



James Bateman Middle School

Supporting Children with Medical Needs and Administration of Medicines in School Policy

Reviewed	November 2025
Reviewed	25.11.25
Review Due	November 2028

Introduction

The policy refers to school as James Bateman Middle School, but within that this includes the provision in Breakfast and After School Club.

Children with Medical Needs

- Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled diabetes, epilepsy or cystic fibrosis including injections.
- Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. A spare inhaler is kept in the school office and all children have received permission to use as part of a care plan.
- Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.
- An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Support for Children with Medical Needs

- Pupils at school with medical conditions should be properly supported so that they have full access to education including school trips and physical education.
- Governors must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Parents have the prime responsibility for their child's health and should provide our school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.
- The school health service can provide advice on health issues to children, parents, education and early years' staff, education officers and Local Authorities. NHS Primary Care Trusts (PCTs) and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.

Long-Term Medical Needs

- It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.
- The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.
- Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

Individual Healthcare Plans

For all students who may require individual specialised treatment, a clear Individual Healthcare Plan (IHCP) must be in place. An IHCP may be initiated by a member of school staff, school nurse or other healthcare professional involved in providing care to the child. See Individual Healthcare Plan and Action Flowchart in Appendix 4 for procedure.

Treatment plans should be prepared by the doctor responsible for the management and prescription of treatment and should be shared with parents/guardians and child's GP. The School Health Service should provide a support role in ensuring an IHCP is understood and carried out in the school. Any care plans must be provided to the school and be fully agreed before any medical treatment will be carried out. The plan will be reviewed annually. The review process should always include an appropriate school representative.

In some circumstances students may have complex medical needs. In these instances, school nurses may have a specific responsibility for an individual student's medical management in the school.

Where the student has a special educational need the IHCP should be linked to their Education Health & Care Plan (EHCP), where they have one.

If a student transfers to another school a copy of the IHCP will be provided for the new school.

Administration of Medicines in School

It is important for all staff and parents to recognise that the administration of medicine is the responsibility of parents/carers. School staff have a professional and legal duty to safeguard the health and safety of students. We do all that we can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. Children have a right to be educated and should not be excluded purely as a result of requiring medication.

Staff at James Bateman Middle School do not have a duty to administer medication. Participation in the administration of medicines is on a voluntary basis. Individual decisions on involvement must be respected.

Parents/Guardians are advised, in the school prospectus that sometimes illness or other serious reasons make it impossible for students to come to school. However, we recognise that many students need to attend school while taking prescribed medicines either because they are:

- I. suffering from chronic illness or allergy
- II. recovering from a short-term illness and are undergoing or completing a course of treatment using prescribed medicines

If any other circumstances, students are not allowed to bring medication into school.

Parents/Guardians and Doctors should decide how best to meet each student's requirements. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours.

To help avoid unnecessary taking of medicines at school, parents/guardians should:

- I. be aware that a three times daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunchtime
- II. Ask the family doctor if it is possible to adjust the medication to avoid school time doses.

Where occasionally this cannot be arranged, parents/guardians are encouraged to note that if a student cannot self-administer and needs a dose of medicine at lunchtime, the student should return home for this, or the parent/guardian should come to school to administer the medicine. Students who are able to self-administer and whose medication is stored in school will contact Reception when necessary, parents must complete Appendix 2 and return to school before any medicine can be administered and recorded on the Medicine Record. All medicines coming into school must be handed in at reception at the beginning of each school day and collected at the end of each school day.

Young people may consult the doctor and receive medication without the parents/guardian's permission/knowledge when the doctor considers they have sufficient age and understanding. There is no fixed age for this (often it is over 16) in this case the school will not deal with medication directly with students unless we have received parental consent.

Procedure For Administration Of Medicines In School

(See Flow Chart – Appendix 1)

Most students in this school have the ability to self-administer their own medication – see Appendix 1.

On the few occasions when medicines have to be brought in, the original duplicate container, complete with the original dispensing label should be used. If a child is on regular medication, the dispensing chemist may, at his own discretion, agree to supply two filled containers. The duplicate bottle for school should contain no more than one day's supply and the dispensing chemist may request that the GP writes two prescriptions; one for home the other for school use. The label should clearly state:

- I. Name of student
- II. Date of dispensing
- III. Dose and dose frequency (This may read 'as directed' or 'as before' if this is what is on the prescription. In this case the form Appendix 1 must give clear instructions)
- IV. Cautionary advice/special storage instructions
- V. Name of medicine
- VI. Expiry date – where applicable
- VII. Storage

Medication must at all times be stored in containers as indicated above, (this will assist the school in addressing any problems with substance abuse or loss of medicines). Medicines must be handed in at reception at the start of each school day and collected at the end of each school day.

Educational visits and other school journeys

The administration of medicines during educational visits, including visits abroad and residential visits, and other out-of-school activities requires special attention and pre-planning. Educational visits abroad or residential visits will, where necessary, require a Health and Care Plan Meeting with the school nurse and member of staff, including liaison with the student and parent/guardian. It is expected that parents and the student take responsibility for their well-being on visits. This includes carrying required medication such as inhalers/EpiPens with them at all times. Medical consent forms will be sent home before any visit and staff members will be alerted to specific issues. However, this does not mean that staff are responsible for ensuring that students carry any medication with them. This is the responsibility of the parents and the student.

The above also applies to extra-curricular clubs and activities.

Medical confidentiality

Staff in schools have no automatic right to be informed of any medical condition suffered by any student. However, in order that students can receive the best possible care, parents/guardians should advise the school of any conditions that may require intervention during the school day. Any medical or related information provided to the school either by parents/guardians or healthcare professionals will always be treated in the strictest of confidence. Information will only ever be shared with those members of staff whose role may lead to them providing support or other intervention as agreed with parents.

Emergency aid

Where children have conditions, which may require rapid intervention parents must notify the Headteacher of the condition, symptoms and appropriate action following onset. The Headteacher may wish to discuss this with the School Health Service.

The Headteacher will make all staff aware of any student whose medical condition may require emergency aid. This will include relevant support and canteen staff.

Unusual occurrences, serious illness or injury

All parents/guardians are informed of the school's policy concerning students who become unwell while at school, or on authorised educational visits, trips etc. This is contained within the school's Information to Parents booklet (Prospectus).

All students' home telephone numbers and parents/guardians' daytime numbers and other emergency numbers such as those of relatives are kept in order to make contact. If parents and relatives are not available when a student becomes seriously unwell or injured, the Academy will, if deemed necessary call an ambulance to transport the student to hospital.

The use of non-prescription drugs

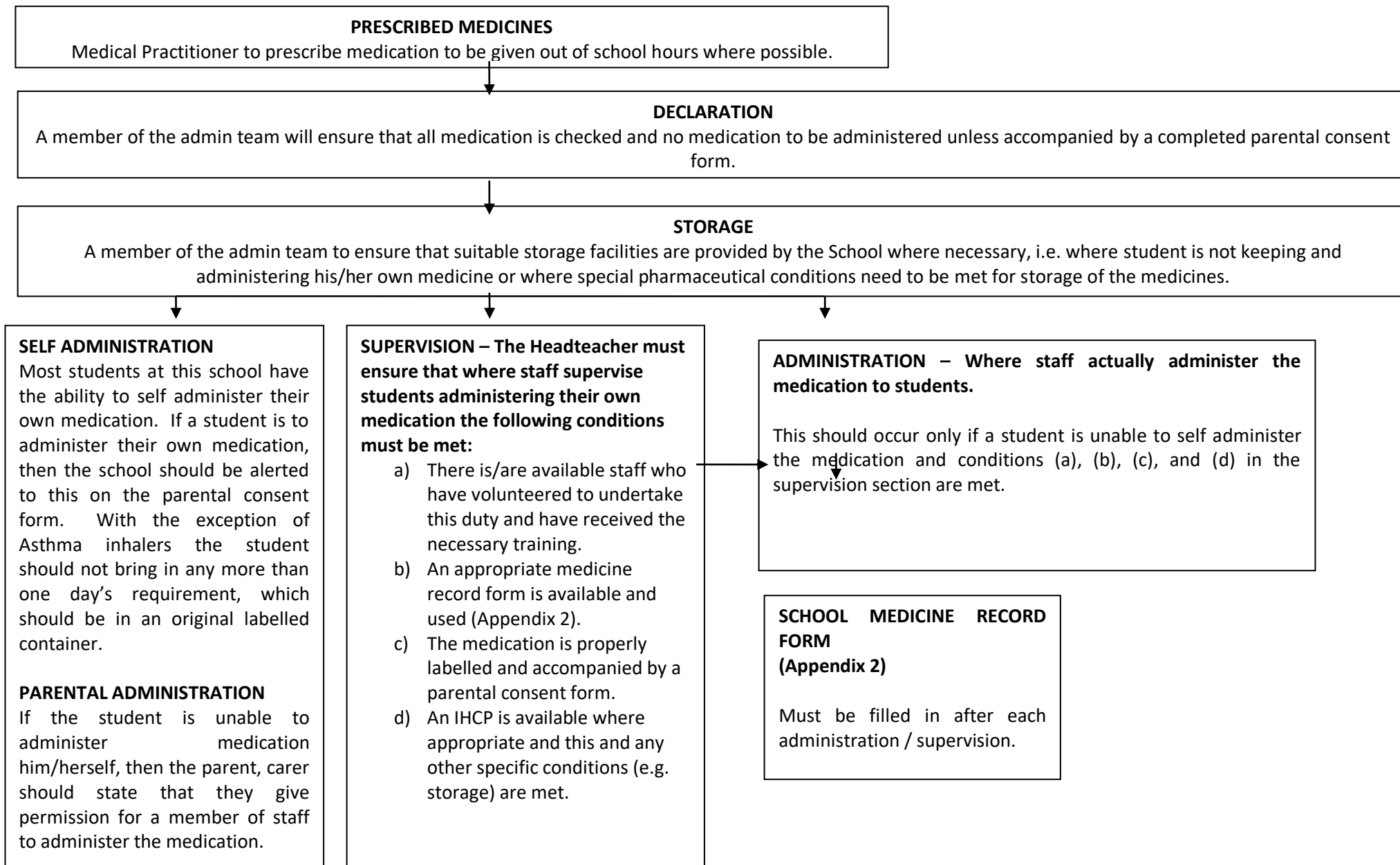
The government health guidelines on the use of Aspirin and Paracetamol containing Ibuprofen is that they should never be given to students under 16 unless prescribed by a doctor. If a student requests Paracetamol, it will only be given after parental permission has been granted and the parent will be required to bring medication into school. This usually takes place over the telephone and the school receptionists will make this telephone call.

Each request will be logged with name, date/time, dosage, reason, and person handing over medication.

Students over 16 can give their own consent for pain relief.

Policy Adoption and Revision Details				
Policy Adoption:	October 2021	Effective date:	??.10.21	Version 1
Review	November 2022		24.11.2022	No changes made
Review	November 2023		28.11.2023	Version 1.1 Information about Individual Health Care Plans included
Review	November 2025		25.11.25	Version 1.2 Appendix 2 added

Appendix 1

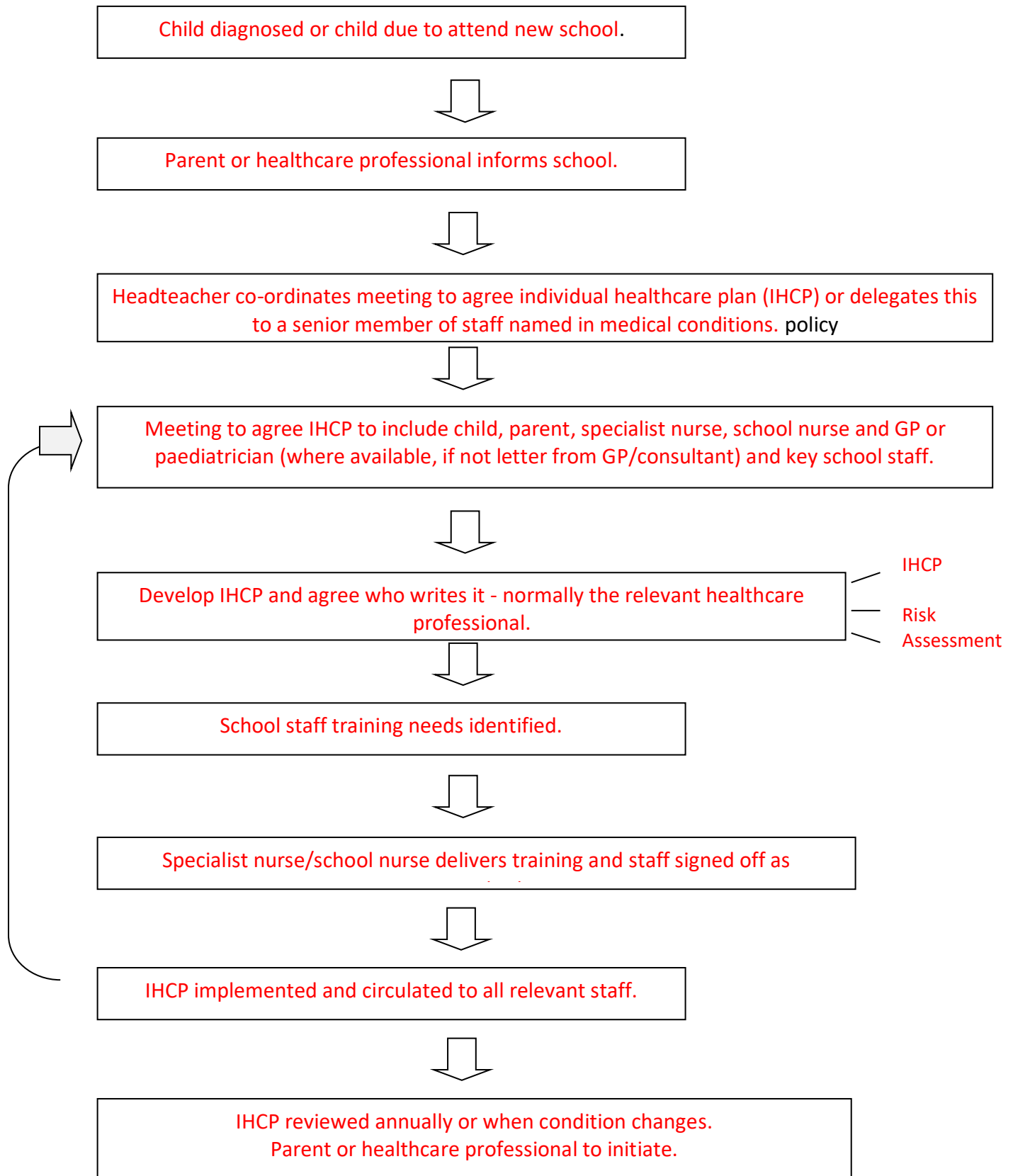


IHCP Check List

Exemplar

Name: _____					
Check List	Y	N	N/A	Action	Person Responsible
Does the child require an IHCP for their medical needs?					
Is medication required?					
Is a risk assessment required?					
Are specific support strategies and intervention required?					
Is the child able to self-administer medication?					
Is specific training required?					
Do school staff need to be made aware of the child's medical condition?					
Consent letter required from parents for the child to self-administer during school hours.					
Are separate arrangements required for school trips or other school activities including outside of the normal timetable?					
Is an emergency plan required, including whom to contact and contingency arrangements?					
<p>Signature of Parent:</p> <p>Signature of School Nurse/Healthcare Professional:</p> <p>Signature of School Representative:</p>					

Individual Health Care Plan and Action Flowchart



Those people involved with supporting students in school with medical conditions are:

Immediate support team

Healthcare Professional (School Nurse) – level of medical management, advice and guidance

Learning Manager }
Inclusion Manager } Support, intervention and communication



Business Manager – Risk assessment



Reception Staff – storage of medicines and liaison with parents/students

Form Tutor – where applicable

All Staff – where applicable

Appendix 2

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

PUPIL DETAILS

Surname:..... First Name:

Male/Female.....Class..... Date of Birth.....

Condition/ Illness:

MEDICATION (PUPILS NAME MUST BE CLEARLY MARKED)

Name/Type of medication (see container)

Date of medication Handed into school.....

Dosage and Method:

Times of day to be administered:

For how long will this medicine be administered:

Date dispensed:Expiry Date:

Special Precautions:

Are there any side effects that the school needs to know about? :

Procedures to take in case of emergency:

CONTACT DETAILS

Name:Relationship to pupil:

Contact telephone number:

I understand that the medicine must be delivered personally to the school and that the school will only be able to administer the medicines if it can make the staff time available. School staff are not obliged to administer medication and students are expected to be proactive in taking responsibility in managing their medical conditions and presenting themselves at the office at the appropriate time. If a student refuses to take their medication staff will not force them to do so.

I understand that I remain responsible for ensuring that my child receives their medication if the school is unable to administer.

Signed: Date.....

SURPLUS/UNUSED MEDICINES

The following quantity.....of the above medicine was collected by:

NAME: _____ SIGNED: _____

DATE: _____

The above medicine was not collected. It was taken to: _____

Chemist for safe disposal. Date