

September 2026

Next Review date: September 2027

Supporting Students with Medical Conditions Policy

This policy applies to all academies managed by Wootton Academy Trust (WAT).



**Wootton
Academy Trust**

Person responsible: Head of School and Head of College

Approved by: Executive Headteacher

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1. Aims

At Wootton Academy Trust we understand that medical conditions requiring support at school/college can affect quality of life and may be life-threatening.

We will support students with medical conditions so that they have full access to education, including trips and physical education.

This policy aims to:

- Make sure that students, staff and parents/carers understand how we will support students with medical conditions
- Set out the roles and responsibilities for everyone within the Trust in regard to students with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school/college
- Ensure that students with allergies and those at risk of anaphylaxis receive safe, effective and consistent support through the implementation of the Trust's Allergy Policy.
- Promote a Trust-wide approach to reducing the risk of exposure to allergens whilst recognising that it is not possible to guarantee an allergen-free environment.

The named person with responsibility for implementing this policy is the Deputy Head in charge of Inclusion.

2. Legislation & Statutory Responsibilities

This policy 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 students at their school/college with medical conditions.

It is also based on the statutory guidance on [supporting students with medical conditions at school/college](#) from the Department for Education (DfE).

This policy should be read alongside the Trust's Allergy Policy, which sets out the arrangements for the identification, management and emergency treatment of students with allergies and anaphylaxis in accordance with current legislation and national guidance, including the provisions introduced through Benedict's Law.

3. Roles & Responsibilities

3.1 The Trust Board

The Trust board has ultimate responsibility for making arrangements to support students with medical conditions.

The Trust board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school/college is notified that a student has a medical condition
- Monitor practice, and staff training, in regards to students with medical conditions, in line with this policy
- Ensure suitable arrangements are in place to comply with the Trust's Allergy Policy, including oversight of emergency preparedness, staff training, availability of emergency medication and regular review of allergy management procedures

The Trust board delegates the day-to-day implementation of this policy to the Deputy Head in charge of Inclusion.

3.2 The person in charge of implementing the policy

The Deputy Head in charge of Inclusion will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure 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
- Make sure that all staff who need to know are aware of a student's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)

- Make sure 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 students diagnosed with severe allergies or at risk of anaphylaxis have appropriate IHPs and that these are communicated to all relevant staff
- Ensure that emergency medication is appropriately stored, readily accessible and regularly checked
- Monitor compliance with the Trust's Allergy Policy and undertake periodic audits of allergy management arrangements

3.3 Staff

Supporting students with medical conditions during school/college hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, until a suitably trained first aider arrives to provide additional support.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach, recording relevant information in their teacher files.

All staff will:

- know what to do and respond accordingly when they become aware that a student with a medical condition needs help
- recognise the signs and symptoms of an allergic reaction and anaphylaxis
- know the location of emergency medication
- follow the procedures outlined within the Trust's Allergy Policy
- participate in allergy awareness training where appropriate

3.4 Parents/Carers

Parents/carers will:

- Provide the school/college with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and ensure they or another nominated adult are contactable at all times
- provide prescribed adrenaline devices (ADs) where required
- ensure medication remains in date
- notify the school of any changes to allergy management

3.5 Students

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

4. Equal Opportunities

The Trust will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any students. Our Trust is clear about the need to actively support students with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.

The school/college will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on trips, visits and sporting activities.

Risk assessments may be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school/college is notified that a student has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the student requires an IHP.

For new starters, medical information is gathered from parents/carers as a part of the admission process. If your child has an IHP in place within their current setting, it is the expectation that the parent/carer should declare this information.

We ask that parents/carers proactively inform us by either phone call or an email if their child's medical needs change at any point in the year.

Where a student has a diagnosed allergy or is considered to be at risk of anaphylaxis, the procedures contained within the Trust's Allergy Policy will be implemented immediately alongside the development of an IHP.

6. Individual Healthcare Plans (IHPs)

The Head of School/Head of College have overall responsibility for the development of IHPs for students with medical conditions.

The day-to-day responsibility has been delegated to the Deputy Head in charge of Inclusion.

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

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and/or the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

In situations where additional staff intervention or oversight is required to support a student's medical needs, school staff will request that an IHP is put in place to ensure your child's safety in school/college. Whilst we aim to involve parents in the completion of an IHP, on rare occasions this may be completed with the child and shared with parents.

Plans will be drawn up in partnership with the school/college, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs, if required. The student will be involved wherever appropriate. In some cases where an IHP is required, a relevant medical professional will prepare the IHP and share with the school/college.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The IHP may record information such as:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the student, during school/college hours
- Separate arrangements or procedures required for trips or other activities outside of the normal timetable that will ensure the student can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact and contingency arrangements

6.1 Medical Exit Passes

The school recognises that certain medical conditions may necessitate students requiring increased access to toilet facilities in order to effectively manage their health needs during the school day. Where this is the case, students may be issued with a Medical Exit Pass. To support this arrangement, the school may request appropriate evidence or documentation from a relevant medical professional.

Medical Exit Passes can be requested through the Pastoral Team. In circumstances where the required medical evidence is not immediately available, a temporary pass may be issued to ensure that the student's needs are appropriately accommodated while the necessary documentation is obtained.

We acknowledge that, in some cases, students may require access to their mobile phone to support the management of a medical condition. Where the use of a mobile phone is deemed necessary, parents/carers must ensure that appropriate restrictions and safeguards are applied to the device, limiting usage solely to the application(s) required to manage the condition. We will work closely with families to ensure that personal adaptations are in place to adequately safeguard the child.

6.2 Allergy Management

The Trust recognises that allergies can present significant risks to students' health and wellbeing, including life-threatening anaphylaxis.

Detailed procedures for managing allergies, reducing allergen exposure, responding to allergic reactions and administering ADs are contained within the Trust's Allergy Policy.

Where students are identified as being at risk of anaphylaxis, the requirements of both this policy and the Trust's Allergy Policy will apply.

7. Managing Medicines

Prescription and non-prescription medicines will only be administered at school/college:

- When it would be detrimental to the student's health or attendance not to do so, **and**
- Where we have parents/carers' written consent

The person administering the medicine will be a trained first aiders and will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents/carers.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The school/college will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

ADs will be stored in accordance with the student's IHP and the Trust's Allergy Policy.

Where appropriate, students may carry their own AD provided this has been agreed through their IHP.

The Trust will also maintain emergency spare adrenaline auto-injectors where permitted by legislation and in accordance with Department of Health guidance.

7.1 Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but passing it to another student for use is an offence. All other controlled drugs are kept in a secure cupboard in the medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Students managing their own needs

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

Students will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a student refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable Practice

Although staff will use their discretion and judge each case on its merits with reference to the student's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school/college activities, including lunch, unless this is specified in their IHPs
- Send an ill student to the medical room unaccompanied or with someone unsuitable (e.g. a fellow student who is not responsible enough)
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students 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/college to administer medication or provide medical support to their student, including with toileting issues. No parent/carer should have to give up working because the school/college is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school/college life, including trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer, medicine in toilets

8. Emergency Procedures

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

If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Deputy Head in charge of Inclusion. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Staff identified through IHPs or the Trust's Allergy Policy will receive training in:

- recognising allergic reactions
- recognising anaphylaxis
- administering adrenaline auto-injectors
- emergency procedures
- reducing allergen exposure
- practical scenario-based training

Training will be refreshed regularly and whenever a student's needs change.

10. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to students for as long as these students are at the school/college. Parents/carers will be informed if their child has been unwell at school/college.

IHPs are kept in a readily-accessible place that all staff are aware of.

We will:

- Update our records when parents/carers of students inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about students' medical needs
- Securely hold this information digitally in accordance with the UK GDPR

- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability & Indemnity

The board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk. The Trust is suitably covered with liability and indemnity insurance.

We will ensure that we are a member of the DfE's risk protection arrangement (RPA).

12. Complaints

Parents/Carers with a complaint about the school/college's actions in regard to their child's medical condition should discuss these directly with the Deputy Head in charge of Inclusion in the first instance. If the Deputy Head in charge of Inclusion cannot resolve the matter, they will direct parents/carers to the Trust's complaints procedure.

13. Monitoring Arrangements

This policy will be monitored by the Deputy Head in charge of Inclusion.

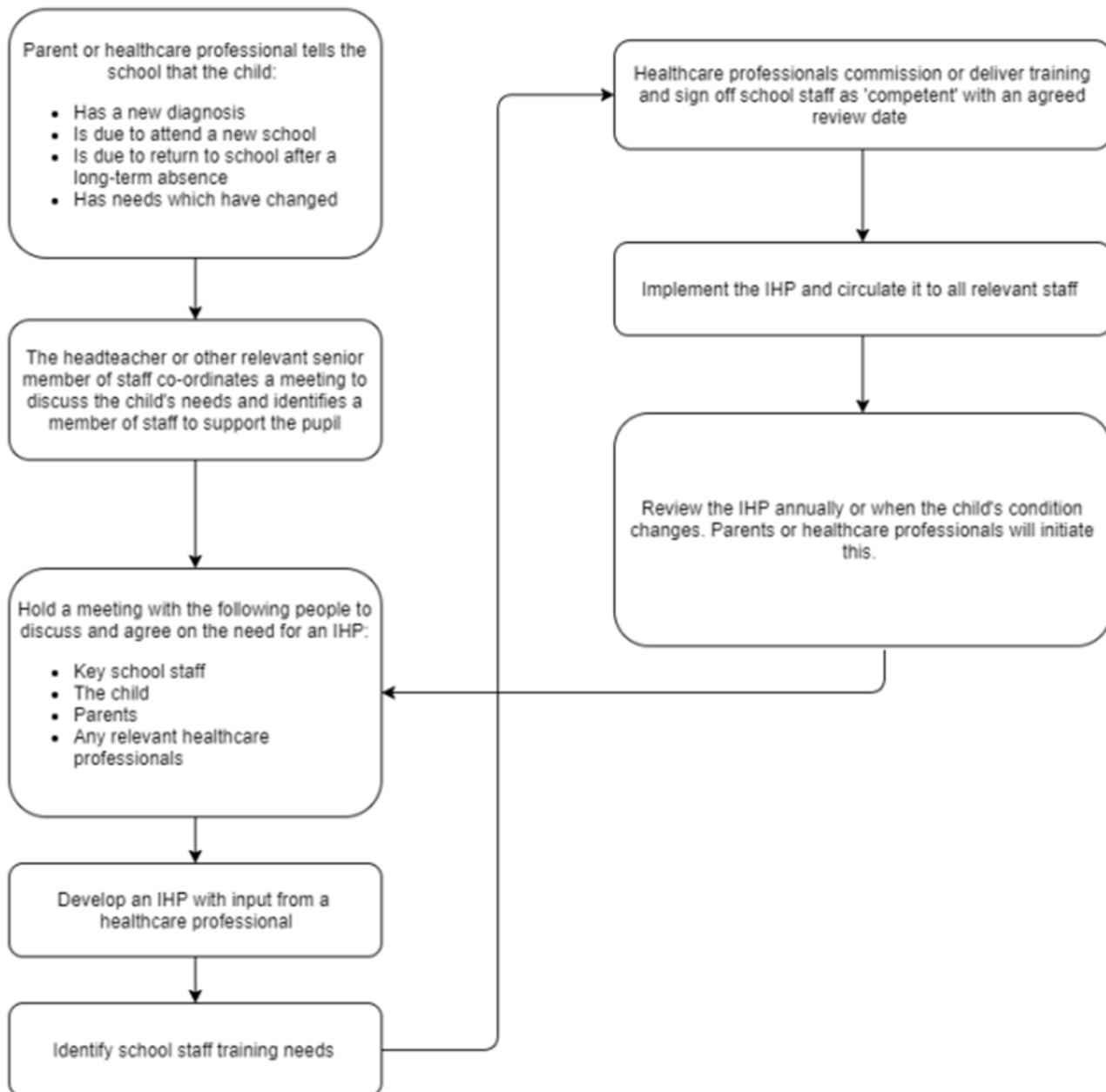
It will be reviewed and approved by the board of Trustees annually.

14. Links to Other Policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Allergy Policy
- Educational Trips and Visits Policy

APPENDIX 1: Being notified a child has a medical condition



APPENDIX 2: Procedures for children who are sick or infectious

- Students who have an infectious disease shouldn't attend school/college
- Parents should notify the school/college if their child has an infectious disease
- If a student becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Students with a temperature, sickness, diarrhoea or an infectious disease should not attend school/college while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school/college
- Staff will notify parents if a risk to other students exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/college until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Championing and educating staff, parents, carers and students on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)

APPENDIX 3: Individual Healthcare Plan



Individual Healthcare Plan

Name of WAT Academy:	
Child's Name:	
Tutor Group:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Date:	
Review Date:	

Family Contact Information

Name:	
Relationship to Child:	
Phone No. (Work):	
Phone No. (Home):	
Phone No. (Mobile):	
Name:	
Relationship to Child:	
Phone No. (Work):	
Phone No. (Home):	
Phone No. (Mobile):	

Clinic/Hospital Contact

Name:	
Phone No:	
G.P. Name:	
G.P. Phone No:	

Who is responsible for providing support in school:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily Care Requirements

Specific support for the student's educational, social and emotional needs

Arrangements for Academy Visits/Trips etc.

Other Information

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

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

APPENDIX 4: Parental Agreement for Setting to Administer Medicine

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated:	
Name of School/Setting:	
Name of Child:	
Date of Birth:	
Group/Class/Form:	
Medical Condition or Illness:	

Medicine

Name/Type of Medicine (as described on the container):	
Expiry Date:	
Dosage and Method Timing:	
Special Precautions/other instructions:	
Are there any side effects that the school/setting needs to know about?	
Self-administration - Y/N	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name:	
Daytime Phone No:	
Relationship to Child:	
Address:	
I understand that I must deliver the medicine personally to:	[agreed member of staff]

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

Signed:	Date:
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APPENDIX 5: Record of Medicine Administered to an Individual Child

Record of Medicine Administered to an Individual Child

Name of School/Setting:	
Name of Child:	
Date Medicine Provided by Parent:	
Group/Class/Form:	
Quantity Received:	
Name and Strength of Medicine:	
Expiry Date:	
Quantity Returned:	
Dose and Frequency of Medicine:	

Staff Signature: _____

Parent/Carer Signature: _____

Date:			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date:			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date:			
Time Given:			
Dose Given:			

Name of Member of Staff:			
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Dose Given:			
Name of Member of Staff:			
Staff Initials:			

Date:			
Time Given:			
Dose Given:			
Name of Member of Staff:			
Staff Initials:			

APPENDIX 6: Record of Medicine Administered to all Children

Record of Medicine Administered to All Children



Name of Academy: _____

[illegible]