



# Moss Hall Schools Federation

## Supporting Children with Medical Conditions Policy

**Reviewed: Spring 2026**

**Review by: Executive Headteacher**

	Executive Head	Date:	Spring 2026
	Co-Chair of Governors	Date	Spring 2026

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# THE EDUCATION OF PUPILS WHO HAVE A MEDICAL CONDITION POLICY STATEMENT AND GUIDELINES

## 1. Introduction

The Children and Families Act 2014, Section 100, places a duty on schools to support children with medical conditions so that they have full access to education. Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

Some pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most pupils with medical needs are able to attend school regularly and, with some support from school, can take part in most normal school activities. The Governors and Staff of Moss Hall Schools Federation wish to ensure that pupils with medical needs receive proper care and support at school. The purpose of this policy statement is to promote the successful inclusion of pupils with medical needs. It enables parents, carers and other professionals to understand how Moss Hall Schools Federation will provide for pupils who have medical conditions.

## 2. Aims and Objectives

- To provide quality learning experiences for all children based on a broad and balanced curriculum
- To provide a whole school approach to supporting pupils with medical needs
- To ensure that all staff, parents, carers and governors are familiar with procedures relating to pupils who have medical conditions
- To help pupils to take an increasing responsibility for their own medication, [subject to each individual's need and understanding], and to be increasingly involved in arrangements to provide for their medical needs
- To establish clear links with outside agencies to ensure that there is continuity of provision for all pupils with medical needs
- To minimise the disruption to a pupil's learning caused by absence resulting from a medical condition
- To meet legal requirements with regard to storing and administering prescription medication in school

## 3. Equal Opportunities Statement

We believe that it is the right of all children regardless of their gender, ethnicity, physical ability, linguistic, cultural or home background to have access to quality learning experiences in a safe, secure and supportive environment. As a matter of principle, all pupils at Moss Hall Schools Federation will be included in every educational activity we normally undertake, unless written medical advice specifically precludes it. Children with medical needs have the same rights of admission to school as other children, and will not generally be excluded from school for medical reasons.

Every child, regardless of their medical condition has a right to their health details being kept confidential. In most instances these details will be shared with staff on a need to know basis, e.g. when disclosure would enhance the child's ability to access the curriculum or if there are issues of safety to be considered.

Where possible, school will organise interpreters for parents/carers and/or children who have English as an additional language to attend key meetings that take place between professionals and parents/carers at school.

## 4. Arrangements for Inclusion

We are committed to offering an inclusive curriculum to ensure the best possible progress of all our pupils, whatever their needs. Most schools will at some time have pupils on roll with medical needs. At

Moss Hall Schools Federation, we will ensure that safety measures cover the needs of all pupils in the school, including those with medical needs. This may mean making special arrangements for particular pupils.

## 5. The Legal Framework

At Moss Hall Schools Federation we will follow the guidance set out by Barnet Local Authority and Primary Care Trust on the following:

- a) Guidance for the administration of medicines
- b) Guidance for the administration of rectal diazepam
- c) Guidance for pupils at risk of anaphylactic reaction
- d) Guidance for use with pupils with asthma
- e) Guidance for use with pupils with tracheostomies
- f) Guidance for pupils with cystic fibrosis
- g) Guidance for use with pupils performing intermittent self- catheterisation
- h) Guidance for use with pupils with naso-gastric feeding/feeding by gastrostomy
- i) i.Other guidance not specified above

The school's guidance also has due regard to the Children and Families Act 2014, Section 100 and Supporting pupils at school with medical conditions (April 2014)

## 6. Roles and Responsibilities

### The Governing Body

- Determines the school's general policy and ensures that arrangements, including funding and reasonable adjustments,
- are in place to support children with medical conditions so that they can access and enjoy the same opportunities at school as any other child.

### The Headteacher

- Oversees the management and provision of support for children with medical conditions and ensures all staff are aware of this policy and implement it;
- Ensures that a sufficient number of trained staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover;
- Ensures that school staff are appropriately insured by the Local Authority and are aware that they are insured.
- Delegates strategic responsibility and day to day management

<b>Moss Hall INFANT School</b>	<b>Role</b>	<b>Moss Hall JUNIOR School</b>
<b>Julienne Salumu</b>	Authorised Person, responsible for children with medical conditions – day to day	<b>Julienne Salumu</b>
<b>Samina Thorpe</b>	Strategic Responsibility	<b>Shane Craig / Samina Thorpe</b>

### The Authorised Person: Federation Welfare Officer

- Informs relevant staff of medical conditions
- Ensures that staff are aware of the need to communicate necessary information about medical conditions to supply staff and external providers and, where appropriate, taking the lead in communicating that information
- Develops, monitors and reviews Individual Healthcare Plans (IHCPs)
- Works together with parents/carers, children, healthcare professionals and other agencies.
- Keeps the register/ data base of medicines in schools and update parents when medicines are running out/ dates are expiring to re-supply.
  - o Returns to Year 6 all medicines as they leave
  - o Roll over medicines in date to the new school year if not needed at home

- o On a child's last day – offer medicines to be returned to families

### **Teachers and Support Staff**

- Manage the day-to-day management of the medical conditions of children they work with, in line with training received and as set out in IHCPs
- Work with the authorised person to ensure that risk assessments are carried out for school visits and other activities outside the normal timetable
- Provide information about medical conditions to supply or other staff who will be covering their role, including external providers
- Ensure that children with medical conditions are fully considered to ensure their involvement in structured and unstructured social activities including
- breaks and lunch times, school productions, visits and residential activities
- Ensure reasonable adjustments are made to allow children with medical conditions to participate in sports, games and activities, including being aware of potential triggers for children's medical conditions and how to minimise these
- Are aware that medical conditions can affect a child's learning and provide targeted support to help a child reduce the impact of any missed learning.

### **The School Nursing Service**

- Best practice would be that the school nurse notifies the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at school. In most cases parents will contact the school directly and planning with the Welfare officer will begin from this point
- Provides support for staff on implementing a child's IHCP and provides advice and liaison including training.

### **Parents and Carers**

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHCP and will need to carry out any actions they have agreed to as part of its implementation, e.g. provide medicines and equipment and keep school fully up to date with any changes in their child's needs, treatment or medication.
- Are responsible for ensuring all medicine is in date.
- At the end of term or school year

### **Children**

- are often best placed to provide information about how their condition affects them
- will be fully involved in discussions about their medical support needs (where appropriate), including contributing to and complying with their health care plan.
- should inform a member of staff if they feel unwell.
- Other children: will be sensitive to the needs of their peers with medical conditions.
- should inform a member of staff if another pupil is feeling unwell and in emergency situations. will be informed, in general terms, of how to recognise a situation that requires them to call an adult.

## **7. Individual Health Care Plans (IHCPs)**

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term. Other pupils have medical needs that could limit their access to education, although most pupils with medical needs are able to attend school regularly and, with some support, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. In some cases, individual procedures will be drawn up in the form of an Individual Health Care Plan, to ensure the safety of such pupils (see Appendix A and B).

Health Care Plans will be completed according to a pupil's individual medical needs and where medication is required on a long-term basis, e.g. anaphylaxis, epilepsy, diabetes, haemophilia or any complex medical condition.

Once the medical condition has been diagnosed, the school nurse will meet with the parent/carer and child for a health assessment. At this meeting, consent will be obtained to provide information to school.

All Health Care Plans will be drawn up by the parents and carers, in conjunction with education and health professionals. The Assistant Head /Inclusion Manager along with the Authorised Person, will oversee this meeting for school. The Plan sets out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. Plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed or on the child's transfer to another school.

A Health Care Plan will contain details of any symptoms, medical procedures which are required by the pupil's condition, actions to take and emergency procedures. A copy of each Health Care Plan will be kept centrally in the Medical Room and a copy given to the parent/carer.

## **8. Medication in School**

### **Administration of Medication**

Medication will be received in school for two purposes:

1. When administration is required regularly during the school day to support a particular medical condition
2. Where a pupil may require medication in an emergency situation

Antibiotics used to treat bacterial infections or minor illnesses that are NOT medical conditions can be administered in school if they are prescribed as 4 doses a day. Three or less, parents are encouraged to administer the medication at home before and after school. With written permission staff will administer antibiotics to any child according to the professional schedule set out by the medical professional.

Every case will be considered unique depending on the child's needs. Parents/carers may, if they wish, make arrangements to bring their child's antibiotics to school at lunchtime and administer them to their child personally.

With written permission staff will administer antibiotics to any child according to the professional schedule set out by the medical professional.

### **Written consent from parent/carer must be received before any medicine can be administered to a child at school.**

- Medicines will only be accepted for administration if they are: **prescribed, in date, labelled and 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Parents/carers must inform the school immediately if their child's medication changes or is discontinued, or the dose or administration method changes.
- Controlled medicines are stored safely, in a lockable cabinet in the medical room. There is a refrigerator for medicines that require refrigeration.
- During off-site visits, all accompanying staff will be made aware of children with medical conditions and the administration of any medication. This will be through the risk assessment.
- Written records are kept of all medicines administered to children stating what, how and how much was administered, when and by whom.
- When no longer required, medicines will be returned to parents/carers to arrange safe disposal.

### **Administering Prescribed Medications in School**

1. Parent or Guardian meets with the Welfare officer to complete the Medical Consent Form.
2. Medicine is then signed in at the school office with School Office Team using the Sign in Sign Out Medication Form.

3. Medicine is then placed in a secure box at both school offices.
4. Welfare Officer will collect medication from both school offices by 9.30 am and place in the relevant Medical Rooms. Welfare officer will sign out the medication from the school office using the Sign in Sign out Medication form.
5. Welfare officer will administer the medication at the correct time and record this on the MH Schools Log of Medications Given Form. There will be a **SECOND** first aider present when all medications are administered. The second first aider reads and checks medication dose aloud to ensure accuracy before the Welfare Officer administers the medication. When the Welfare Officer is not in school or not present 2 First Aiders will be used from across the year group or school.
6. At 2.50pm each day the Welfare Officer will return medications from both Medical Rooms to the school office and sign this medication in and place in the secure box.
7. Parents will be advised to collect medications from the relevant school office.
8. If the medication is not collect by 3.45 pm then the office staff will contact the parent regarding collection.
9. Parent will sign out the medication once collect at the end of the school day.
10. If a child attends a club a member of the SLT will sign out the medication and return this to the parent or to a member of the playcentre.

**Emergency paracetamol and Calpol** - This will be stored in school and offered to a child after gaining parent consent and ONLY if the parent is more than 2 hours (check with nurse) away from school. This is to prevent a high fever from fainting. If a parent is able to get to school before the 2 hour period then NO offer of medication will be made

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide that support.

### **Controlled Drug Register**

A register must be kept for any controlled drug. The register will contain the following information: medicine; form; strength; date received; quantity received; received by; pupil's full name and unique pupil number. A register will also be kept of the date, amount supplied, supplied by whom and the balance in stock. This will be completed for every issue of the medicine to school.

### **Protocol for Receiving Medication In School**

Medication will be received in school for two purposes:

1. When administration is required regularly during the school day to support a particular medical condition;
2. Where a pupil may require medication in an emergency situation

Where possible the parent / carer will hand the medication directly to the Authorised person / welfare officer.

Parents/Carers are responsible for supplying the school with adequate information regarding their child's condition and medication including a signed consent form.

Medicines will not be accepted into school without a complete written and signed medical consent form.

All medicines must be in their original containers and must be clearly labelled with the following:

- Name and strength of medicine
- Pupil's name
- Dosage
- Dosage frequency
- Date of dispensing
- Storage requirements, if important
- Expiry date
- Any cautionary and advisers' labels e.g. may cause drowsiness
- Name, address and phone number of the pharmacy

## Disposal of Medicines

Parents/Carers will collect out of date medication held at school from the office. This includes any bottles, containers and pumps that are empty.

These must be given to ADULTS ONLY.

Parents/Carers are responsible for disposal of date-expired medicines. All Year 6 medication will be given back to Parents/Carers on the last day of the summer term at 3.15pm.

School will safely dispose of medication when all avenues of contact with families have been explored.

## Pupil Responsibilities with Regard to Medication

Children develop socially at different rates. As they mature, they may be encouraged to take an increasing responsibility for their own medication. E.g asthma inhalers.

Under supervision, pupils may begin to be encouraged to self-administer medicines in the medical room.

If pupils refuse to take medication, staff should not force them to do so. In such cases, the Headteacher or Authorised Person should inform the child's parent/carer as a matter of urgency. If necessary, staff will call the emergency services.

## 9. Action in Emergencies

A child's IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring all relevant staff are aware of emergency symptoms and procedures. Other children will be told what to do in general terms, including informing an adult immediately if they think help is needed.

All requests for an ambulance are to go through the school office and be agreed by the headship team member "on duty"

To request an ambulance, dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

<b>Moss Hall INFANT School</b>	<b>Name of school</b>	<b>Moss Hall JUNIOR School</b>
<b>020 8445 9735</b>	<b>The school's telephone number</b>	<b>020 8445 7965</b>
<b>Moss Hall Infant School, Moss Hall Grove, Finchley, N12 8PE</b>	<b>The location of the school</b>	<b>Moss Hall Junior School, Nether Street, Finchley N3 1NR</b>

### Give the following:

1. Your name
2. The exact location of the patient within the building
3. The name of the child and a brief description of their symptoms
4. The best entrance to use and state that the crew will be met and taken to the patient

### **Contact the parents/carers to inform them of the situation.**

A member of staff will stay with the child until the parent/carer arrives. If a parent/carer does not arrive before the child is transported to hospital, a senior member of staff and a school first aider will accompany the child to hospital. If a child has an IHCP or any known medical conditions, a copy of this will go to hospital with the child. The Senior Leader will take **a copy** of the child's contact details held in the school office.

## **10. Absence Caused by a Medical Condition**

There may be occasions when pupils with medical needs suffer more frequent absences than other pupils or are subject to periods in hospital for treatment, resulting from their medical condition. The head teacher and the EWO are responsible for monitoring the attendance of all pupils, including those with medical needs.

It is the responsibility of the school to provide work for a pupil with a medical condition who is absent for up to three consecutive weeks. The pupil's class teacher, in conjunction with the Inclusion Manager will organise activities for the pupil to work on at home during this period.

### **The Medical Outreach Team**

If a child is absent for longer than three weeks, the Inclusion Manager will submit a referral form, along with a letter from a doctor specifying that the pupil is unable to attend school, to the manager of the Medical Outreach Teaching Team in order to arrange Home Tuition for the pupil. The Inclusion Manager will liaise with the pupil's class teacher to provide the Medical Outreach Team with information regarding the pupil's current levels of attainment and curriculum plans. School may also provide resources such as reading books for pupils to use at home. A key role of the Medical Outreach Team is to help the school to plan a successful reintegration of the pupil into school, once he or she is well enough to do so. If a pupil suffers a relapse in the first few weeks after returning to school, home teaching will be re-instated without waiting for a further three week's absence. If the pupil is subject to a long stay in hospital, she or he will receive tuition at the hospital by a member of the Outreach Teaching Team.

In the tragic event of the death of a pupil from a medical condition, procedures as outlined in the school's 'Critical Incident Plan' will be followed.

## **11. Arrangements for Educational Visits**

Staff taking pupils out of the school will always take with them the medicines, equipment and associated information for any pupil in the group who has a medical condition. When pupils who have medical conditions such as epilepsy go out of the school setting, staff will have access to a mobile telephone. Staff will take the pupil's medical card with them and where necessary medication. The designated Authorised Person and/or the qualified First Aider is responsible for organising medication and medical equipment of pupils with a medical condition for school visits.

## **12. Training**

Appropriate training for members of staff undertaking medical procedures is essential and is arranged through discussion with the relevant primary care trust.

## **13. Equal access & Safeguarding practice for children with health needs**

School staff are expected to use their judgement, based on their knowledge of an individual and any IHCP, but school will not generally sanction practice that:

- Prevents children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assumes that every child with the same condition requires the same treatment; Ignores the views of the child or their parents/carers or ignores medical evidence or opinion;
- Sends children with medical conditions home frequently or prevents them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
- Allows a child, who has become ill, to be sent to the School Office unaccompanied or with someone unsuitable;

## **14. Confidentiality**

Staff designated to administer medication may not always be advised on the medical diagnosis of the pupil. It should not be assumed that any particular medication indicates a particular condition e.g. medicines recognised as being prescribed as anti-depressants can also be used for chronic pain. With the support and consent of a parent/carer, pupils may express their wish to share information about their medical condition with their peer group. Each situation will be assessed as to the appropriateness of disclosure on an individual basis.

### **15. Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure

This policy will be reviewed in Autumn 25 or earlier in response to updated guidelines.

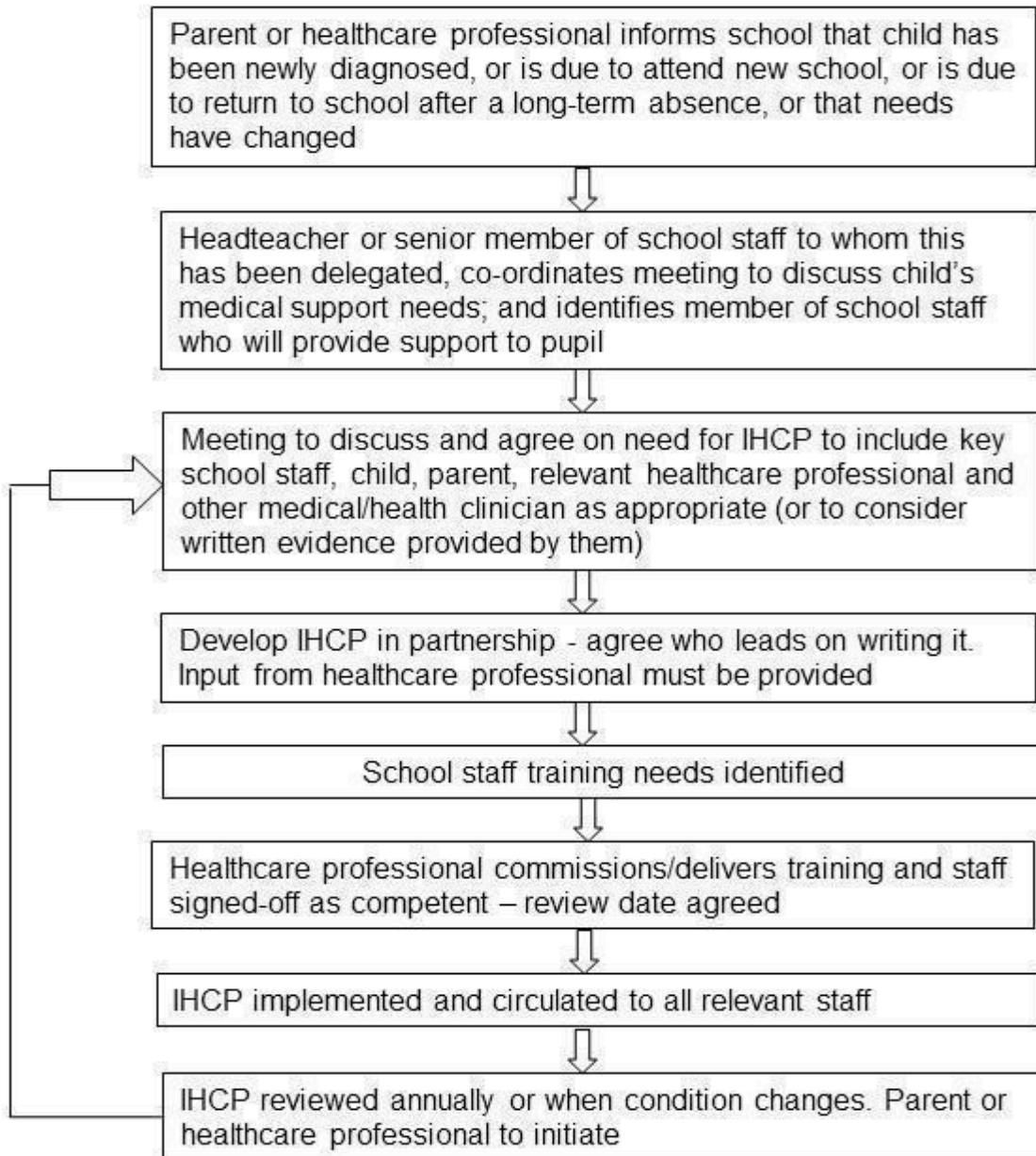
### **Related Policies and Useful References**

- SEND Policy
- Health and Safety Audit
- Critical Incident Plan
- Attendance Policy
- Admissions Policy
- Statutory Guidance on Supporting pupils with Medical Conditions at School April 2014 DFE

### **APPENDICES**

- A. Model for developing individual care plans
- B. Moss Hall Health Care Plan
- C. Record of medicines given

## Appendix A: Model process for developing individual healthcare plans





## MHSF Individual Healthcare Plan

Pupil:	Photo of child	Name of
Date of Birth:		
Condition:		
Current Year and Class:		
Class Teachers:		

Name and Contact Details of Parents/Carers:
Mother:
Tel:
Father:

Tel:
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Address:
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GP Name:
Address:
Surgery Phone No:
Specialist Nurse/Doctor:
Hospital:
Contact number/email:

<b>Pupil's Name:</b>
<b><u>DIAGNOSIS:</u></b>
<b><u>Medication prescribed:</u></b>

<b><u>Symptoms:</u></b>
<b><u>Response to Symptoms:</u></b>

<b><u>Emergency Action:</u></b>
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**Call 999** for ambulance.

Administer 1 puff of reliever inhaler every minute until ambulance arrives. Contact parents.

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

Signature of Parent/Carer:

Date:

Print Name:

New Health Care Plan Review Date:

Health Care Plan completed by:

Designation: **Authorised Person** Date:

Inclusion Manager:

Signed:

Date:

Class Teacher:

Date:

Teaching Assistant:

Date:

Year Group Leader:

Date:

**Appendix C:**

Record of Medication given to a pupil in school

**Moss Hall School Federation**

**Record of Medication given to a pupil in school**

<b>date</b>	<b>Pupils name</b>	<b>time</b>	<b>Name of medication</b>	<b>Dose given</b>	<b>Notes/reactions</b>	<b>Signature of staff</b>	<b>Print name</b>