



**Green Park Community
Primary School**

Medical Care Policy



Updated: September 2026



Next Review: September 2027

1. Policy Statement

Green Park Community Primary School is committed to supporting pupils with medical conditions so that they can access and enjoy the same opportunities as other pupils. The school will not discriminate against pupils because of a medical condition or disability and will make reasonable adjustments where required. The governing body will make arrangements for supporting pupils with medical conditions in accordance with section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance.

This policy should be read alongside the school's First Aid Policy, First Aid Risk Assessment, Allergy Safety Policy, Health and Safety Policy, Safeguarding and Child Protection Policy, SEND policy, Equality Policy and Educational Visits Policy.

The school recognises the importance of early identification, individual planning, appropriate staff training, safe storage and administration of medicines, effective communication with parents/carers and health professionals, and clear emergency procedures.

2. Aims

To ensure that pupils with medical conditions are safely supported in school and are not unnecessarily excluded from education or school activities.

To provide clear procedures for the administration, storage, recording and disposal of medicines.

To ensure that Individual Healthcare Plans (IHPs) are developed where appropriate and are reviewed when a pupil's needs change.

To ensure staff understand their roles and receive appropriate training before undertaking medical support.

To ensure pupils can participate in educational visits, residentials, sport and other activities with appropriate medical arrangements.

To ensure that emergency medicines, including asthma relievers and adrenaline auto-injectors (AAIs), are accessible when required.

To comply with current legal and statutory requirements relating to medical conditions, equality, safeguarding, medicines and allergy safety.

3. Legal and Guidance Framework

This policy has been updated for September 2026 and takes account of the following:

Children and Families Act 2014, section 100 – duty to make arrangements for supporting pupils with medical conditions.

Equality Act 2010 – duties relating to disability discrimination and reasonable adjustments.

Department for Education, Supporting pupils at school with medical conditions (statutory guidance, December 2015; current GOV.UK guidance).

SEND Code of Practice: 0 to 25 years, including the current version published by the Department for Education and Department of Health and Social Care.

Department for Education statutory Allergy Safety in Schools guidance, published July 2026, including requirements relating to allergy safety policies, staff training, Individual Healthcare Plans, emergency response and adrenaline devices.

Human Medicines Regulations 2012, as amended, and relevant guidance on the administration of medicines.

Health and Safety at Work etc. Act 1974 and relevant health and safety guidance.

RIDDOR 2013 and current HSE guidance on reportable incidents.

4. Responsibilities

4.1 Governing Body

Approve and regularly review this policy.

Ensure suitable arrangements are in place to support pupils with medical conditions.

Ensure the school has sufficient trained staff and appropriate resources to implement the policy.

Ensure the school has an allergy safety policy and that relevant statutory duties are met.

4.2 Headteacher

Implement this policy and ensure staff, pupils and parents/carers understand relevant procedures.

Ensure that appropriate IHPs and allergy management plans are in place where required.

Ensure staff undertaking medical support receive appropriate training and are competent for the role.

Ensure emergency medicines are accessible and that emergency procedures are understood.

Ensure medicines and medical incidents are appropriately recorded and that serious incidents are reviewed.

Ensure arrangements are in place for educational visits, residentials, sport and other activities.

4.3 Staff

Follow this policy, relevant IHPs, allergy action plans and emergency procedures.

Only administer medicines or undertake medical procedures for which they have been appropriately trained and authorised.

Maintain confidentiality and share medical information only with staff who need it for safeguarding and care.

Never delay calling 999 where a pupil's condition requires urgent medical attention.

Report and record medical incidents, medication administration and concerns in accordance with school procedures.

4.4 Parents/Carers

Provide the school with accurate and up-to-date information about their child's medical condition, allergies and medication.

Provide medicines in the original, labelled packaging and ensure they are in date.

Provide written consent for school staff to administer medicines where required.

Work with the school and relevant health professionals to develop and review IHPs and allergy plans.

Provide replacement medicines before medication expires and collect medicines when no longer required.

4.5 Pupils

Pupils will be encouraged, where appropriate to their age, understanding and medical needs, to take increasing responsibility for managing their condition and medicines. Self-management arrangements will be agreed in the pupil's IHP and supported by trained staff.

5. Individual Healthcare Plans (IHPs)

Where a pupil has a long-term or complex medical condition, the school will work with the pupil, parents/carers and relevant healthcare professionals to develop an Individual Healthcare Plan. The plan will be proportionate to the pupil's needs and will be reviewed at least annually and sooner if the pupil's condition, treatment or circumstances change.

The medical condition and its impact on the pupil.

Signs, symptoms, triggers and known risks.

Medication and treatment required during the school day.

What to do in an emergency and when to call 999.

Named staff and their responsibilities.

Arrangements for trips, residential visits, sport, swimming and other activities.

Arrangements for self-management and access to medication.

Communication arrangements with parents/carers and healthcare professionals.

Training required and the date when training should be reviewed.

6. Administration of Medicines

The school will only administer medicines where there is a clear need, appropriate written parental consent and, where relevant, an IHP or other documented medical instruction. Staff cannot be required to administer medicines unless this forms part of an agreed role and they have received appropriate training.

Medicines should normally be provided in the original dispensing container with the pupil's name, medicine name, dose and instructions clearly visible.

Staff must not alter a prescribed dose or accept medicines that have been removed from their original packaging.

The school will encourage parents/carers to ask prescribers whether medicines can be administered outside school hours where clinically appropriate.

A written record will be made each time medication is administered, including where a dose is refused, omitted or not given for another reason.

If a medication error occurs, the Headteacher/appropriate senior member of staff will be informed immediately and medical advice sought where necessary.

Controlled drugs will be stored, administered and recorded in accordance with their legal requirements and the pupil's care plan.

Any unused or expired medicines will be returned to parents/carers or disposed of safely in accordance with appropriate procedures.

7. Short-Term Medical Needs

The school may administer short-term prescribed medicines where necessary to enable a pupil to attend school safely and where the school's procedures and parental consent are in place. Where clinically appropriate, parents/carers should discuss with the prescriber whether dosing can be arranged outside school hours. Antibiotics are not routinely administered during the school day unless there is a clear need and the school's medication arrangements have been completed.

8. Non-Prescription Medicines

The school will not routinely administer non-prescription medicines. Where exceptional circumstances arise, administration will only take place where permitted by the school's procedures, appropriate consent has been obtained and the medicine is suitable for the pupil. Aspirin must not be given to children under 16 unless prescribed by a doctor.

We will administer Calpol (or similar medication).

9. Asthma and Emergency Inhalers

Pupils with asthma will have access to their prescribed reliever inhaler in accordance with their individual asthma plan. Emergency inhalers may also be held by the school where the school has chosen to do so and the relevant legal and procedural requirements are met. Inhalers must be readily accessible and must not be stored where access could be delayed in an emergency.

The pupil's prescribed inhaler should be readily accessible at all times, including during PE, outdoor learning and educational visits.

Staff responsible for a pupil with asthma must know the pupil's asthma plan and the location of their inhaler.

Where the school holds an emergency salbutamol inhaler, its use will follow the school's emergency inhaler protocol and current guidance.

An ambulance will be called where the pupil's symptoms are severe, worsening, or do not respond appropriately to the prescribed/emergency treatment.

10. Allergy Safety and Adrenaline Auto-Injectors (AAIs)

From September 2026, schools in England are subject to new statutory allergy safety duties. Green Park Community Primary School will maintain a separate Allergy Safety Policy and will ensure that allergy safety arrangements are integrated with this Medical Care Policy.

Pupils at risk of anaphylaxis will have an individual allergy plan/IHP setting out their known allergens, symptoms, treatment and emergency response.

Parents/carers must provide prescribed adrenaline auto-injectors (AAIs) in accordance with the pupil's medical plan. Where two devices are prescribed, both should be available to the pupil.

AAIs must be accessible and close enough to be used without delay. They must not be locked away or stored in a location where access is restricted.

AAIs should be stored at room temperature in accordance with the manufacturer's instructions and protected from extremes of heat and direct sunlight.

The school will maintain appropriate arrangements for checking expiry dates and replacing expired or used devices.

Where required by current statutory arrangements, the school will hold spare emergency AAIs in addition to pupils' own prescribed devices. Spare devices will be stored in an accessible central location and managed in accordance with the school's Allergy Safety Policy.

All staff will receive allergy awareness training appropriate to their role, including recognition of anaphylaxis, emergency response and use of adrenaline devices.

Where a pupil has an AAI, relevant staff will know where it is kept and how to access it. Staff undertaking administration will be trained in the relevant device.

AAIs must not be delayed while waiting for parental consent during a suspected anaphylactic emergency where use is authorised by the relevant emergency arrangements and guidance.

10.1 Emergency Response to Suspected Anaphylaxis

If a pupil is showing signs of anaphylaxis, adrenaline should be given without delay in accordance with the pupil's allergy action plan and the device instructions. If in doubt, staff should follow the emergency plan and current national guidance.

Give the pupil's prescribed AAI immediately where indicated by the pupil's allergy plan. If a spare school AAI is authorised and the pupil's own device is unavailable or unusable, follow the school's Allergy Safety Policy.

Call 999 immediately and state that the emergency is suspected anaphylaxis.

Keep the pupil lying down with legs raised where possible. If breathing is difficult, allow the pupil to sit up, but do not allow them to stand or walk.

Stay with the pupil and monitor their condition while waiting for the ambulance.

If there is no improvement after 5 minutes, or the pupil deteriorates after initial improvement, give a second AAI if one is available and authorised.

Inform the parent/carers and ensure the used device is handed to the emergency services where appropriate.

Record the incident and review the circumstances, including any near miss, in accordance with the school's allergy safety and incident reporting procedures.

11. Self-Management

Pupils who are assessed as competent may self-manage medicines where this is appropriate and is agreed in their IHP or medical plan. Emergency medicines such as asthma inhalers and AAIs must remain immediately accessible and arrangements must be in place for an adult to support the pupil if needed.

12. Safe Storage of Medicines

Medicines will be stored securely and in accordance with the manufacturer's instructions and the pupil's IHP.

Medicines requiring refrigeration will be stored in the designated medicines refrigerator, where provided.

Emergency medicines must not be stored in a locked location where this would delay access.

Access to medicines will be limited to authorised staff and, where appropriate, the pupil.

The school will maintain records of medicines held, expiry dates and disposal/replacement arrangements.

13. Educational Visits and Activities

Medical needs will be considered as part of the planning and risk assessment for educational visits, residentials, sporting activities and other off-site events.

All required medicines, including inhalers, AAls and other emergency medication, must accompany the pupil unless the IHP explicitly states otherwise.

A nominated trained adult will be responsible for carrying or supervising medication where the pupil is not self-managing.

Emergency medicines must remain accessible throughout the activity and must not be left in inaccessible luggage, vehicles or locked accommodation.

Staff must have access to relevant IHPs/allergy plans and know the emergency arrangements before the visit begins.

14. Medical Emergencies

Staff will call 999 without delay where a pupil's condition is life-threatening, rapidly deteriorating or requires urgent medical attention.

Staff will follow the pupil's IHP, allergy plan or emergency care plan where available.

A member of staff will accompany a pupil in an ambulance where this is requested/appropriate, while parents/carers are contacted and the school continues to liaise with emergency services.

Staff must not give consent for medical treatment on behalf of parents/carers unless they have the appropriate legal authority. Emergency treatment will be a matter for healthcare professionals in accordance with their duties.

The school will continue to provide appropriate support until responsibility is transferred to parents/carers or emergency healthcare professionals.

15. Head Injuries

Any pupil sustaining a head injury will be assessed by an appropriate first aider or trained member of staff. Parents/carers will be informed in accordance with the severity and circumstances of the injury and the school's first aid procedures. Where there are signs of a serious head injury, deterioration, loss of consciousness, repeated vomiting, seizure, confusion, severe headache, unusual behaviour or other concerning symptoms, urgent medical assistance will be sought and 999 called where appropriate.

The school will record head injuries and provide parents/carers with appropriate information about the incident and symptoms to monitor. The First Aid Policy and current NHS/clinical guidance will be followed.

16. Record Keeping

A record will be kept whenever medicine is administered, refused, omitted or an error occurs.

IHPs and allergy plans will be stored securely but made accessible to staff who need the information to support the pupil safely.

Training records will be maintained, including the type of training, staff member, date completed and review/expiry date where applicable.

Serious medical incidents, allergic reactions and near misses will be recorded and reviewed so that lessons can be learned.

Medical information will be handled in accordance with UK GDPR, the Data Protection Act 2018 and the school's Data Protection and Information Sharing Policy.

17. Staff Training

The school will ensure that staff supporting pupils with medical conditions receive appropriate training and are competent for the responsibilities assigned to them. Training will be refreshed in accordance with the training provider's requirements, the pupil's needs and any relevant statutory guidance.

General awareness of medical conditions and the school's procedures.

Specific training for medicines or medical procedures relevant to individual pupils.

First aid and emergency response training where required.

Asthma awareness and emergency inhaler procedures where applicable.

Allergy awareness and AAI training in accordance with the 2026 statutory allergy safety requirements.

Training for educational visits and residentials where pupils have significant medical needs.

18. Confidentiality and Information Sharing

Medical information is confidential and will only be shared with staff and professionals who need the information to keep the pupil safe and support their education. Relevant information will be made available to staff responsible for a pupil during lessons, trips and activities. The school will comply with UK GDPR and the Data Protection Act 2018.

19. Monitoring, Review and Incident Learning

The Headteacher and governing body will monitor the effectiveness of this policy. The policy will be reviewed annually and sooner where legislation, statutory guidance, school arrangements or a pupil's medical needs change.

Serious incidents and near misses, particularly those involving anaphylaxis, medicines or failures in access to emergency medication, will be reviewed to identify lessons and improve practice.

20. Policy Approval

Policy	Medical Care Policy
Updated	September 2026
Next Review	September 2027
Approval	To be agreed by staff and governing body

Appendix A – Key References and Guidance

Department for Education – Supporting pupils at school with medical conditions:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Department for Education – Allergy safety in schools:

<https://www.gov.uk/government/publications/allergy-safety-in-schools>

Department of Health and Social Care – Using emergency adrenaline auto-injectors in schools:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Department for Education / DHSC – SEND Code of Practice: 0 to 25 years:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

HSE – RIDDOR reporting guidance: <https://www.hse.gov.uk/riddor/reporting/>

GOV.UK – Emergency asthma inhalers for use in schools:

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

Appendix B – Local Arrangements to Complete

Named Medical Lead: _____

Named Allergy Lead: _____

Location of medical records/IHPs: _____

Location of pupil emergency medicines: _____

Location of spare school AAls: _____

Location of emergency inhaler (if held): _____

Medication consent form location: _____

Medical training record location: _____

Local authority/health service contact details: _____

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