	Date
Entered by?	Initials

Parent/Carer completing form _

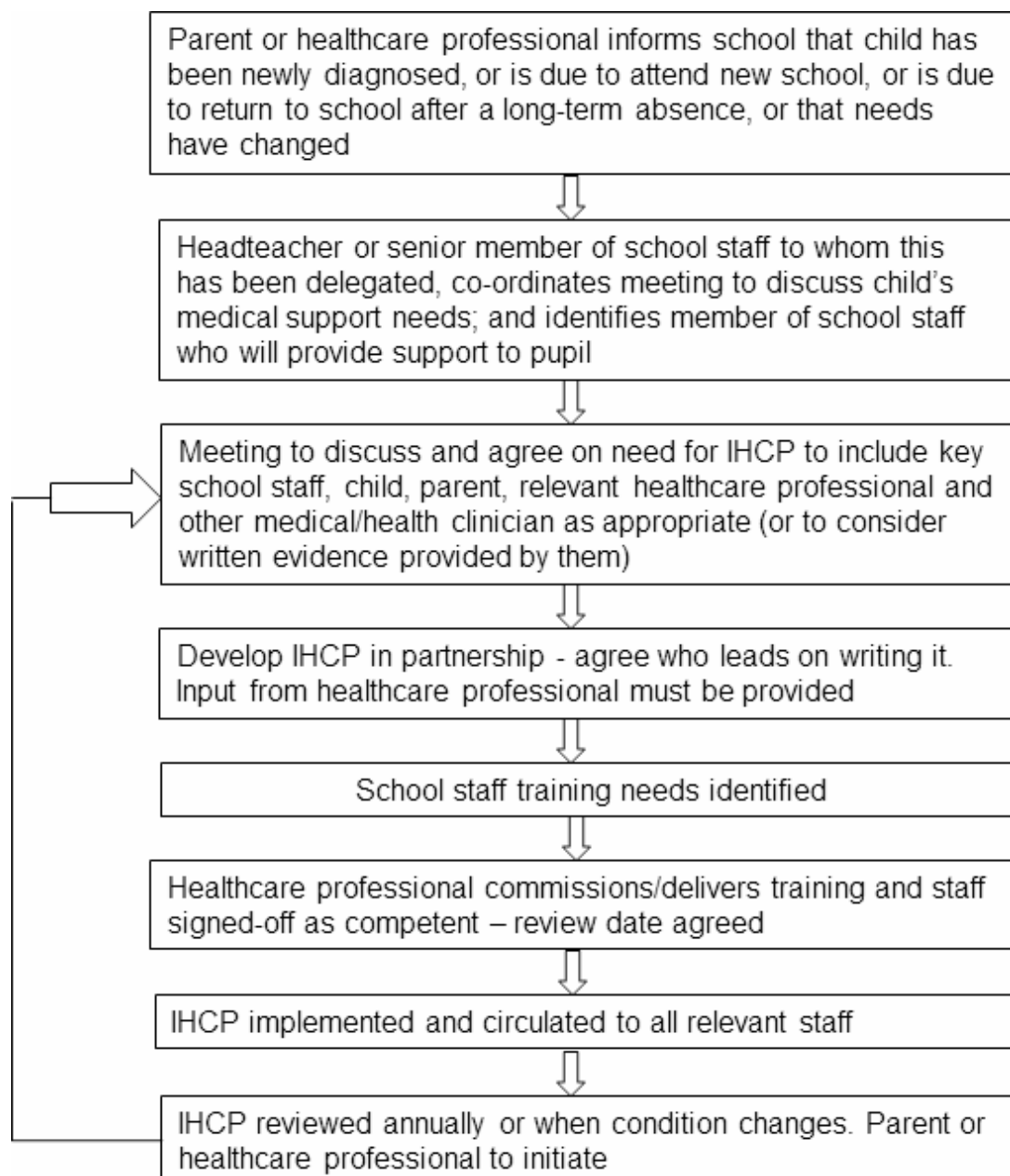
Appendix 3: Form 2 - Contacting Emergency Services: Request for an ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number: *(add in School number)* _____
2. Give your location as follows *(insert school address)*
3. State that the postcode is: *(insert postcode)* _____
4. Give exact location in the School e.g. *(Science Lab 3 or Sports Hall)*
5. Give your name
6. Give name of student and a brief description of student's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the scene
8. Speak clearly and slowly and be ready to repeat information, if asked

Once sections 1, 2 and 3 are completed, copies of this form should be placed in the Central office,
Student Information Schools and staff rooms.

Appendix 4: Form 3 - Model process for developing Individual Health Care Plans (IHCP)



Appendix 5: Form 4 - Individual Health Care Plans (IHCP)

Student Information

Name of School			
Students Name			
Group/class/form		Date of birth	
Students address			
Nominated Person completing Individual Student Health Support Plan			
Date			

Emergency Contact 1

Contact Name					
Home phone no.		Work phone no.		Mobile phone no.	

Emergency Contact 2

Contact Name					
Home Phone no.		Work phone no.		Mobile phone no.	

Medical Care Information

Medical condition or diagnosis:	
Is a medical care plan required?	YES / NO
Has a medical care plan been provided to the School?	YES / NO
Date of Care plan	
Expiry date of Care Plan (To be reviewed at least annually or earlier if students needs change)	
Do staff require specialist training in order to support this students' medical needs	YES/NO
If yes, identify staff member and the training provided.	

Clinic /Hospital Contact /GP/ Community Nurse			
Name			
Contact person		Phone number	
Contact email			
Address			
GP Name		Phone Number	
Surgery Name & Address			

Medication administration/storage arrangements.

Complete this section if students are required to take medication whilst on School premises or on an educational visit.

Medication name	Frequency of dose	Dosage
Will the student administer their own medication		Yes/No
If yes, will the student keep medicine/device with them or will it be kept in the School medical room/School?		
If no, who is the nominated person to administer the medicine?		
Where will the medication be stored?		

Part 2 - Complete Part 2 only if medical care plan has not been received from clinic or hospital.

Describe medical condition, its triggers signs symptoms and treatment
Daily care requirements (e.g. before sport/at lunchtime) and the person(s) responsible for care (<i>must include deputy staff, in case of absence</i>)
Arrangements that will be made in relation to the child travelling to and from school. (<i>If the student has a life threatening condition, specific transport health care plans will be carried on vehicles</i>).
Procedures that will be put in place to support the pupil during school trips and activities outside normal School timetable (<i>e.g. risk assessments</i>)
Describe what constitutes an emergency for the student, and the action to take if this occurs
Follow up care required, if any:
Who is the responsible person to assist the student in an emergency (state if different for off-site activities)? Name: Contact information: Alternative Contact Name and Contact Information:
Copies of forms supplied to...

Part 3

Complete for students where additional alternative monitoring /support and intervention is required, in addition to their medical needs, or for any Health and Social Care and Special Educational Needs, exam requirements, absence management.

Identified issues	Support provided	Staff involved	Further action required	Review Date
<i>(Outline current issues and consequences of these issues)</i>	<i>(Outline areas of support being given)</i>	<i>(with support/care)</i>	<i>(outline any additional support required)</i>	

This plan will be reviewed at least annually or earlier if the child's needs change

Appendix 6: Form 5 - Parental agreement for School to administer medication

The School will not administer medication unless you complete this form in full and sign.

Medication will only be accepted into the School if:

1. Dispensed medication
 - is in its original container/box/bottle with a pharmacy label and students name
 - pharmacy label confirms dosage, administration and storage instructions
 - Parental agreement for School to administer medicine has been received
2. Non - dispensed medication
 - It is in its original container/box/bottle and clearly labelled with students name
 - dosage and frequency instructions
 - parental agreement for School to administer medicine has been received

If more than two medicines are to be given an additional form should be completed.

Name of student		DOB	
Medical condition or illness			

MEDICATION ONE

Name of medicine (<i>as described on container</i>)	
Date commenced	
Dosage, strength and method of administration	
Frequency of dose /time to be given	
Special precautions	
Side effects (If yes, please give details)	

MEDICATION TWO

Name of medicine (<i>as described on container</i>)	
Date commenced	
Dosage, strength and method of administration	
Frequency of dose /time to be given	
Special precautions	
Side effects (If yes, please give details)	

Self-administration?

Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name

Daytime telephone no.

Relationship to child

Address

I can confirm that my child is taking no other medication other than is listed above

I can confirm that if my child is taking more than one medication that these medications do not adversely interact with each other.

I understand that I must deliver the medicines safely to the School.

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

Parent/Carer signature

Print Name

Date

Appendix 7: Form 6 - Record of regular medicine administered to an individual student

Name of student:		D.O.B	
Class/Group/Form			
Address:			

Name of Medication received	Amount Supplied:	Supplied by: Name	Dosage:	Expiry:	Dosage regime	Date Provided	Consent to administer received?

To be used to monitor all medication administered, including controlled medication. Register of medication administered to student

Date:	Time	Medication	Administered by (staff initials	Amount given	Amount left	Any side effects	Further action required

Medication returned home

Name of Medication	Quantity collected	Date returned home	Handed back	Collected by?

Appendix 8: Form 7 - Instructions for administration of medication during seizures

Name _____

D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This procedure is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in the School will be recorded.

This procedure will be reviewed annually unless change of recommendations instructed _____

sooner. This information will not be locked away to ensure quick and easy access should it be _____

required.

Appendix 9: Form 8 - Epileptic Seizure Chart

Appendix 10: Form 9 - Medication given in the School (note to Parent/Carer)

Name of School _____

Name of student _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Journey Independent School

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