



**LISAL**

LANCASTER INDEPENDENT SCHOOL  
FOR **ALTERNATIVE LEARNING**

# **Medical conditions in school Policy**

Version date: Spring Term 2025

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# Medical Conditions in School Policy

## 1. Introduction

Many pupils may experience medical conditions—either short-term or long-term—that can affect their participation in school activities and limit access to education. This policy sets out how the school supports pupils with medical needs, enabling them to maintain as much continuity in learning as possible.

This policy is informed by the following statutory and non-statutory guidance and legislation:

- **Children and Families Act 2014** (Section 100)
- **Equality Act 2010**
- **DfE Statutory Guidance: Supporting Pupils at School with Medical Conditions** (DfE-00393-2014, updated August 2017)
- **DfE Guidance: Arranging Education for Children Who Cannot Attend School Because of Health Needs** (Updated December 2023)
- **DfE Guidance: Working Together to Improve School Attendance** (Updated August 2024)

All consent forms referenced in this policy are available in the appendices or from the school office.

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## 2. Aims of the Policy

This policy ensures that:

- Pupils with medical needs receive appropriate support during the school day.
- All medication is managed safely and effectively.
- Staff understand their responsibilities in administering or supervising medication.



- Parents are confident that their child's medical needs are supported at school.
  - The school complies with all statutory duties regarding pupils' health and education access.
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### 3. Supporting Pupils with Short-Term Medical Conditions

#### Medication Administration

- Medication can only be administered when a parent/carer has completed an **Administration of Medicine for Short-Term Illnesses** form (Appendix A).
- Only **paediatric first aid-trained staff** who have **volunteered** may administer medication. A second staff member must witness each administration.
- A new form is required **each week** the medication is to be given.

#### Medication Requirements

- Only medication prescribed by a medical practitioner will be accepted, including homeopathic or herbal remedies (must include a prescription or doctor's letter).
- Medication must:
  - Be in the original container
  - Be clearly labelled with:
    - Pupil's name
    - Name of the medication
    - Dosage and frequency

- Storage requirements
- Expiry date
- Medications will be stored securely in:
  - A **locked cupboard** in the staffroom, or
  - The **fridge** in the staff kitchen if refrigeration is required  
Children are not permitted in these rooms.

### Record-Keeping and Parent Communication

- Each administration of medication will be recorded on the form, signed by both staff members, and countersigned daily by the parent at collection.
- Copies are available to parents upon request.
- A record of pupils requiring short-term medication (e.g. antibiotics, flu vaccines) is stored in the school office.
- Medical notes are noted discreetly at the back of each class register.

### Parental Responsibilities

Parents must notify the school of:

- Any changes in medication or dosage
- When medication is no longer required
- When new medication is prescribed

### Important Safeguards

- Staff **will not** administer the **first dose** of any medication.



- If a pupil refuses medication, the parent will be contacted immediately.
    - The parent may be required to come to school or take the child home to administer the dose.
  - No staff member is required to administer medication if they have not volunteered to do so.
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## 4. Supporting Pupils with Long-Term Medical Conditions

Some pupils require long-term support due to conditions such as **asthma, anaphylaxis, epilepsy, or diabetes**. These pupils will have an **Individual Health Care Plan (IHCP)** (Appendix B).

### Developing an IHCP

- The IHCP is completed:
  - Upon admission, or
  - When the medical need becomes known
- The plan is reviewed as needed and kept:
  - In the SEND file (staffroom and digital shared drive)
  - In each class administration file (for use by supply staff)

### IHCP Contents

- Description of the pupil's condition
- Names and roles of healthcare professionals involved
- Required medication and procedures

- Daily healthcare routines
- Recognisable symptoms that indicate an emergency
- Emergency actions and contact details

### **Storage and Accessibility of Medication**

- **EpiPens:** Stored in a labelled, lidded container in the classroom with the pupil's name and photo (updated annually).
- **Inhalers:** Clearly labelled and stored safely in the classroom.
- Medication must always be accessible, especially during:
  - Breaks
  - Physical activities
  - Off-site trips (PE, allotment, walks, etc.)

### **Self-Administration**

Pupils may self-administer medication where appropriate, under supervision. The staff member will record and sign each dose, witnessed by another adult.

### **Staff Training and Consent**

- Staff supporting pupils with complex needs will be trained by a medical professional.
- Training includes:
  - Use of medication and equipment
  - Emergency procedures
  - Legal responsibilities and duty of care

- Training is logged using **Form C** (Appendix C).
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## 5. Off-Site Visits and Activities

- The trip leader will take:
    - All relevant medications (inhalers, EpiPens, etc.)
    - Emergency contact details for each participating pupil
  - Staff must be familiar with any pupil's IHCP and emergency plan before leaving the school site.
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## 6. Confidentiality

- All medical information is treated as confidential and stored securely.
  - Relevant information from IHCPs is shared with staff on a need-to-know basis.
  - Copies for use by cover/supply teachers are stored in each class file.
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## 7. Review and Monitoring

This policy is reviewed biennially, or sooner if there are significant changes in legislation, guidance, or medical best practice.

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## 8. Appendices

- **Appendix A:** Administration of Medicine for Short-Term Illnesses
- **Appendix B:** Individual Health Care Plan Template
- **Appendix C:** Staff Training Record for Medical Procedures



**Record of Administration of Medicine for Short Term Illnesses  
And Parental Agreement Form - Appendix A**

<b>Day and date:</b>		<b>Name of Child</b>	
<b>Name of Medication (as shown)</b>			
<b>To be kept in the fridge?</b>	<b>Yes / No</b>	<b>Dose Amount</b>	<b>mls /puffs /tablets</b>
<b>Spoon etc. provided</b>	<b>Yes / No</b>	<b>Dose times</b>	
<b>Are there any side effects we need to be aware of?</b>			
<b>Time Dose Given</b>	<b>Sign</b>	<b>Witness Sign</b>	<b>Parents Signature</b>
am          pm			
am          pm			
am          pm			
am          pm			
am          pm			
<b>On handing over the medication to acknowledge its receipt by teacher</b>			
<u>Signature of teacher</u>		<u>Signature parent/guardian</u>	
<b>On returning the medication to acknowledge that the treatment has been given and the medication returned</b>			
<u>Signature of teacher</u>		<u>Signature parent/guardian</u>	



**Individual Healthcare Plan (IHCP) - Appendix B**

<b>School/Setting:</b>		LISAL		<b>PHOTO</b>
<b>Name of Child:</b>				
<b>Date of Birth:</b>				
<b>Address of Child:</b>				
<b>Gender:</b>		<b>Class:</b>		
<b>Date:</b>		<b>Review Date:</b>		
<b>Who is responsible for providing support in school?</b>				
<b>Medical Diagnosis or Condition</b>				



EMERGENCY CONTACT INFORMATION			
<b>Family Contact 1</b>		<b>Family Contact 2</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Relationship to Child:</b>		<b>Relationship to Child:</b>	
<b>Work Tel. No:</b>		<b>Work Tel. No:</b>	
<b>Home Tel. No:</b>		<b>Home Tel. No:</b>	
<b>Mobile Tel. No:</b>		<b>Mobile Tel. No:</b>	
<b>Clinic or Hospital Contact</b>		<b>GP Contact</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Contact No:</b>		<b>Contact No:</b>	
<p><b>Describe the child's medical needs</b> (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)</p>			



**Medication details** (e.g. name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)

**Agreed procedure in the event that medicine or procedures are refused by the child**

**Daily care requirements** (e.g. before sports activities, at lunchtime etc.)

**Specific support in place for any educational, social and emotional needs** (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of reintegration after serious or embarrassing incidents at school.)



**Arrangements for educational visits or other activities outside the normal timetable**

See above

**Other Information**

**Describe what constitutes an emergency and the action to take if this occurs**



**Describe any follow-up care required**

**Who is responsible in an emergency?** (Please state if different for different activities e.g. off-site etc.):

Class teacher (in school)

Sessional Teacher (in school)

**Staff training needs identified or already undertaken** (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when)



**Plan developed with** (e.g. the child, named parents, staff, healthcare professionals and any others)

Parent(s)

Class Teacher

SENDCo -

**Form copied to** (Please state who holds copies of this information and where):

Parents

Class Teacher

School central records

Pupil Personal Files in Teacher's Filing Cabinet



### Record of Training for Administration of Medicine - Appendix C

Name of school/setting	LISAL
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that .....has received the training detailed above and is competent to carry out

any necessary treatment. I recommend that the training is updated .....

Trainer’s signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date