



CORPUS CHRISTI CATHOLIC PRIMARY SCHOOL

ONE BODY, MANY PARTS

Supporting Children with Medical Conditions Policy 2026-2028



Written	January 2026		
Approved by	Pupil Affairs	Meeting Date	5 th March 2026
Review cycle	Bi-annually unless any changes are required prior to this		
Next review	January 2028		

1. Aims

This policy is written to support children with individual medical conditions and outlines how their conditions will be met at Corpus Christi Catholic Primary.

This policy and the supporting guidance *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"* should be read together and aim to ensure that:

This policy aims to ensure that:

- Children, staff and parents understand how our school will support children with medical conditions
- The whole school environment is inclusive and favourable to children with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.
- Our staff are trained in the impact medical conditions can have on children in order to be safe, welcoming, and supportive of children and young people with medical conditions.
- Our school understands that children with the same medical condition will not necessarily have the same needs.
- Our staff understand their duty of care to children with medical conditions and know what to do in the event of an emergency.

2. Legislation and statutory responsibilities

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with equal opportunities in our school.

This policy and supporting guidance *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"* meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting children and young peoples at their school with medical conditions. It is also based on the Department for Education's statutory guidance on [supporting children / young persons with medical conditions at school](#).

This policy and supporting guidance *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"* describe the essential criteria for how we will meet the needs of children and young people with short, long-term and / or complex medical conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we must ensure that children / young person's health is not put at unnecessary risk from, for example, infectious diseases. There may be times we cannot accept a child / young person

in school where it would be seriously detrimental to the health of that child / young person or others to do so.

All relevant staff understand the medical conditions that affect children and young people at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention. We accept responsibility for members of staff who give or supervise children and young people with the taking of medication / medical procedures during the school day.

The named member of our staff responsible for this medical conditions policy and its implementation is **Mrs W Walsh (Head Teacher)**.

3. Roles and responsibilities

3.1 Our governing board

Our governing body has ultimate responsibility to make arrangements to support children with medical conditions. Our governing body will also ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

They will do this by:

- Regular reviews of the medical conditions and provision of support in school
- Reporting by the school to Pupil Affairs Governing body meetings

The governing board has ultimate responsibility to make arrangements to support children with medical conditions. Our governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 Our headteacher

Our headteacher will:

- make sure all staff are aware of this policy and supporting guidance in *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" 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 individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Ensure that all staff who need to know are aware of a child's condition,
- Contact the school nursing service in the case of any child 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

- Ensure that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

3.3 Staff

Supporting children with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children with medical conditions, although they will not be required to do so unless this is specifically part of their role in school. This includes the administration of medicines.

Our staff will take into account the conditions of children and young people with medical conditions that they teach. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with a medical need requires help. Our school staff are responsible for:

- following the procedures outlined in this policy and supporting guidance document *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"*,
- retaining confidentiality within policy guidelines,
- contacting parents / carers and/or emergency services when necessary and without delay,
- if they have children with medical conditions in their class or group; understanding the nature of the conditions in order to adequately support them. This information will be provided to them.

The headteacher has overall responsibility for the development of IHPs for children with medical conditions. The day-to-day management, production and oversight of IHCPs has been delegated to **Mrs J Clay- SENDCo**

3.4 Parents

We expect that our parents / carers:

- will provide the school with sufficient and up-to-date information about their child's medical conditions,
- will be involved in the development and review of their child's IHCP and may be involved in its drafting,
- will carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment,
- are responsible for making sure their child is well enough to attend school, parents / carers should keep children / young people at home when they are acutely unwell.
- will provide medicines and equipment in line with this policy and supporting guidance in *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"* e.g. in original labelled containers, in date and sufficient for the child's conditions,
- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times for if their child becomes unwell at school,
- will only request medicine or medical procedures to be administered at school when it would be detrimental to their child's health or school attendance not to do so,

- will provide written agreement before any medicines can be administered to their child.
- Will provide school with an email address that notifications of medication administration can be sent to

If an IHCP is required for their child, it is expected that our parents / carers will work with our school and healthcare professionals to develop and agree it.

3.5 Pupils

Children with medical conditions will often be best placed to provide information about how their condition affects them. Our children will be involved as far as possible in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals

We will work with our Local Health Authority School Health Service and Nursing Team to support the medical needs of children and young persons in our school. This may include assistance with supporting medical conditions, assistance with IHCPs, and assistance with supplementing information provided by the child's or young person's parents / carers or GP. We will also seek their advice for where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy etc.

The School Health Service and Nursing Team are also the main contacts for advice on training for staff to administer medication or take responsibility for other aspects of support.

The School Health Service and Nursing Team will notify our school when a child or young person has been identified as having a medical condition that will require support in school. This will be before the child or young person starts our school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Health Service and Nursing Team and notify them of any children and young people identified as having a medical condition. They may also provide us advice on developing IHCPs.

Should a medical condition prevent a child from attending school for 15 or more days, we will make a referral to the Leeds CC Medical Needs Teaching Service (referral forms can be accessed on www.mntsleeds.org and emailed to the email address on the form).

4. Equal opportunities

We will follow the detailed guidance in *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"* regarding school trips, off site activities and sporting activities and ensure that any medical conditions are included in the specific risk assessments for those activities.

Our school is clear about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these children 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 children with medical conditions are included. In doing so, children, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a child has a medical condition, the process outlined below will be followed to decide whether the child requires an IHP.

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 children who are new to our school.

When notification of a child with a medical condition is received, our school will:

- Gather all the required information by providing parents / carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.
- Where necessary medication will be added to the online school system ' Medical Tracker'

6. Individual healthcare plans and Individual Child Risk Assessments (IPRA's)

We will follow the detailed guidance in *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"* regarding both the development and monitoring of IHCPs and when an IPRA may be required. (See *appendix 1* for our IHCP process.)

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

Plans will be developed with the child's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Children with identified medical needs will have an IHP (Individual Healthcare Plan) if required. These plans are usually for longer term, more complex cases where emergency intervention could be likely. The plan will outline the child's medical needs, emergency

procedures, medication information and contact details. Plans will be drawn up in partnership with the school, parents and relevant healthcare professionals such as the school nurse, specialist or paediatrician, who can best advise on the child's specific needs and shared with relevant staff. The child will be involved wherever appropriate. In the case of children with allergies, this information will be shared with the school kitchen. Children with food allergies wear allergy alert lanyards at lunch time. Children with anaphylaxis which requires an epi pen will carry an information card outlining their condition and medication. The SENDCo and class teachers ensure that children have the appropriate medication in school and that plans are adhered to by all staff. Not all children with medical needs will require an IHP; it will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and headteacher and named persons with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

Children with medical needs will be fully supported through transitions both within school (class to class) and when they move to another school (end of KS2 or mid-year transfer). This will involve sharing current provision and support in place and the names of relevant professionals and agencies.

7. Storage, Administration and management of medicines

7.1 Provision of medication

We will allow medications to be brought to school when it is essential e.g. where it would be detrimental to a child's health if the medicine was not administered during the 'school day'.

Wherever possible, parents / carers are advised to request that any prescription is such that the child does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

We will only accept medication in its original container and with the prescriber's instructions for administration if the medication is prescribed.

We will allow non-prescription medication to be provided if it is essential (as above) and needs to be taken during the school day. We will follow the same procedures for all medication.

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

7.2 Administration of medication.

We will administer medication / medical procedures or supervise the self-administration of medication / medical procedures only where there is specific prior written permission from the parents / carers. Such written consent will need to state the medicine and the dose to be taken / or the details of the medical procedure.

We will follow the detailed guidance in *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"* regarding administration of medication / medical procedures including disposal of out-of-date medication, record keeping and training for staff.

No child under the age of 16 will be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Recording

When medication is administered, it will be recorded on the online school system 'Medical Tracker', notifications will be sent to parents via email. When an insulin pump is being used to administer insulin, this will not be recorded as the information is stored on the linked device.

7.3 Pupils managing their own needs

We will allow and encourage children who are competent to do so, to manage their own medication. This will be based on discussions with the child and their parents / carers. Specific written consent from parents / carers will still be required. Where necessary we will supervise the child or young person whilst they are taking it.

Our school allows the following medication / medical equipment to be carried by our children where it is deemed they are competent, and it is safe to do so:

- Asthma inhalers,
- Auto Injection devices,
- Diabetes devices / insulin
- Other medication may be requested and will be considered on a case by case basis.

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

Children will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a child to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.4 Unacceptable practice

Our school staff will use their discretion and judge each case individually with reference to the child's IHCP, but it is generally not acceptable to:

- Prevent children from easily accessing their inhalers, medication or administering their medication when and where necessary.

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child 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 IHCPs.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent children 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 child, 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 children from participating, or create unnecessary barriers to children / young persons participating, in any aspect of school life, including school trips.
- Administer, or ask children / young persons to administer, medicine in school toilets.

7.5 Refusal to take medicine

We will not force a child to take medication / undergo a medical procedure should they refuse.

If information provided by the parent / carer and/or GP suggests that the child is at great risk due to refusal we will contact parents / carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents / carers have informed us that the medication / medical procedure is required we will contact the parent / carer as soon as possible.

7.6 Storage of medication / medical devices

We will store, manage, and dispose of out of date medication and medical devices in line with the detailed guidance in *PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"*.

We will ensure that any medication required critically in the case of an emergency e.g asthma inhalers , Adrenaline Auto Injectors (AAI), insulin, is always readily available wherever the child is on our school premises or off site on school visits / activities. The child will carry this/ or it will be carried by a supporting adult in a coloured, labelled bag

Controlled drugs such as ADHD medication will be stored within a locked cupboard in a locked container next to the school office.

8. Emergency procedures

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

If a child needs to be taken to hospital, our staff will stay with them until the parent / carer (or designated adult) arrives, or accompany a child taken to hospital by ambulance and stay with them until the parent / carer (or designated adult) arrives.

9. Complaints

If our parents / carers or children have any issues with the support provided they should initially contact Mrs J Clay - SENDCo to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our school's website.

10. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years unless it is deemed necessary to make amendments prior to this.

Appendix 1

