Shakespeare Primary School

Medical Needs Policy and Practice,

including administration of medication

2026 2027

Ratified by the Governing Body in October 2026

What would you like to know?

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Medical Needs

Introduction

Shakespeare Primary School is committed to the inclusion and support of pupils with medical needs. We work with the child, parents/carers and other professionals to ensure that children have the fullest possible access to education. We understand that not all children with the same medical condition will have the same needs and so we work closely with families and agencies to gain an insight into the child's needs and how they can be met in school. This policy has been written in compliance with Section 100 of The Children and Families Act 2014 and with regard to 'Supporting Pupils with Medical Conditions' guidance from The Department of Education.

Roles and Responsibilities

Role of the Governing Body

- Governing bodies are legally responsible under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions and must have regard to the new guidance.
- The governing body must ensure that arrangements are in place to support pupils with medical conditions and that policies, plans, procedures and systems are properly and effectively implemented.
- The governing body will regularly audit their policies relating to supporting pupils with medical conditions, to ensure that healthcare plans are being adhered to, the correct training is being given and the appropriate people are providing the necessary care.
- The governing body will ensure that school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Role of the Head Teacher

- The Head Teacher will ensure there are named members of staff in place to implement the medical needs policy.
- The Head Teacher will ensure that sufficient trained numbers of staff are available to deliver against IHPs, including contingency and emergency situations.
- The Head Teacher will make sure school staff are appropriately insured to support pupils with medical conditions.
- The Head Teacher will ensure staff are suitably supported in their work with medical needs and that identified members of staff have received First Aid Training.

Role of named staff for Medical Needs

- The named staff with responsibility for medical needs are:
  - Julian Gorton (Head Teacher) – See above.
  - Amy Brealey (Deputy Head Teacher) – Policy writing and implementation, staff training

- Hannah Hall (Assistant Head Teacher – Inclusion) record keeping, GP/medical liaison, parental and outside agency liaison, staff training
- Gemma Ingle (Administrative Assistant) – Administration and record keeping, parental liaison, new starters.

- Across school we have appropriately trained first aiders in each phase. This first aid training does not replace specific training or qualify staff to support individuals with medical needs but does ensure we can respond effectively to any emergency situations for all pupils**.** Level 3 staff in Early Years have appropriate paediatric first aid certificates as per the Statutory Requirements of the EYFS, ensuring they can be including in staffing ratios.

Role of Teachers and Support Staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, although they cannot be required to do so unless specifically stated in their job description.
- All staff should consider the medical needs of the children they teach and make adaptations and alterations where necessary.
- All staff should have an awareness and understanding of any IHPs, Allergy Action Plans, Seizure Plans, Intimate Care Plans or Asthma Plans for children in their care.
- Teachers should identify children with medical needs as part of educational visit risk assessments. Any relevant information and actions should be recorded on Evolve by the Visit Leader.
- School staff should raise any concerns about a child's medical needs with a named member of staff.
- All staff should be a point of contact for parents of children with medical needs and should pass any relevant information to named staff.
- Ensure records are kept of any medicines administered.
- Ensure children have access to their medication where appropriate (inhalers).
- Ensure long-term medication kept on-site is stored safely in a Key Phase lockable medicine cabinet.
- Teachers and support staff should be sensitive to the individual needs of the class and make adjustments accordingly to ensure they can access an activity safely. For example, making asthma inhalers available for asthma sufferers during the Daily Mile, or adapting expectations of effort during physical activity.

Role of Parents/Carers

- It is the responsibility of parents/carers to ensure school have up to date information regarding a child's medical needs.
- Parents/carers must bring the correct, in date, prescription medication in school complete with pharmacy dispensing label.
- Parents/carers must make every effort to ensure their child is well enough to attend school. If a medical need is impacting on a child's attendance and access to education, advice can be sought from our Learning Mentor, Laura Thackery, or a member of the Senior Leadership Team.
- Medical appointments should be made outside of school hours wherever possible. Where not possible, school should be notified of appointments.

- Where school raises concerns around the medical needs of a child, it is the responsibility of the parents/carers to access medical advice.
- Parents/carers must correctly dispose of any medicines that are no longer required/out of date.
- At the start of each academic year, parents/carers will be provided with a form detailing the current medical information school holds for their child. It is parents/carers responsibility to return the form with any necessary changes communicated.

Identification, Provision and Support

Identification

Medical needs are established by healthcare professionals. Once a need has been established parents/carers must share this information with school and we ask that parents/carers give their consent for healthcare professionals to share information and reports with us directly. If school has medical concerns about a child we will discuss this with the parents and support them in the appropriate course of action. Any action taken by school in response to a claim of medical need by a parent must be confirmed by a medical professional first.

Parents/carers may inform school their child has a medical need. In this instance, further clarification will be sought from the child's GP via letter from the SENDCo.

Provision

School follow the advice of healthcare professionals in terms of provision and support. We ensure that appropriate training is planned and delivered to individuals and groups of staff who will have responsibility for supporting a child with medical needs. The Head Teacher, Deputy Head Teacher and SENDCo ensure that sufficient numbers of staff receive training and that there are contingency plans for staff absence.

Children with identified medical needs may have an IHP (Individual Healthcare Plan) and/or Intimate Care Plan. School may hold from medical professionals Allergy Action Plans, Seizure Care Plans and Asthma Plans, which they will use to inform provision for the child. School plans will outline the child's needs, emergency procedures, medication information and contact details. These plans are written by, or with, healthcare professionals, parents/carers and are shared with the child and all relevant staff. Children with Epilepsy should only be in school once the Seizure Care Plan has been obtained from the Epilepsy Nursing Team.

Allergies

School is complaint with Benedict's Law. Please see the school's Allergy Policy for further information.

Asthma

When school is notified of a confirmed case of Asthma, parents/carers should provide school with the child's Asthma Card from the GP as well as their child's inhaler.

School has an emergency salbutamol inhaler in each Key Phase Office and at the School Office. **The inhaler should only be used by children, for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.** The inhaler can be used if

the child's prescribed inhaler is not available (for example, because it is broken, or empty). Parents must sign permission for their child to use the emergency inhaler. Any child who has used the emergency inhaler should have a Emergency Salbutamol Inhaler Use letter given to parents/carers (see Appendix). If a child has a prescribed Terbutaline (not Salbutamol) inhaler but parents have given their consent to use the Emergency Salbutamol Inhaler then this should be given in an emergency.

Epilepsy

When school is notified of a confirmed case of Epilepsy, the child should not be allowed in school until a Seizure Plan has been obtained from the Epilepsy nursing team. Personal details cards should be stored securely for these children in the Key Phase medicine cabinet to hand to paramedics in the case of emergency. Seizure rescue medication should be kept securely in the Key Phase medicine cabinet and staff that support the child should be trained to administer the medication.

Transition

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

Medication in School

If parents/carers wish for school to consider administering prescribed medication or over-the-counter medication recommended by a Doctor, they must complete in full a 'The Administration of Medicines in School' form at the School Office.

Only prescribed medication or over-the-counter medication recommended by a doctor is allowed in school. Medicines such as this would be kept in the school office and refrigerated if required. Any other long-term medicines such as Adrenaline Auto-Injectors (AAIs), of which EpiPen is a brand name, or insulin are stored as recommended and in ease of access by an adult. Other controlled drugs will be stored in a non-portable, locked container in the Phase Office of the child and will only be accessed by trained staff. During educational visits the controlled drugs will be carried by trained staff only.

Children with asthma keep their inhalers in the classroom. Children in UKS2 carry their own inhalers on their person but must notify a member of staff if they need to take their medication. School has emergency inhalers that can be administered to all children who currently have an inhaler and have signed consent from parents/carers.

All administration of medicines is recorded on appropriate paperwork and shared with parents/carers. A copy of our Intimate Care Policy is available on request.

There is a defibrillator located in the main entrance of school. There are two emergency anaphylaxis kits in school, one at the School Office and one in the LKS2 Office.

Illness

Illness in School

When children become unwell in school but do not require emergency treatment, classroom staff should seek advice from the Senior Leadership Team and/or a designated first aider. Should it be determined that a child is too unwell to remain in school, the office and Senior Leadership would be

notified. Following this, a phone call would be made to parents/carers requesting they collect their child. If a child who is unwell remains in school until the end of the school day parents will be notified in person by classroom staff upon collection. If children walk home alone a phone call to notify parents that their child has been unwell will be made.

School uses the Guidance on infection control in schools and other childcare settings (Public Health Agency March 2017) to advise parents on recommended length of absence for infectious illnesses.

Medical Emergencies, Accidents and First Aid

Medical Emergencies

For children with identified medical needs, their individual Healthcare Plans should be followed in the event of a medical emergency and relevant training and procedures would be followed by trained staff, for example the administration of emergency medication.

In the event of an unforeseen medical emergency, staff would first call an ambulance and then notify parents/carers and a member of the Senior Leadership Team. In the event of school being unable to contact the child's emergency contacts a member of staff would accompany the child to hospital and remain with the child until a parents/carer arrived. First aid would be provided in school where required by a trained member of staff.

Accidents and First Aid

If a child sustains an injury that does not require emergency treatment, a designated first aider would be consulted and the child would receive treatment as appropriate. Care should be taken to understand young children or children acquiring English when checking for injury. A green accident slip is be completed to notify parents in writing. All green accident slips should be completed in full. Completed booklets of slips should be sent to the office for archiving. On some occasions, a parent/carer would be notified by phone of an accident if the first aider deems that follow up care or medical attention may be necessary. When a child sustains a head injury, school will always attempt to notify a parent/carer by telephone.

Educational Visits, Extra-Curricular Activities, Travel and Risk Assessments

When on an educational visit, the medical needs of individuals form part of the standard risk assessment. In more complex cases, or where the nature of the need presents certain risks, an individual risk assessment will be carried out. These additional risk assessments would be used to ensure a visit was suitable for a child. Appropriate training or staffing would be provided for extracurricular activities for children with medical needs.

All adults must be aware of the children with medical needs on an educational visit. Children's inhalers plus any other medication should be carried by a designated adult, including an Emergency Salbutamol Inhaler should any children on the visit have asthma.

It is the responsibility of the Local Authority to ensure children with more complex medical needs can access home to school transport if required.

Special Educational Needs

A child with medical needs will not be listed on the school SEN register unless the medical need impacts significantly on their educational attainment and progress. If a special educational need is

established through school processes, provision and support will be put in place as appropriate and with regard to and consideration of the child's medical needs.

This policy should be read alongside the school policy for SEND, the Intimate Care Policy, the Allergy Policy and Accessibility Policy and Plan.

Policy written by: Amy Brealey, Deputy Head Teacher

Head Teacher: Julian Gorton

Responsible Sub-committee: Pupil Support

Review date: October 2026

In compliance with:
Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015

Section 100 of The Children and Families Act 2014.

Section 5 of the Leeds Health and Safety Handbook for Schools.

Guidance on infection control in schools and other childcare settings – Public Health Agency March 2017

Guidance on the use of emergency salbutamol inhalers in schools March 2015

Section 34 of Children's Wellbeing and Schools Act 2026 (Benedict's Law)

Policy written: September 2022

Reviewed and updated: September 2023, September 2024, September 2025 , September 2026
Review date: September 2027

Appendix 1

The Administration of Medicines in School

Parents and Carers must complete this form if they wish the school to administer medication. The school will not give your child any medication unless you complete and sign this request form and the Head Teacher has confirmed that school staff have agreed to administer the medication and where necessary have received appropriate training.

Details of Child

Surname	Forename(s)
Address	Male/Female
	Date of Birth
	Class
Condition or Illness	
Medication	
Name/Type of medication (as described on container)	
How long will your child take this medication for?	
Date dispensed (prescription medication only)	
Date recommended by GP (over-the-counter medication only)	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instructions (explain if the medication should remain in school or return home daily, refrigeration, etc)	
Special precautions	
Side effects	
Self-administration	

Surname	Forename(s)
Address	Daytime telephone number
	Relationship to pupil

Action to be taken the child refuses to take the medication
Procedure to take in an emergency

Details of Parent/Carer

- I understand that I must deliver the medication personally to the School Office and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.
- I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.
- I confirm that the medication has been prescribed or recommended by a Doctor/Consultant and that this information has been provided in consultation with my child's Doctor/Consultant

Signature	Date

Appendix 2 Record of Administration of Medication

Date	Child's Name	Class	Time	Name of Medication	Dose	Administered by	Signed	Witnessed by	Signed

APPENDIX 3

SHAKESPEARE PRIMARY SCHOOL AND NURSERY

Consent for use of Emergency Salbutamol Inhaler

Name of Child:	Class:

(Please tick the appropriate boxes)

I can confirm that my child has been diagnosed with Asthma and has been prescribed with an inhaler.	
My child has a working, in-date inhaler (clearly labelled with their name) which they will bring with them to school every day.	
In the event of my child displaying symptoms of Asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler (used with a disposable spacer) held by the school for such emergencies.*	

Signature of Parent/Carer:	Date:
Print Full Name:	

Home address:
Emergency telephone number:
Email address:

*If your child no longer receives an inhaler on prescription please let the school office know so that our records can be updated.

APPENDIX 3

SHAKESPEARE PRIMARY SCHOOL AND NURSERY

Consent for use of Emergency Salbutamol Inhaler