



Clifton-upon-Dunsmore C of E (Voluntary Controlled) Primary School

Medicine Policy

September 2026

Approved by	Governing Board
Date approved	24.09.2026
Named lead for medical conditions	Amy Townsley
Named senior leader for allergy safety	Lisa Bernard
Review cycle	Annually
Next review due	September 2027

1. Purpose and scope

Clifton-upon-Dunsmore C of E Primary School is committed to ensuring that pupils with medical conditions are properly supported so that they can play a full and active part in school life, remain healthy, attend regularly and achieve their potential.

This policy sets out the arrangements the school makes for supporting pupils with medical conditions and for the storage and administration of medicines. It applies to all pupils on roll, including those in the Early Years Foundation Stage, and to all school activities including breakfast club, after-school clubs, educational visits and residential trips.

This policy applies to all staff, including temporary, supply, peripatetic and agency staff, and to volunteers and governors.

Allergies and anaphylaxis are dealt with separately. Full details of how the school identifies pupils with allergy, minimises the risk of exposure to known allergens, manages food allergy and responds to an allergic reaction or anaphylaxis, including the administration of adrenaline, are set out in the school's **Allergen and Anaphylaxis Policy**. That policy should be read alongside this one. Where the two policies overlap, the Allergen and Anaphylaxis Policy takes precedence on all matters relating to allergy, anaphylaxis and the administration of adrenaline devices.

Coeliac disease and food intolerance are not allergies and do not fall within the Allergen and Anaphylaxis Policy. They are supported under this policy, normally through dietary avoidance agreed with parents and the catering team.

2. Legal framework

This policy has been written with regard to, and complies with, the following legislation and statutory guidance:

- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- DfE (2015) "Supporting pupils at school with medical conditions", statutory guidance
- DfE (July 2026) "Allergy safety in schools", statutory guidance
- The Human Medicines Regulations 2012, as amended in 2014 (emergency salbutamol inhalers) and 2017 (spare adrenaline auto-injectors)
- The Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Statutory Framework for the Early Years Foundation Stage
- DfE "Keeping Children Safe in Education" and the SEND Code of Practice: 0 to 25 years

This policy operates alongside the school's Allergen and Anaphylaxis Policy, First Aid Policy, Health and Safety Policy, Educational Visits Policy, Attendance Policy, Accessibility Plan, Safeguarding and Child Protection Policy and Data Protection Policy.

3. Roles and responsibilities

The governing board

- Ensuring that arrangements are in place to support pupils with medical conditions, and that these are sufficient to meet the school's statutory duties.
- Ensuring that this policy is developed, implemented, published on the school website and reviewed annually.
- Ensuring that staff are properly trained and that sufficient trained staff are available to implement this policy and deliver individual healthcare plans, including for off-site activities and during staff absence.
- Ensuring that pupils with medical conditions are not discriminated against and can access the same opportunities as their peers.
- Ensuring that risks relating to pupils with medical conditions are recorded on the school's risk register and actively managed.
- Ensuring that appropriate insurance is in place covering staff who administer medication or undertake healthcare procedures.

The headteacher

- Overall responsibility for the implementation of this policy.
- Ensuring that all staff, including supply and temporary staff, are aware of this policy and understand their role in its implementation.
- Ensuring that sufficient staff are trained and available to administer medication and to deliver individual healthcare plans at all times, including at breaks, lunchtimes and on visits.
- Ensuring that individual healthcare plans are drawn up, reviewed and shared appropriately.
- Signing requests for the purchase of spare adrenaline auto-injectors and emergency salbutamol inhalers.
- Ensuring that parents are informed of this policy and of the arrangements in place for their child.

The named lead for medical conditions

The named lead for medical conditions is Amy Townsley. They are responsible for:

- Maintaining the school's record of pupils with medical conditions and the register of pupils with individual healthcare plans.
- Co-ordinating the drawing up, review and circulation of individual healthcare plans.
- Overseeing the collection, storage, checking and disposal of medicines held in school.
- Maintaining medicine administration records and consent forms.
- Ensuring that emergency medicines and equipment are in date and accessible, and that replacements are ordered in good time.
- Ensuring that staff training records are current.

A named member of the senior leadership team, Lisa Bernard, holds responsibility for allergy safety as required by the DfE's "Allergy safety in schools" statutory guidance. This responsibility does not sit with the catering team.

All staff

- Knowing which pupils in their care have a medical condition, and being familiar with the content of the relevant individual healthcare plans.
- Knowing where emergency medication and equipment are stored and how to access them without delay.
- Responding immediately and appropriately in a medical emergency and calling for help.

- Taking part in the training required to carry out their role.
- Never administering medication unless they have agreed to do so, have been trained where training is required, and written parental consent is in place. The exception is a life-threatening emergency, where any member of staff may take reasonable action to save life.
- Reporting any concerns about a pupil's medical condition, or about the arrangements in place, to the named lead for medical conditions.

No member of staff is required to administer medication. Administering medication is a voluntary role. However, all staff are expected to be able to recognise and respond to a medical emergency, including anaphylaxis and an asthma attack.

Parents

- Informing the school, in writing, of any medical condition their child has, before their child starts at the school or as soon as a condition is identified or changes.
- Providing the school with any care plan, allergy action plan or asthma action plan issued by a healthcare professional, and updating the school when these change.
- Completing the school's written consent form before any medicine is administered.
- Providing medicines in their original container, clearly labelled, in date, and with the manufacturer's or dispensing pharmacy's instructions.
- Ensuring that medicines held in school are replaced before they expire and collecting medicines at the end of the course of treatment or at the end of the school year.
- Contributing to the development and review of their child's individual healthcare plan.
- Raising any concerns about the support their child receives with the class teacher or the named lead.

Pupils

- Where they are able to, taking responsibility for their own condition with appropriate support and supervision.
- Telling a member of staff straight away if they feel unwell, if they think they are having a reaction, or if they cannot find their medication.
- Not sharing medication with other pupils under any circumstances.

4. Individual healthcare plans

An individual healthcare plan (IHP) sets out what needs to be done to support a pupil with a medical condition, how, when and by whom, including in an emergency. IHPs are drawn up by the school in collaboration with the pupil and their parents, taking account of any advice from healthcare professionals.

A pupil will have an IHP where their medical condition has a functional impact on them in school, where they are at risk of harm as a result of it, and where they require arrangements which are additional to or different from those made generally.

Not every pupil with a medical condition needs an IHP. Where a condition can be managed through the arrangements this policy makes generally, an IHP may not be required. It is for the headteacher to decide, in discussion with parents and any relevant healthcare professionals, whether an IHP is needed.

A pupil will have a single IHP covering all of their conditions. Pupils will not have separate plans for different conditions.

An IHP is not a clinical document. Where a healthcare professional has issued a care plan, an allergy action plan or an asthma action plan, this will be attached to the IHP rather than summarised within it.

IHPs will include, as a minimum:

- The pupil's name, date of birth, class, a current photograph and emergency contact details.
- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including any medication, facilities, equipment, dietary requirements or environmental adjustments.
- The level of support needed, including whether the pupil can self-manage, and who is responsible for providing support.
- Arrangements for educational visits, trips, sporting activities and anything outside the normal timetable.
- What constitutes an emergency, what action to take, and who to contact.
- Where medication is stored, whether it is emergency medication, and whether written parental consent to administer it is in place.
- Arrangements for maintaining educational progress where absence or missed learning occurs because of the condition.

IHPs will be reviewed at least annually, and sooner where the pupil's condition, treatment or circumstances change, or following any incident or near miss. Where a pupil transfers to another school, a new plan will be drawn up by the receiving school.

IHPs will be stored securely and made available to all staff who need to see them, including supply and cover staff, while respecting the pupil's confidentiality and dignity.

Where a pupil is starting school, arrangements will be in place for the start of the relevant term. Where a pupil joins mid-term, or where a condition is newly identified, arrangements will be put in place within two weeks wherever it is appropriate for the school to do so. The school will not delay putting reasonable arrangements in place while a diagnosis is awaited.

5. Prescribed medicines

Medicines will only be administered in school where it would be detrimental to the pupil's health or school attendance not to do so. Wherever possible, parents are encouraged to ask their prescriber about dosages that can be taken outside school hours.

The school will accept prescribed medicines only where all of the following apply:

- Written parental consent has been given on the school's consent form, specifying the medicine, the dose, the time and the duration of treatment.
- The medicine is in its original container as dispensed by the pharmacy.
- The container is clearly labelled with the pupil's name, the name of the medicine, the dose, the frequency and the expiry date.
- The medicine is in date.
- The dispenser's or manufacturer's instructions are included.

Insulin is an exception to the requirement for original packaging, as it will normally be supplied in an insulin pen or pump rather than its original container.

Medicines should be brought to the school office by an adult, not sent in with the pupil, unless the pupil is authorised to carry their own medication under section 10 of this policy.

Where a medicine is provided in liquid form, parents should supply an appropriate measuring device. Household spoons will not be used.

Where a dose or the instructions change, parents must provide a new consent form and, where the medicine itself has changed, newly labelled medication. Staff will not act on verbal instructions or messages sent through ClassDojo to change a dose.

6. Non-prescribed medicines

The school may administer non-prescribed medicines, such as paracetamol, where all of the following apply:

- The parent has given prior written consent on the school's consent form for that specific medicine.
- The medicine is provided by the parent in its original packaging with the manufacturer's information leaflet.
- The dose is within the manufacturer's stated dose for the pupil's age and weight.
- The parent has confirmed the time of the last dose given at home, so that the maximum daily dose is not exceeded.
- The headteacher or named lead agrees that administering the medicine in school is appropriate.

The school will not administer any medicine containing aspirin unless it has been prescribed for that pupil by a doctor.

The school will not hold a general stock of non-prescribed medicines for use across the school. All non-prescribed medicine held in school is provided by parents for a named pupil.

Parents will not be required, or made to feel obliged, to come into school to administer medication to their child. Doing so is identified in statutory guidance as unacceptable practice. Where a pupil needs medication during the school day, the school will make arrangements for it to be given by a trained member of staff.

7. Administering medicines

Medicines will be administered by a member of staff who has agreed to do so and who has received any training required. Where an intimate or invasive procedure is required, a second member of staff will be present, and the arrangements will be set out in the pupil's IHP.

Before administering any medicine, the member of staff will:

- Check the pupil's identity. The pupil will be asked to state their own name, and this will be checked against the name on the medicine and on the consent form.
- Check that written parental consent is in place and current.
- Check the medicine name, dose, method, expiry date and time of the last dose against the label and the consent form.
- Check that the dose has not already been given that day.

Immediately after administering the medicine, the member of staff will complete the medicine administration record, recording the pupil's name, the medicine, the dose, the date, the time and their own signature. Any dose that is refused, missed or given late will also be recorded, together with the reason.

If a member of staff is in any doubt about any aspect of the medicine, the dose or the procedure, they will not administer it. They will check with the named lead or the headteacher and, where necessary, with the parent or a healthcare professional first.

If a pupil refuses to take their medicine

Staff will not force a pupil to take a medicine they refuse. The refusal will be recorded, the parents will be contacted the same day, and the school will follow any procedure set out in the pupil's IHP. Where the refusal creates an immediate risk to the pupil's health, the school will seek medical advice and, if necessary, call 999.

If a medicine is given in error

If the wrong medicine or the wrong dose is given, or a medicine is given to the wrong pupil, staff will contact 111 or 999 as appropriate for advice, contact the parents immediately and record the incident. The headteacher will be informed and the incident will be reviewed under section 15 of this policy.

8. Storage of medicines

Medicines will be stored in the location set out in the pupil's IHP or, where there is no IHP, in the school office. Storage will be in line with the manufacturer's instructions, including temperature requirements.

- Medicines requiring refrigeration will be kept in a designated, clearly labelled container in a refrigerator to which pupils do not have access.
- Non-emergency medicines will be stored securely and out of reach of pupils.
- Only medicines provided by parents for a named pupil will be stored in school. Medicines will not be transferred between containers or shared between pupils.

Emergency medicines, including inhalers and adrenaline devices, will not be locked away. They will be readily accessible to staff at all times, stored out of reach of pupils where necessary, and located so that they can be brought to a pupil within five minutes of anywhere they might be needed. Emergency medicines will be taken outside with the class when pupils are on the field or off the main site.

Pupils, and all staff, will be told where their own and the school's emergency medicines are kept.

9. Controlled drugs

Some prescribed medicines, for example methylphenidate, are controlled drugs. Where a pupil is prescribed a controlled drug:

- It will be stored securely in a locked, non-portable container, with access limited to named staff. This is the one category of medicine that will always be locked away.
- A separate record will be kept of the quantity received, each dose administered and the running balance.
- The pupil may access the medicine for self-administration where this is agreed and set out in their IHP.
- Any surplus will be returned to the parent, or to a pharmacy for safe disposal, when no longer required.

Misuse of a controlled drug, whether by a pupil or an adult, will be treated as a safeguarding and behaviour matter and handled under the relevant policies.

10. Self-management and carrying own medication

Wherever it is safe and appropriate, pupils will be supported and encouraged to take responsibility for managing their own condition and medication. Decisions about self-management will be made on an individual basis, in discussion with the pupil, their parents and, where relevant, healthcare professionals, and recorded in the pupil's IHP.

Where a pupil is not able to carry their own medication, it will be stored somewhere they and staff can access it easily and immediately. It will not be locked away.

Pupils who are prescribed adrenaline devices are encouraged to keep them in their school bag, including in the primary phase, so that they have access to them travelling to and from school. Where this is not appropriate, the arrangements will be set out in the pupil's IHP.

Where a pupil refuses to carry or take their medication when they have agreed to self-manage, staff will inform the parents and record the matter so that alternative arrangements can be agreed.

11. Asthma and inhalers

Pupils with asthma should have their own reliever inhaler in school at all times. Parents are asked to provide a spare inhaler to be kept in school, clearly labelled with the pupil's name and in date.

Pupils will be encouraged and supported to carry and use their own inhaler where they are competent to do so. Where a pupil is not able to manage their own inhaler, it will be kept in an accessible, unlocked location known to all staff working with that class, and will be taken to PE, the field and on visits.

Where a healthcare professional has issued an asthma action plan, this will be attached to the pupil's IHP and followed.

Emergency salbutamol inhaler

The school holds an emergency salbutamol inhaler and spacer, purchased without prescription under the Human Medicines Regulations 2012 as amended in 2014.

- The emergency inhaler may only be used by a pupil who has been prescribed a reliever inhaler, and only where their own prescribed inhaler is not available, for example because it is lost, broken or empty.
- Written parental consent is required before the emergency inhaler may be used for a pupil. Consent is sought as part of the annual medical information collection and recorded on the register of pupils for whom the emergency inhaler may be used.
- The emergency inhaler is stored alongside the school's spare adrenaline devices as part of the emergency medicines kit, and is checked monthly by the named lead to confirm it is present, in date and functioning.
- Spacers are single-pupil use and will be replaced after use.
- Every use of the emergency inhaler will be recorded and the parents informed the same day.

A reliever inhaler must never be given instead of adrenaline where anaphylaxis is suspected.

12. Allergies, anaphylaxis and adrenaline devices

The school's arrangements for identifying pupils with allergy, minimising the risk of exposure to known allergens, managing food allergy and food provision, staff allergy awareness training, and recognising and responding to an allergic reaction or anaphylaxis are set out in full in the school's **Allergen and Anaphylaxis Policy**, which is published on the school website. Staff must read that policy alongside this one.

The following arrangements are set out here because statutory guidance places them within the school's medical conditions policy.

Storage of spare adrenaline devices

- The school stocks spare adrenaline auto-injectors (AAIs), purchased without prescription under the Human Medicines (Amendment) Regulations 2017, for emergency use where a pupil's own device is unavailable or misfires, or where a pupil experiences anaphylaxis for the first time.
- As a primary school, the school holds one pair of 150 microgram AAIs and one pair of 300 microgram AAIs, stocked and stored in pairs.
- Spare AAIs are stored at room temperature, out of direct sunlight and away from extremes of heat, and are not refrigerated.
- Spare AAIs are readily accessible at all times and are not locked away. They are stored out of reach of pupils.
- Spare AAIs are located so that they can be brought to a pupil within five minutes of anywhere on the site where they might be needed, including the field.
- Spare AAIs are clearly labelled to distinguish them from devices prescribed to a named pupil.
- Spare AAIs are held in a clearly marked emergency medicines kit together with the emergency salbutamol inhaler, spacers and instructions for use.
- The named lead checks the kit monthly to confirm that all devices are present and in date, and orders replacements in good time before expiry.

Disposal of adrenaline devices

- A used AAI cannot be reused and must be disposed of in line with the manufacturer's instructions.
- Used devices will be handed to ambulance paramedics on their arrival wherever possible.
- Otherwise, used or expired devices will be placed in the school's sharps bin for collection, or returned to a pharmacy.
- Used or expired devices will never be placed in general or clinical waste.
- Where a spare AAI has been used, a replacement will be obtained immediately so that the school is never without a full set.

Use in an emergency

Adrenaline must be administered without delay where anaphylaxis is suspected, and 999 called. Staff should not wait for advice from the emergency services before administering adrenaline. Prior consent is not required for a spare AAI to be used to save a life. Full details are set out in the Allergen and Anaphylaxis Policy.

13. Participation in school life

Pupils with medical conditions will take part fully in all aspects of school life, including PE, playtimes, clubs, educational visits and residential trips. Where an adjustment is needed, it will be set out in the pupil's IHP and made so that the pupil can participate alongside their peers.

The school will not:

- Prevent a pupil from easily accessing their medication, including inhalers and adrenaline devices.
- Assume that all pupils with the same condition need the same support.
- Assume a pupil does not have a condition because a diagnosis has not yet been made.
- Send a pupil who becomes unwell to the office or a medical room without suitable supervision. In an emergency, help and medication will come to the pupil, not the pupil to the medication.

- Send a pupil home frequently, or prevent them from staying for lunch, clubs or other activities, for reasons connected to their condition.
- Penalise a pupil's attendance record, or exclude them from attendance rewards, where absence is the result of a medical condition or hospital appointments.
- Require parents to attend school to administer medication, or to accompany their child on a visit, because of their child's condition.
- Ignore the views of the pupil, their parents, or the advice of healthcare professionals.

Where a pupil is well enough to be in school, they will take part in the full curriculum unless an adjustment has been agreed. Where a temporary adjustment is needed, for example following an injury, this will be agreed with the parents and the headteacher and recorded.

14. Educational visits and off-site activities

Risk assessments for all educational visits, sporting activities and residentials will take account of the needs of pupils with medical conditions.

- The visit leader will check the register of pupils with medical conditions and the relevant IHPs at the planning stage.
- All medication required by pupils on the visit will be taken, in its original labelled container, together with a copy of the relevant IHP and any action plan.
- A named member of staff will be responsible for carrying and administering medication and for keeping the administration record during the visit.
- At least one member of staff trained in the use of adrenaline devices and in the recognition of anaphylaxis and asthma attacks will attend.
- Pupils prescribed adrenaline devices will have both of their own devices with them.
- The school will consider, on a risk-assessed basis, whether to take spare adrenaline devices on a visit. This will not leave the school site without spare devices.
- Where a pupil's prescribed emergency medication is not available before departure, the school will carry out an individual risk assessment with the parents before deciding whether it is safe for the pupil to take part.
- Arrangements for food, including special dietary requirements, will be confirmed with the venue in advance.

15. Emergencies, incidents and near misses

In a medical emergency, staff will call for help immediately, stay with the pupil, follow the pupil's IHP or action plan where one exists, and call 999 where necessary. A member of staff will remain with the pupil until a parent or the emergency services arrive. Where a pupil is taken to hospital by ambulance, a member of staff will accompany them if a parent is not present.

Any member of staff, volunteer or bystander may take reasonable action to save a life in an emergency. Staff should be reassured that acting in good faith, to the best of their ability, is what is expected of them, and that hesitation or imperfect technique in an emergency does not amount to misconduct.

All medical incidents, and all near misses, will be recorded. This includes incidents where a pupil came close to harm but did not, and incidents reported to the school by a pupil, a parent or a healthcare professional after the event.

Serious incidents and near misses will be reported to the pupil's parents and to the governing board, alongside any statutory reporting required under RIDDOR or to the local authority.

Following any serious incident or near miss, the school will review what happened and consider whether changes are needed to this policy, to the Allergen and Anaphylaxis Policy, to the pupil's IHP, to staff training or to risk assessments. Lessons learned will be recorded and shared with staff.

16. Staff training

All staff will receive training so that they can recognise and respond to a medical emergency, including anaphylaxis and an asthma attack, and know how to summon help and locate emergency medication. This training is refreshed at least annually and forms part of induction for new staff, including supply, temporary and peripatetic staff and regular volunteers. First aid training alone is not sufficient.

Staff who have agreed to administer medication or to support a specific pupil under an IHP will receive additional training appropriate to that role, from a suitably qualified healthcare professional where the condition requires it. They will not carry out the task until they have been assessed as competent.

The school maintains a record of staff training, including the date, the content and who delivered it, and the named lead reviews this annually to identify gaps.

The school holds insurance covering staff who administer medication and support pupils with medical conditions. Staff undertaking these tasks are covered provided they act within the arrangements set out in this policy.

17. Record keeping and data protection

The school keeps the following records:

- A register of pupils with medical conditions, and of those with IHPs and action plans.
- Written parental consent forms for the administration of each medicine.
- A record of every dose of medicine administered, refused or missed.
- A record of medicines received into and returned from school.
- A record of monthly checks on emergency medicines.
- A record of staff training.
- A record of medical incidents and near misses.

Information about a pupil's health is special category personal data under UK GDPR. It will be held securely, shared only with those who need it in order to keep the pupil safe and included, and handled in line with the school's Data Protection Policy. Pupils and parents will be involved in decisions about who is told what.

Medicine administration records will be retained in line with the school's retention schedule.

18. Unused and expired medicines

Parents are responsible for collecting medicines at the end of the course of treatment and at the end of each school year, and for replacing medicines before they expire.

Where a medicine is out of date, or has not been collected, the school will contact the parents. Medicines that remain uncollected will be returned to a pharmacy for safe disposal. Medicines will not be disposed of in general waste.

Sharps, including used adrenaline auto-injectors and needles, will be placed in the school's sharps bin.

19. Complaints

Parents or pupils who are unhappy with the support provided should discuss their concerns directly with the school in the first instance, normally with the class teacher or the named lead for medical conditions. If the concern is not resolved, it should be raised with the headteacher. If it remains unresolved, it should be made formally through the school's Complaints Policy.

20. Monitoring and review

This policy will be reviewed annually by the headteacher and approved by the governing board. It will also be reviewed following any serious incident or near miss, or where changes to legislation or statutory guidance require it.

This policy is published on the school website and is available in hard copy from the school office on request. It is shared with all staff as part of induction and annual training, and with parents through the school website and the annual medical information collection.

The effectiveness of this policy will be monitored by all staff. Any concerns should be reported to the headteacher without delay.

Appendix A: Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Pupil's name	
Date of birth	
Class	
Medical condition or illness	
Name of medicine (as on the container)	
Is it prescribed? (yes / no)	
Expiry date	
Dose and method	
Timing	
Special precautions or other instructions	
Are there any side effects the school should know about?	
Self-administration (yes / no)	
Procedures to take in an emergency	
Time of last dose given at home	
Contact name and daytime telephone number	
Relationship to pupil	

I understand that I must deliver the medicine personally to the school office, and that the medicine must be in its original labelled container. I accept that this is a service the school is not obliged to provide. I confirm that the above information is accurate, and I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signed: Print name:

Date:

Appendix B: Record of medicine administered

A separate record is kept for each pupil.

Date	Time	Medicine and dose	Given by (signature)	Checked by	Notes

Where a dose is refused, missed or given late, record this in the notes column together with the reason, and inform the parents the same day.

Appendix C: Version history

Approved by Governors on 29th January 2003.

Amended 3rd December 2003.

Amended 4th June 2007.

Amended 5th April 2017.

Amended 20th June 2018.

Amended 22nd April 2021.

Full rewrite September 2026, against DfE “Supporting pupils at school with medical conditions” (2015) and DfE “Allergy safety in schools” statutory guidance (July 2026).