THE SHERWOOD SCHOOL

Inspire. Learn. Grow.

Supporting Pupils with Medical Needs and Administering Medicines in School

Our Mission Statement:

We are dedicated to providing the best possible education for every pupil in a safe, inclusive and stimulating environment. UNICEF's convention on the Rights of the Child is embedded within our ethos and curriculum and is valued and supported by our staff, children and families.

Status	**Frequency**	**Approval**
Statutory	Annually	TLC

Date of approval: 7th October 2026

1) Policy Statement

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission to a school on medical grounds alone. Teachers and other school staff have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to staff leading activities off site.

The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication. They must supply up to date and sufficient information to the school.

The school has regard for the DFE 'Supporting Pupils at School with Medical Conditions', December 2015 (amended 2017). This policy outlines The Sherwood Primary School's approach to meeting the requirements of this guidance.

2) Overview

a. The Sherwood Primary school is an inclusive school and we make every effort to ensure that all pupils are included in every aspect of school life.
b. When a child is obviously unwell, the best place for them to be is at home, with an adult. A sick child will be unable to cope with school work and, if the illness is infectious, will put others at risk.
c. Pupils at our school with medical conditions are fully supported so that they have full access to education, including school trips and physical education.
d. We will consider the needs of children with particular medical conditions on a case-by-case basis so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
e. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
f. All staff receive training to enable them to understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
g. Teachers, and other school staff, have no obligation to give medicines to children at school. They will only do so to cooperate with parents in the best interests of children with long-term or complex medical needs or where short-term treatment such as antibiotics are stopping the children returning to school despite them having made a full recovery. This is undertaken on the basis that neither they, the school, nor the local authority will be held responsible for any problems, which may result from their so doing.

3) Responsibilities

a. The governors delegate their statutory duty to ensure that arrangements are in place in schools to support pupils at school with medical conditions to the Headteacher, Mrs. Andriana Samouel, who in turn delegates this

responsibility to the SENDCo, Ms Tayla Woodman with the support of the Senior Leadership Team.

b. The Governing Body ensures school policies for supporting pupils with medical conditions in school are developed and implemented.
c. The Headteacher and the Senior Leadership Team will ensure that all staff are aware of their role in the implementation of this policy and that relevant staff are aware of each individual child's condition. They will ensure that sufficiently trained staff are available to implement the policy and deliver against all individual healthcare plans/medical risk assessments. This will include a commitment to organise cover arrangements in case of staff absence or staff turnover to ensure someone is available; briefing for supply teachers; risk assessments for school visits and other school activities outside the normal timetable; and monitoring of individual healthcare plans/medical risk assessments.
d. Any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including administering of medicines, although they cannot be required to do so.
e. The school has an allocated school nurse who takes a lead role in ensuring that pupils with a medical condition who require support in school and in agreeing with the school the type and level of training required, and putting this in place. The school nurse also provides support to teachers when writing individual healthcare plans/medical risk assessments.
f. Parents must provide the school with sufficient and up to date information about their child's medical needs. We believe they are a key partner and must be involved in the development and review of their child's healthcare plan. They should carry out any action they have agreed to as part of its implementation, including the review of the healthcare plan at the beginning of each school year or on an agreed alternative date.
g. We also believe that pupils are often best placed to provide information about how their medical condition affects them and we involve them in the process as fully as possible.
h. Medicines cannot be administered unless all necessary paperwork at school has been completed.

4) Long Term/Complex Medical Conditions

a. When the school is first notified that a pupil has a medical condition we follow the recommended process for developing individual healthcare plans (see Appendix 1a).
b. For a child starting at school for the first time, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks.
c. In some circumstances the school will also create a Risk Assessment for Child with Additional Needs (see Appendix 2) that details school specific information that may not be on the healthcare plan.

d. In making decisions about the support, we provide for a child who has a long term or complex medical condition, the SENDCo will meet with the child's parents/carers and consider advice from healthcare professionals. In cases where medical needs are less complex, the SENDCo and/or class teacher may carry out initial meetings and information gathering.
e. Individual Healthcare Plans/Risk Assessment for Child with Additional Needs will be written to provide clarity about what needs to be done, when and by whom. The level of detail will depend upon the complexity of the child's condition and the degree of support needed. These may be initiated by a member of school staff; the school nurse or another healthcare professional involved in providing care to a child and are drawn up in consultation with the school, the child and their parents. Where the child has a special educational need, the individual healthcare plan should be linked to the child's Education, Health & Care Plan where they have one.
f. Staff will only administer prescription medicines or undertake health care procedures following appropriate training from a healthcare professional.
g. After discussion with parents, some children who are competent, may take responsibility for managing their own medicines and procedures. In these circumstances, children should be able to access their medicines for self-medication quickly and easily and will require a level of supervision.

5) Individual healthcare plans/medical risk assessments

Individual healthcare plans/medical risk assessments will include:

a. the medical condition, its triggers, signs, symptoms and treatments;
b. the pupil'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;
c. specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of learning/sensory breaks or additional support in catching up with lessons, Emotional Literacy Support (ELSA);
d. the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
e. who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
f. arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

g. separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. medical risk assessments;
h. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements.

6) School Trips

a. Children with medical needs will be encouraged to participate in school trips, where safety permits.
b. Staff supervising trips, need to be aware of any medical needs and relevant emergency procedures.
c. Arrangements for taking medication must be known and a member of staff must be responsible for ensuring that all medication that could be required is taken on the trip.
d. Parents, with the support of staff in school, must ensure that medication is in date and this should be monitored when any pupil participates in a trip.

7) P.E. and Sporting Activities

e. Most children with medical conditions can participate in the P.E. curriculum and such activity is generally beneficial.
f. Some pupils may need to take precautionary measures before or during exercise and/or be allowed immediate access to their medication if necessary.
g. Teachers supervising such activities should be aware of relevant medical conditions and emergency procedures.

8) **Whole School Awareness training**

h. In some cases, it may be necessary to carry out whole school awareness training. Induction arrangements for new staff will also be considered in these circumstances.

9) Asthma Inhalers

a. Children who suffer from asthma are encouraged to bring their inhalers to school. Inhalers belonging to pupils are kept in medical boxes clearly located in each classroom.
b. Inhalers must be handed to the class teacher in the prescription box which should be clearly named.
c. Parents /carers must complete a medication form to detail the dosage. This information must be clear and parents/ carers must sign to give permission for the dose to be administered in school.
d. Medication must be clearly marked with the pupil's name and should be updated on a regular basis.

e. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.
f. Regular training is provided to all staff on how to use inhalers and manage asthma in an emergency.

10) Adrenaline Auto - Injector (AAI) Medication and control

a. Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection.
b. The adrenaline auto-injections (AAI) device looks like a fountain pen which is pre-loaded with the correct dose of adrenaline.
c. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.
d. Medication for an individual pupil is kept in medical boxes located in each classroom.
e. If a pupil has an AAI it is particularly important that this is easily accessible throughout the school day.
f. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. It is advised that parents/carers provide the school with 2 AAIs for children that are prescribed an AAI.
g. It is important that staff working directly with the child are aware of the pupil's condition and of where the pupil's medication is kept.
h. It is not possible to overdose using an AAI as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.
i. All pupils who have anaphylaxis will require an individual health care plan.
j. All staff receive regular training on how to use an adrenaline auto-injector and manage anaphylaxis in an emergency.

11) If a pupil has an anaphylactic reaction:

a. Ensure that an ambulance has been called and parents are contacted;
b. Stay calm and reassure the child;
c. First aider or staff trained will administers the AAI to the child.
d. Follow the guidance on the child's individual health care plan

12) Rescue medication – Epilepsy Medication and control

Rescue Medication to treat Epileptic seizures is a controlled drug and is kept in a locked medicine box in the office area.

All pupils who have Epilepsy will require an individual health care plan. The health care plan will indicate when this medicine should be administered and the dosage.

13) Administering Short Term Medicines

a. A Short term risk assessment (Appendix 5) is completed by school staff and the parent.
b. No non-prescription medicine can be administered on school premises unless this forms part of a child's individual healthcare plan that has been agreed by medical professionals.
c. The administration of medicines is primarily the responsibility of the child's parent. Wherever possible, parents should ensure that medicine is given to children before and after school. Prescription medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
d. The Headteacher accepts responsibility, in principle, for school staff who are willing to administer prescribed medication during the day where this administration is neither intimate nor invasive. In no circumstances does the Headteacher accept responsibility for the administration of non-prescription medication.
e. In no circumstances will prescribed medication be administered without the prior written agreement of the parents or guardian.
f. Parents are responsible for completing the appropriate Medication in Schools form (see appendix 1b) and for keeping the school updated with any change in their child's medical requirements. No medication will be administered without prior receipt of these forms. This will include providing details of the frequency and dosage of the medication and any side effects of the medication to be administered at school should be noted.
g. The school will ensure the medication is administered under supervision and record the dose given to individual children, stating what, how and how much was administered, when and by whom.
h. All medication administered will be checked by two members of staff.
i. No child will be given medicine containing aspirin unless prescribed by a doctor.
j. Medication will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
k. We will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
l. All prescription medicines will be stored safely. Children will know where their medicines are and be able to access them immediately. Prescribed medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should always be readily available to children in their individual class medical boxes.
m. If a child refuses to take a medicine or carry out a necessary procedure, staff will not force a child to do so. Parents will be informed immediately.

n. When no longer required, medicines will be returned to the parent for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

14) Emergency Procedures

a. As part of general risk management processes, all schools have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. This is reflected in school visit plan forms.
b. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
c. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
d. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
e. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
f. For children with severe medical needs, where the individual healthcare plan/medical risk assessment states emergency procedures, up to date information must be kept readily available for emergency services.

15) Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

a. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
b. assume that every child with the same condition requires the same treatment;
c. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
d. send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
e. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
f. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
g. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
h. require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues (unless it is in the best interest of the child). No parent should

have to give up working because the school is failing to support their child's medical needs; or

i. prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child (unless it is in the best interest of the child).

16) Guidelines for Intimate Care

All children at The Sherwood have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of school life.

This section of the policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting.

It should be considered in line with Safeguarding and Health and Safety Policies.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005: The Sherwood Primary School will ensure that:

a. No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
b. No child with a named condition that affects personal development will be discriminated against
c. No child who is delayed in achieving continence will be refused admission
d. No child will be sent home or have to wait for their parents/carer due to incontinence
e. Adjustments will be made for any child who has delayed incontinence
f. Intimate Care Tasks cover any tasks that involve the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.
g. Staff/ Child's keyworker at The Sherwood work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan.

The individual healthcare plan/medical risk assessment will set out:

a. What care is required
b. Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
c. Additional equipment required
d. Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
e. Child's level of ability i.e. what tasks they are able to do by themselves
f. acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care

g. Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers may be asked to supply the following:

a. Spare nappies
b. Wipes, creams, nappy sacks etc
c. Spare Clothes
d. Spare underwear

Best Practice

When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it.

Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

Safeguarding

Staff are trained on the signs and symptom of child abuse in line with Merton Safeguarding Children's Board guidelines and are aware of 'Keeping Children Safe in Education, 2019'. They will follow the guidance given.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the Designated Safeguarding Lead (DSL) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the DSL will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, the DSL will seek advice from other agencies.

17)Dealing with body fluids

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely in medical bins. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward.

Soiled children's clothing will be bagged to go home – staff will not rinse it.

Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

18) Special Educational Needs

Some children with medical conditions may be disabled or may have special educational needs. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

19) Equality Impact Assessment

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation. We are committed to treating all members of the school community fairly and challenging negative attitudes about disability and accessibility and to developing a culture of awareness, tolerance and inclusion.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any member of the school community and it helps to promote equality and accessibility at our school.

The curriculum is planned to be inclusive and meet the needs and interests of a full range of learners. Activities and resources will be differentiated and adult support used to ensure that children access the curriculum and make the best possible progress.

20) COMPLAINTS

At The Sherwood School, we recognise the importance of building positive relationships with parents. If you have any concerns, please meet with your child's class teacher in the first instance. Should you require further support please arrange an appointment to meet with the Special Educational Needs Coordinator or Head teacher and we will aim to resolve such issues. We have a Complaints Policy located on our website which outlines a clear route explaining how we manage complaints. Resolution support is offered through the school, governors and through the Local Authority

21) Privacy Policy

The Sherwood School is committed to ensuring protection of all personal information that we hold. We recognise our obligations under the GDPR and Data Protection act 2018. Our practice is documented in our Data Protection Policy.

Monitoring and Evaluation Written and Approved by Staff/Parents/Pupils/Governors: January 2020

Reviewed: September 2026

Date of next review: September 2027

22) Appendices:

1) Individual Healthcare Plans
    a. Medical Health Care Plan
    b. Medical Health Care
    c. Medication Form – Medicines in Class
2) Administering Medication in School
3) Medication Notice to Parents
4) Short Term Medical Risk Assessment

Appendix 1a

Inspire. Learn. Grow.

Individual Healthcare Plan

PHOTO

Name Of Pupil:

Date Of Birth:

Name and Contact Details of Parent/Guardian:

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor:

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian: Date:

Print Name:

Appendix 1b

MEDICATION FORM

Child details:

Full name: _____

Date of Birth: _____ Gender: ◯ **M** ◯ **F**

Year Group: ◯ **R** ◯ **1** ◯ **2** ◯ **3** ◯ **4** ◯ **5** ◯ **6**

Class: _____

Form Completed by:

Staff name: _____

Signed: _____

Date: _____

Medication instructions:

Condition/illness _____

Name/type/expiry date of Medication:

_____

_____

Start date of medication:

Finish date of medication:

Duration your child will take this medication: _____

Dosage and method: *(i.e. 5ml with spoon)* _____

Special precautions: ◯ No ◯ Yes *Details:* _____

Side effects: ◯ No ◯ Yes *Details:* _____

Self-administration: *I give permission for my child to administer this medication to themselves.*

◯ No ◯ Yes

Parental Consent:

Parental Declaration

◯ I consent that my child will receive medication for the named condition/illness by authorised staff. I understand that members of staff will follow the instructions I have given on the form and I declare the information I have provided is true and correct to the best of my knowledge.

Parent/carer name: _____

Signature: _____

Date: _____

Appendix 2

The Sherwood School

Record of medicine administered

Child's Name _____

Date	Time	Name of medicine	Dose given	Time	Signature of staff 1	Signature of staff 2

Appendix 3

The Sherwood School

Medication notice

Dear Parent/Carer,

Your child has required their medication today. Please see below for advice.

Name: _____

Class: _____

Medication: _____

Amount: _____

Date: _____

Time: _____

Reason: _____

_____

_____

Appendix 4

Short Term Medical Risk Assessment

Short Term Medical Risk Assessment						
Date:	**Name of Parent/Carer passing on information:**	**Prescription Date:**	**Dosage:**	**Frequency:**		**Date Medication to be Completed By:**
Name of child:		**Description of condition and name of medication (antibiotics etc.)**		**Medication checked (Y/N)**	**Copy of healthcare plan (Y/N)**	**Received by Staff member:**
Actions Needed: **(special adjustments, e.g. quiet play and lunchtime, toileting arrangements etc):**						