



- **Our visions and values:**
- **Protecting children's right to play learn and have a voice.**
- **Keeping parents involved in children's development**
- **Governors and staff leading the way on quality**
- **Working partnership with health professionals and schools**
- **Being ethical, respectful and tolerant**

Supporting children with medical conditions policy & procedure

Status:	Statutory
Statutory review timetable:	Annual
Responsible governors:	Full governing body
Last review date:	Spring 2026
Date of next review:	Spring 2027
The policy is available for staff at:	School offices and shared drive
And for parents/carers at:	School website

Policy audit

Version, revision date, who revised, section revised

- V1, www.gov.uk template, February 2017: Alison Emmett: adaptation for schools
V2, February 2019, Helen Currie, Alison Emmett: addition of FANS name
V3-5, February 2020, Feb 22, Jan 23: Helen Currie, Alison Emmett: no changes
V6, January 2024: Helen Currie: no changes
V7, March 2025: Alison Emmett: updated values
V8, February 2026: Alison Emmett: no changes

Key roles and responsibilities

1) Children's rights and responsible:

- a) It is our policy to deliver inclusive early childhood education in our nursery schools which enables them all to become independent and equally-valued members of the community.
- b) Children should be given every opportunity to provide information on how their medical condition affects them and to contribute fully to their Individual Healthcare Plan (IHP), should one be required.
- c) We expect children to comply with an IHP plan if they have one, and, if healthcare professionals and their parents agree that they are able, that they self-manage their medication or health needs including carrying medicines or devices.

2) Parents are responsible for:

- a) Keeping the school informed about any new medical condition or changes to their child/children's health.
- b) Participating in the development and regular reviews of their child's IHP.
- c) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- d) Providing the school with the medication their child requires and keeping it up-to-date including collecting leftover medicine. All medication must be prescribed and have the child's name on a printed label from the prescribing chemist. On occasions staff may require to take specialist training to administer particular medications or support a medical need. On these rare occasions, parents will be responsible for any administration until training is undertaken.
- e) Carrying out actions assigned to them in the IHP with particular emphasis on them or a nominated adult being contactable at all times.

3) Governors and staff have specific roles and responsibilities:

The Governing Body of the Forest Alliance of Nursery Schools is responsible for:

- a) Ensuring the policy is developed collaboratively across the schools and that it identifies roles and responsibilities clearly.
- b) Ensuring, through governors' monitoring visits and the annual SEND Report to FGB, that the policy is implemented effectively. Governors will look at the specific procedures for supporting children with medical conditions included in this policy as part of their assessment of whether children are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy, and achieve their academic potential.
- c) Ensuring that the policy does not discriminate on any grounds including, but not limited to protected characteristics: age, being or becoming a transsexual person, being married or in a civil partnership, being pregnant or having a child, disability, race including colour, nationality, ethnic or national origin, religion, belief or lack of religion/belief, sex, sexual orientation.
- d) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

The Executive Headteacher is responsible for:

- a) Ensuring that the 'Supporting Children with Medical Conditions Policy and Procedures' of the Forest Alliance of Nursery Schools is developed with partner agencies and that staff are fully aware of it.
- b) The day-to-day implementation and management of the policy and procedures.
- c) Ensuring, if necessary through recruitment, that a sufficient number of trained and qualified members of staff are available to implement the policy and to deliver IHPs in normal (i.e. term time and holiday), contingency (e.g. staff absence), and emergency situations. Staff must have access to information, resources, and materials.
- d) Developing Individual Healthcare Plans (IHPs). Participating in and facilitating on-going two-way liaison between healthcare professionals and school in the case of any child who has or develops an identified medical condition.
- e) Ensuring the level of insurance reflects the level of risk.
- f) Ensuring that staff are told the procedures for emergency situations.
- g) Assigning appropriate accommodation for medical treatment/care.
- h) Ensuring that confidentiality and data protection are respected and that all and only staff who need to be are aware of a child's medical condition.
- i) Ensuring written records are kept of any and all medicines administered to children.
- j) Ensuring the provision of appropriate first aid equipment including considering the purchase of a defibrillator.

Staff members are responsible for:

- a) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a child with a medical condition needs help. A first-aid certificate is not sufficient.
- b) Undertaking training to achieve the necessary competency for supporting children with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- c) Taking account of the needs of children with medical conditions in the course of the nursery day and in the planning of special occasions and visits.
- d) Storing medication including inhalers, adrenalin pens, and blood glucose testers in an accessible and safe location (following DfE guidance) and knowing where they are.
- e) Knowing where controlled drugs are stored and where the key is held.

2) Partnership working:

The Local Authority (LA) is responsible for:

- a) Promoting co-operation between relevant partners regarding supporting children with medical conditions.
- b) Providing support, advice /guidance, and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are delivered effectively.

Health professionals are responsible for:

- a) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school or to an appropriate timeframe while the child attends school.
- b) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- c) Liaising locally with lead clinicians on the provision of appropriate support. Assisting the Headteacher in identifying training needs and providers of training.
- d) Supporting school staff to implement an IHP and then participating in regular reviews of the IHP.

Procedures

1) Training of staff

- a) Newly appointed teachers, early years practitioners, supply or agency staff, and support staff will receive training on the 'Supporting Children with Medical Conditions' Policy as part of their induction.
- b) The clinical lead for each session will be named on each IHP.
- c) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and being signed off as competent.
- d) The Business Manager will keep a record of medical conditions supported, training undertaken, and a list of staff qualified to undertake responsibilities under this policy.

2) Medical conditions register/list

- a) The schools' admissions forms request information on pre-existing medical conditions. Parents are asked to talk to their key person as soon as possible and at any point in the school year if a condition develops or is diagnosed.
- b) A medical conditions list or register should be kept, updated, and reviewed regularly by the nominated member of staff. Each key person should have an overview of the list for the children in their care, within easy access.
- c) Supply staff and support staff should similarly have access on a need-to-know basis. Parents should be assured data sharing principles are adhered to.
- d) For all children, transition meetings take place with a child's future primary school. For children on the medical conditions list these meetings enable parents, the schools, and health professionals to prepare the IHP and train staff if appropriate.

3) Individual Healthcare Plans (IHPs)

- a) Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the child, parents, Headteacher, Special Educational Needs & Disabilities Coordinator (SENDco), and medical professionals. NB the school needs parental consent to contact a child's GP.

- b) It is our policy to share relevant attendance data with the professionals who are collaborating with us on an IHP.
- c) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHPs as visitors/parent helpers etc. may enter. If parental consent is secured a photo and instructions may be displayed. More discreet locations for storage such as a password-protected digital file or a locked physical file are more appropriate, however, in the case of conditions with potential life-threatening implications clear information should be available and accessible to everyone.
- d) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- e) Where a child has an Education, Health, and Care Plan or Statement of Special Educational Needs, the IHP will be linked to it or become part of it.
- f) Where a child is returning from a period of hospital, education or alternative provision, or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

4) Medicines

- a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the child to take them outside of school hours.
- b) If this is not possible, prior to staff members administering any medication, the parents of the child must complete and sign a parental consent to the administration of medicine form. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- c) Written records will be kept of any medication administered to children.
- d) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- e) Medicines MUST be in-date, labelled with the child's name printed from the prescribing chemist, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- f) A maximum of four weeks' supply of the medication may be provided to the school at one time. Any medications left over at the end of the course will be returned to the child's parents.
- g) Medications will be stored at Church Hill in the high-up cabinet in the Disabled Toilet to which only staff have access and at Low Hall in the locked medical cupboard in the children's bathroom. Should a child be prescribed controlled drugs, they will be stored securely in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency.
- h) Children will never be prevented from accessing their medication under supervision. Equally, staff will not force a child if they refuse to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.
- i) Emergency salbutamol inhaler kits may be kept voluntarily by school.
- j) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff rooms.
- k) The Forest Alliance of Nursery Schools cannot be held responsible for side effects that occur when medication is taken correctly.

5) Transport arrangements

- a) Where a child with an IHP is allocated school transport the school should invite a member of the WF Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the child's school record. The IHP must be passed to the current operator for use by the driver/escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- b) For some medical conditions the driver/escort will require training. For children who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that child's transport.
- c) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- d) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

6) Day trips, residential visits, and sporting activities

- a) Unambiguous arrangements should be made and be flexible enough to ensure children with medical conditions can participate in school trips, residential stays, and sports activities and not prevent them from doing so unless a clinician states it is not possible.
- b) To comply with best practice, risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including children with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate from the normal day to day IHP requirements for the school day.

7) Emergencies

- a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- b) Children will be informed in general terms of what to do in an emergency such as telling a teacher or key person.
- c) If a child needs to be taken to hospital the parents will be contacted. A member of staff will remain with the child until their parents arrive, travelling to hospital and staying there if necessary.

8) Avoiding unacceptable practice

The following behaviour is unacceptable in the Forest Alliance of Nursery Schools:

- a) Preventing children from accessing their inhalers and medication easily and administering their medication when and where necessary.
- b) Assuming that children with the same condition require the same treatment.
- c) Ignoring the views of the child and/or their parents or ignoring medical evidence or opinion.
- d) Sending children home frequently or preventing them from taking part in activities at school.
- e) Sending the child to the medical area or school office alone or with an unsuitable escort if they become ill.
- f) Penalising children with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.

- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow children to eat, drink, or use the toilet when they need to in order to manage their condition.

9) Insurance

- a) Staff who undertake responsibilities within this policy will be assured by the Executive Headteacher that are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Head.

10) Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the school Complaints Policy and Procedure.

11) Definitions

- a) 'Parent(s)' is a wide reference not only to a child's birth parents but to adoptive, step, and foster parents, or other persons who have parental responsibility for or who have care of a child.
- b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child requiring special adjustments for the school day, either ongoing or intermittently. This includes: a chronic or short-term condition, a long-term health need or disability, an illness, injury, or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose, and storage.
- e) A 'staff member' is defined as any member of staff employed at the Forest Alliance of Nursery Schools.

Appendices:

- 1) Supporting Children with Medical Conditions Flowchart
- 2) Template letter asking parents to IHP meeting
- 3) Individual Healthcare Plan application form
- 4) Parental Agreement to Administer Medicines form
- 5) Record of medicines administered to an individual child
- 6) Contacting emergency services poster

Appendix 1 Supporting Children with Medical Conditions Flowchart

