



Priory Junior School

Supporting Pupils with Medical Conditions and Administration of Medicines Policy

2026/27

We LEARN with PRIDE

Peace - Respect - Independence - Determination - Equality

Headteacher	Mr Jack Cross
Overall accountability	Headteacher and Governing Body
Operational coordination	School Business Manager
Effective date	1 September 2026
Review date	September 2027, or sooner if guidance changes

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1. Purpose and scope

Priory Junior School is committed to ensuring that pupils with medical conditions are properly supported so that they have full access to education, including physical education, enrichment, school trips and residential visits. This policy explains how the school supports pupils with medical conditions and how medicines are received, stored, administered, recorded and disposed of safely.

This policy applies to all staff, agency and supply staff, volunteers and contractors whose role may involve supporting pupils with medical needs. It should be read alongside the school's separate Allergy Safety Policy, First Aid arrangements, Educational Visits Policy, Child Protection Policy, SEND Policy and Health and Safety Policy.

2. Statutory framework

This policy has been developed with regard to the legal duties and guidance in force for the 2026/27 academic year, including:

- section 100 of the Children and Families Act 2014, which requires governing bodies to make arrangements to support pupils with medical conditions
- Supporting pupils at school with medical conditions (Department for Education statutory guidance, December 2015; current live guidance at the date of publication)
- section 34 of the Children's Wellbeing and Schools Act 2026, which inserted allergy safety duties into the Children and Families Act 2014
- Allergy safety in schools (Department for Education statutory guidance, July 2026)
- the Equality Act 2010, SEND Code of Practice and relevant duties to make reasonable adjustments
- the Human Medicines Regulations 2012 and subsequent amendments permitting schools to obtain emergency salbutamol inhalers and spare adrenaline auto-injectors
- the Misuse of Drugs Act 1971 and related controlled drugs legislation
- Keeping Children Safe in Education 2026 where medical circumstances give rise to safeguarding concerns.

The Department for Education consulted during 2026 on wider revisions to the statutory guidance for medical conditions. At the date of this policy, the existing medical conditions guidance remains in force while the July 2026 allergy safety guidance is statutory. This policy will be reviewed promptly if replacement medical conditions guidance or further allergy safety regulations are issued during the year.

3. Our principles

- Children will be treated with dignity, respect and sensitivity. Their views will be considered in accordance with age, maturity and communication needs.
- Medical needs will be managed in a way that promotes attendance, inclusion, independence and participation rather than creating unnecessary barriers.
- Parents and carers are key partners, but the school will not rely on them to attend during the school day to provide routine medical support that the school has a duty to arrange.
- Medicine will only be administered when it would be detrimental to a pupil's health or attendance not to do so, or where emergency treatment is required.
- Staff will not make clinical decisions, alter prescribed doses, crush tablets or otherwise change medicines unless there is clear written instruction from the prescriber or pharmacist.
- Emergency medicines and devices must be available quickly. They must never be inaccessible because they are locked away.
- Training and competency must match the task. Staff will not undertake a delegated healthcare procedure for which they have not received appropriate instruction and competency assurance.

4. Roles and responsibilities

4.1 Governing Body

The Governing Body will ensure that arrangements are in place to support pupils with medical conditions, that this policy is implemented effectively, that appropriate insurance is in place and that the school fulfils its allergy safety duties. Governors will receive assurance about training, incidents, significant near misses and policy review.

4.2 Headteacher

The Headteacher has overall responsibility for implementation. The Headteacher will ensure that sufficient suitably trained staff are available, including contingency cover; appropriate information is shared; Individual Healthcare Plans (IHPs) are supported; emergency arrangements are effective; and risk assessments take account of medical needs.

4.3 SENCO / nominated senior leader

The SENCO or nominated member of the Senior Leadership Team will normally coordinate school arrangements for pupils with ongoing or complex medical needs, including liaison with parents and healthcare professionals and the preparation or review of IHPs. Allergy-specific leadership arrangements are set out in the school's Allergy Safety Policy.

4.4 Staff

Any member of staff may be asked to provide support to a pupil with a medical condition, including administering medicines, although routine administration is not automatically a contractual duty for every teacher. The school will ensure that the child's needs are met and that staff who undertake specific tasks are appropriately trained and supported.

4.5 Parents and carers

- provide accurate, up-to-date information about the pupil's medical condition and medication
- complete written consent and relevant healthcare documentation
- provide medicines in the required form, correctly labelled, in date and in sufficient quantity
- replace medication before it expires and collect medicines that are no longer required
- inform the school promptly of changes in treatment, dosage, contact details or emergency arrangements.

4.6 Pupils

Pupils will be involved in discussions about their medical support wherever possible and encouraged to develop age-appropriate independence. A pupil who is competent to carry or self-administer medicine may do so where this has been agreed and recorded.

4.7 Healthcare professionals

Relevant healthcare professionals may advise on the content of IHPs, clinical procedures, training and competency. The school will not independently change clinical instructions and will seek clarification where advice is unclear or conflicting.

5. Individual Healthcare Plans

An IHP provides clarity about what needs to be done, when and by whom. It will normally be used where a pupil has a long-term or complex condition, needs regular monitoring or support, may require emergency intervention, requires a specialist healthcare procedure, or where coordinated arrangements are needed to enable full participation in school life.

Not every short-term illness requires an IHP. The school, parent/carer and relevant healthcare professional will consider whether a plan is appropriate and proportionate.

An IHP may include:

- the diagnosis or medical condition, symptoms, triggers and signs of deterioration
- the pupil's resulting needs, including medication, dietary needs, equipment, access to food/drink/toilet breaks and environmental adjustments
- the level of support needed, including whether the pupil can self-manage
- who will provide support and any training or competency requirements
- written permission for medicines and emergency treatment where relevant
- what constitutes an emergency and the action staff must take
- arrangements for PE, playtimes, clubs, trips and residential visits
- information-sharing arrangements and any separate Allergy/Asthma Action Plan
- review arrangements.

IHPs will normally be reviewed at least annually, and sooner following a significant incident, near miss, change in condition, change in treatment, transition or new clinical advice. Relevant plans are held securely on the school's management/safeguarding systems and are made available to staff who need the information to keep the pupil safe.

6. Consent and receiving medicines

Except in a life-saving emergency, no pupil under 16 will be given prescription or non-prescription medicine without written parental consent, subject to the limited confidentiality exception set out in statutory guidance where a medicine has been prescribed without parental knowledge.

Parents/carers should hand medicines directly to the school office or an agreed member of staff. Pupils should not routinely bring medicines into school in bags or pockets unless a self-carry arrangement has been agreed.

The school will only accept prescribed medicine when it is:

- in date
- in the original container as dispensed by the pharmacist, except where the nature of the medicine means this is not practicable, such as insulin pens or pumps
- clearly labelled with the pupil's name, medicine name/strength, dose, frequency and storage instructions

- accompanied by written parental consent and, where required, an IHP or clinical instructions.

Do not alter medication: Staff must not change the dose, frequency or method of administration at a parent's verbal request. Any change must be supported by updated prescribing/pharmacy instructions or appropriate written clinical advice.

7. Administration of medicines

At Priory Junior School, routine medicines that need to be administered during the school day are normally coordinated through the school office. Administration will be undertaken by a suitably trained and authorised member of staff. In line with current school practice, a second member of staff will witness routine administration where practicable. The absence of a witness must never delay emergency treatment.

Before administering medicine, staff will check:

- the pupil's identity
- the written consent/IHP and prescriber's instructions
- the medicine name and strength
- the prescribed dose, route and timing
- the expiry date
- when the previous dose was given, where relevant
- that the medicine is in the correct condition and has been stored appropriately.

After administration, the member of staff will record the date, time, medicine, dose, method and their name/signature. Any side effect, refusal, omission or concern will also be recorded and escalated as appropriate. Parents/carers will be informed of significant concerns and of non-routine medication given during the day.

8. Storage and access

Area	Priory Junior School arrangement
Routine prescribed medicines	Stored securely in the school office or another approved secure location. Access is restricted to authorised staff.
Emergency medicines/devices	Asthma inhalers, adrenaline devices, glucose treatment and other time-critical equipment must be readily accessible and must not be locked away.
Asthma inhalers	Priory's normal arrangement is for a pupil's inhaler to be kept in, or immediately available to, the classroom unless the pupil carries it themselves. Inhalers must accompany pupils to PE, swimming, trips and off-site activities.
Refrigerated medicines	Where refrigeration is required, medication will be kept in a secure, clearly labelled arrangement that maintains the temperature specified by the manufacturer/prescriber and prevents unauthorised access.
Sharps	Needles, lancets and used auto-injectors will be handled and disposed of using an appropriate sharps container or handed to ambulance staff/pharmacy as appropriate.
Pupil knowledge	Pupils should know where their medicine is kept and how to obtain it promptly. Staff responsible for the pupil must also know the location.

Emergency medicines must remain accessible during evacuation, playtime, lunchtime, PE, after-school activities and educational visits. Arrangements will be risk assessed where the pupil moves between locations.

9. Controlled drugs

Controlled drugs prescribed to a pupil may be administered by authorised school staff in accordance with the prescriber's instructions. Unless a competent pupil has an agreed arrangement to possess their own controlled medicine, it will be stored securely in a non-portable locked container with access restricted to named staff. It must still be accessible when it is clinically required.

The school will maintain a controlled-drug record showing the amount received, each dose administered, the amount remaining and any quantity taken on or returned from a visit. Where practicable, stock balances and administrations will be witnessed by a second member of staff. Passing a controlled drug to another person is an offence and any misuse will be addressed immediately.

10. Non-prescription medicines

Priory Junior School does not routinely administer over-the-counter medicines during the normal school day. The Headteacher or a member of the Senior Leadership Team may agree an exception where it would be detrimental to the pupil's health or attendance not to administer the medicine, where it forms part of an agreed healthcare/allergy plan, or where specific arrangements are required for a residential visit.

Where a non-prescription medicine is agreed, the school will require written parental consent and will check age suitability, maximum dosage, timing of the previous dose, expiry date and any contraindications known to the school. Parents will be informed when it has been administered. The school will not administer medicine containing aspirin to a pupil unless it has been prescribed by a doctor.

Non-prescription medicine must not be used simply to enable a pupil who is too unwell to remain in school. If a pupil has a significant fever or is otherwise unfit for school, normal illness and infection-control arrangements will apply.

11. Self-management and medical devices

Where a pupil is competent, confident and it is safe to do so, the school will support them to manage their own medicine and medical devices. This may include carrying an asthma reliever inhaler, adrenaline device, glucose treatment or using medical technology for diabetes management.

Self-management arrangements will be agreed with the pupil and parent/carer and, where relevant, documented in the IHP. The agreement will consider the pupil's maturity, the nature of the medicine, secure handling, risks to other pupils and what staff supervision or reminders are required.

The school will permit the use of mobile phones, smart watches or connected medical devices where they are required for health monitoring or treatment, even where ordinary pupil access to such devices is restricted, provided the arrangements are recorded and safely managed.

12. Asthma and emergency salbutamol

- Pupils with asthma must have rapid access to their prescribed reliever inhaler and spacer where used.
- Where a pupil is able to manage their own inhaler safely, they will be encouraged to do so. Otherwise it will be kept readily accessible in accordance with their arrangements.
- Inhalers must be taken to PE, swimming, sports activities, trips and residential visits.
- Parents/carers are responsible for replacing out-of-date or empty prescribed inhalers, with school checks providing an additional safeguard.
- Excessive or increasing use, repeated symptoms or an asthma attack will be reported to parents and managed in accordance with the pupil's plan and emergency guidance.

Priory Junior School will maintain an emergency salbutamol inhaler and spacer in accordance with national guidance. It may only be used for a pupil who has been prescribed a reliever inhaler and for whom the required written consent is in place, when their own inhaler is unavailable, broken or empty. Use will be recorded and parents informed.

13. Allergy safety and Benedict's Law

Section 34 of the Children's Wellbeing and Schools Act 2026 amended the Children and Families Act 2014 so that relevant schools must have an allergy safety policy, review it at least annually, publicise it and have regard to the Department for Education's July 2026 statutory guidance Allergy safety in schools. Priory's Allergy Safety Policy sets out the detailed whole-school arrangements for identifying allergies, reducing allergen exposure, wellbeing, food safety, staff awareness, IHPs, incidents and near misses.

Within our medicines arrangements, Priory will:

- provide annual whole-school allergy awareness and emergency-response training, with induction information for new staff and additional role-specific training where needed
- ensure pupils at risk of anaphylaxis have immediate access to their own prescribed adrenaline devices, normally two devices where prescribed
- stock spare adrenaline auto-injectors (AAIs) of an appropriate dosage for emergency use and maintain them in date
- store spare AAIs in clearly labelled pairs, at room temperature, readily accessible and not locked away, so they can be brought to a person experiencing anaphylaxis within five minutes
- ensure staff know the location of prescribed and spare emergency medication
- record, report, review and learn from serious allergy incidents and near misses
- ensure medication and trained staff accompany pupils at risk of anaphylaxis on trips and residential.

13.1 Anaphylaxis emergency response

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff must act immediately in accordance with the pupil's Allergy Action Plan/IHP and current emergency guidance. Adrenaline should be administered as soon as possible and must not be delayed while waiting for emergency services. 999 must be called immediately and an ambulance requested.

The pupil's own prescribed adrenaline device should be used first where immediately available. A school spare AAI may be used if the person has no prescribed device available, if the prescribed device is unavailable or has misfired, or where emergency use is necessary to save a life. Current DfE guidance makes clear that life-saving emergency action should not be delayed while checking whether prior consent has been given. Parents/carers must be informed as soon as possible and the incident must be recorded and reviewed.

Following any suspected anaphylaxis, the person must be assessed by emergency medical services even if they appear to recover after adrenaline. Used AAIs should be given to ambulance staff or disposed of safely as a sharp.

14. Diabetes and other specialist healthcare tasks

Pupils with diabetes or another condition requiring regular monitoring, specialist medication or a delegated healthcare task will be supported through an individual plan and appropriate clinical guidance. This may include blood glucose monitoring, insulin delivery, treatment for hypoglycaemia, epilepsy rescue medication, feeding support or other specified procedures.

Staff carrying out a specialist task will receive appropriate training and, where required, competency assessment from a suitably qualified healthcare professional. Training records and any competency expiry dates will be retained. The school will ensure sufficient trained cover rather than relying on a single member of staff.

For diabetes, the school will support appropriate use of continuous glucose monitors, pumps, phones or smart devices where required for medical self-management. Fast-acting glucose and other emergency supplies must be accessible in accordance with the pupil's plan.

15. Educational visits and residentials

Pupils with medical conditions will be actively supported to participate in educational visits, residentials, sport and enrichment. Medical needs will be considered as part of trip planning and risk assessment, in consultation with parents/carers and, where necessary, healthcare professionals.

- Relevant medication, emergency devices and IHP/action plans must accompany the pupil and be accessible throughout the visit.
- A suitably trained member of staff will be identified where administration or emergency intervention may be required.
- A risk assessment will consider travel, meals/allergens, storage, refrigeration, time zones where relevant, physical activity, overnight arrangements and access to emergency services.
- Spare emergency medication may be taken where appropriate without leaving the school site inadequately supplied.
- The school will not make parental attendance a routine condition of a pupil's participation where the school can make safe reasonable arrangements itself.
- Residential consent may include agreed authority for specified non-prescription medication where necessary; administration will be recorded.

16. Refusal, missed doses and medication errors

16.1 Refusal

A pupil will not be forced to take medicine. Staff will follow the agreed IHP/plan, record the refusal and inform parents/carers as soon as possible. If refusal creates an immediate risk to life, staff will follow emergency procedures and seek urgent medical advice.

16.2 Missed or late dose

If a scheduled dose is missed or delayed, staff will not automatically give it late or double the next dose. They will check the prescriber's instructions and seek advice from the parent, pharmacist, NHS 111 or relevant healthcare professional as appropriate. The event will be recorded.

16.3 Error or adverse reaction

If the wrong medicine, dose or route is given, or an adverse reaction is suspected, staff will seek immediate clinical advice and call 999 where there is a serious or life-threatening risk. Parents/carers and the Headteacher will be informed promptly. The incident will be recorded, investigated and reviewed to prevent recurrence. Safeguarding, RIDDOR, medicine-safety or other reporting routes will be considered where applicable.

17. Emergency procedures and hospital transfer

All staff have a duty of care in an emergency. Staff should call 999 whenever a pupil has a life-threatening reaction, severe breathing difficulty, prolonged seizure, loss of consciousness, suspected severe hypoglycaemia not responding to the plan, or where the IHP/action plan directs an ambulance to be called.

Where a pupil has an IHP, it will define the emergency signs and required action. Relevant medical information should be available to emergency services. A pupil requiring hospital assessment will normally be taken by ambulance rather than in a staff member's private vehicle. A member of staff will accompany the pupil if the parent/carer is not present and remain until the parent/carer arrives. School staff do not have parental responsibility to consent to medical treatment.

18. Recording, incidents and near misses

Written records will be kept of all medicines administered to individual pupils. Records protect pupils and staff and provide evidence that agreed procedures have been followed. The record will include the medicine, dose, route, date/time, name of the administering member of staff and any relevant observations or refusal.

The school will also record significant medical incidents, medication errors and allergy-related serious incidents or near misses. Incidents will be reviewed proportionately to identify learning, required changes to training, storage, supervision, IHPs, food/allergen controls or wider school procedures. Serious allergy incidents and near misses will be reported to parents and brought to the attention of the Governing Body in accordance with the Allergy Safety Policy and statutory guidance.

19. Disposal and return of medicines

- Parents/carers will normally be asked to collect medicines that have expired, been discontinued or are no longer required and return them to a pharmacy for safe disposal.
- Medicines remaining at the end of the academic year will be returned unless there is a clear reason for them to remain in school and expiry/storage is satisfactory.
- Needles, lancets and other sharps will be disposed of in a designated sharps container.
- Used AAI's may be handed to ambulance personnel or disposed of safely in accordance with current medicines/sharps guidance.
- The school will not place medicines in general waste or flush them away.

20. Unacceptable practice

Although each case must be considered individually, Priory Junior School will not normally:

- prevent pupils from accessing inhalers, emergency medicines or other necessary medication quickly
- assume that every pupil with the same diagnosis requires the same support
- ignore the views of the pupil or parent/carer, or relevant medical evidence, without a clear and reasoned basis
- send pupils home frequently simply because they have a medical condition, unless this is part of the agreed plan or they are genuinely too unwell to remain in school
- send an unwell pupil to the office or medical area unaccompanied where their condition means this would be unsafe
- penalise a pupil for absence related to their medical condition or necessary appointments
- prevent a pupil from drinking, eating, using the toilet or taking other medically necessary breaks
- require a parent/carer to attend school routinely to administer medicine or provide medical support that the school is responsible for arranging
- prevent participation in trips, PE or school activities, or require parental attendance as a default condition of participation.

21. Information sharing and confidentiality

Medical information is sensitive personal data. The school will share information on a need-to-know basis so that staff can safely support the pupil, respond to emergencies and make reasonable adjustments. Information will be handled in accordance with UK GDPR, the Data Protection Act 2018 and the school's Data Protection and Information Sharing arrangements.

Relevant information may need to be shared with class staff, lunchtime staff, supply staff, trip leaders, catering staff, first aiders or emergency services. The school will respect dignity and privacy while recognising that safety requires appropriate information sharing. Parents/carers and pupils will be informed about normal information-sharing arrangements through the IHP process.

22. Training, insurance and monitoring

22.1 Training and competency

- New staff will be told about this policy and how to obtain information about pupils with medical needs.
- All staff will receive appropriate awareness information about common medical conditions and emergency response.

- All staff will receive annual allergy awareness and anaphylaxis emergency-response training in line with Priory's allergy safety arrangements.
- Staff undertaking specific healthcare procedures will receive role-specific training and competency assurance.
- Training records will identify the trainer, date, attendees, content and refresher/expiry date where applicable.
- Sufficient staff will be trained to provide reasonable cover for absence, trips and activities.

22.2 Insurance

The Governing Body will ensure that the school's insurance arrangements appropriately cover staff acting within this policy and their training. Staff must follow any requirements of the school's insurer, including competency or documentation requirements for particular healthcare procedures.

22.3 Monitoring

Senior leaders will monitor medicine records, storage arrangements, expiry checks, IHP reviews, training compliance and medical/allergy incidents. Significant concerns and learning will be reported through appropriate governance and health-and-safety arrangements.

23. Complaints and related policies

Concerns about the support provided to a pupil with a medical condition should normally be raised with the Headteacher in the first instance. Formal complaints will be managed through the Priory Junior School Complaints Procedure. A concern that indicates possible neglect, deliberate withholding/misuse of medication, unsafe professional conduct or other safeguarding risk will also be considered under the Child Protection Policy and relevant staff procedures.

This policy should be read alongside:

- Allergy Safety Policy
- Whole School Child Protection Policy
- SEND Policy and SEND Information Report
- Health and Safety Policy
- First Aid arrangements
- Educational Visits Policy and EVOLVE procedures
- Intimate Care / Personal Care arrangements
- Data Protection and Information Sharing Policy
- Complaints Procedure
- Staff Code of Conduct / Staff Handbook.

24. Policy review and references

This policy will be reviewed at least annually and sooner if there is a significant medical or allergy incident, a material change to school practice, new clinical guidance, replacement DfE medical-conditions guidance or new allergy-safety regulations.

Key national references

[Supporting pupils with medical conditions at school](#)

[Allergy safety in schools](#)

[Children's Wellbeing and Schools Act 2026](#)

[Emergency asthma inhalers for use in schools](#)

[Using emergency adrenaline auto-injectors in schools](#)

Annual operational checks

When	Minimum check
Before the academic year	Review pupils with medical conditions; update IHPs and contacts; confirm prescribed medicines and devices are in date; confirm spare AAls/emergency inhaler stock; check staff training and contingency cover.
At least termly	Check expiry dates and storage of all emergency medication; reconcile controlled-drug records; confirm medicine fridge/storage arrangements; follow up replacement medicines with parents/carers.
Before trips/residentials	Complete medical risk assessment; identify trained staff; confirm accessible medication/action plans and emergency arrangements; consider allergens, meals, storage and transport.

After an incident or near miss	Provide immediate care; inform parents; record accurately; review IHP/policy/risk controls and training; share significant learning with senior leaders and governors as appropriate.
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Appendix A - Parental agreement for the school to administer medicine

Please complete this form for medicine that must be administered during the school day. The school cannot give routine medicine without the required written information and consent.

Pupil name	
Date of birth / class	
Medical condition / reason for medicine	
Name and strength of medicine	
Dose and method	
Time / frequency to be given in school	
Date medicine started / end date if known	
Special storage instructions	
Known side effects / action required	
Other instructions from prescriber/pharmacist	
Emergency arrangements if relevant	
Parent/carer name	
Contact number	
Signature	
Date	

I confirm that the information above is accurate and request that Priory Junior School administers the medicine in accordance with the instructions provided. I will notify the school promptly of any change and will provide replacement medicine before expiry.

Appendix B - Record of medicine administered

[illegible]

Pupil: _____ Medicine: _____

For controlled drugs, a separate running stock balance must also be maintained.

Appendix C - Request for pupil to carry or self-manage medicine

Pupil name	
Class	
Medicine / device	
Reason for self-carry / self-management	
Where it will be carried or stored	
When and how it may be used	
Support/supervision required from staff	
Action if medicine is lost, empty or unavailable	
Parent/carer name and signature	
Pupil agreement/signature where appropriate	
School authorisation	
Review date	

The pupil understands that medicine must only be used for its intended purpose, must not be shared, and must be kept safely. Any loss, damage, misuse or concern must be reported to a member of staff immediately.

Appendix D - Staff quick-reference checklist

Routine medicine

1. Confirm the pupil, written consent/IHP and medicine instructions.
2. Check medicine, dose, route, time, expiry and previous dose where relevant.
3. Do not alter medication or make a clinical decision. If unsure, stop and seek advice.
4. Administer safely and respectfully; use a witness where practicable for Priory routine administration.
5. Record immediately after administration and report any refusal, error or adverse effect.

Medical emergency

6. Stay with the pupil and call for help.
7. Follow the pupil's IHP/action plan and give emergency medication without avoidable delay.
8. Call 999 for a life-threatening reaction or whenever the plan requires it.
9. For suspected anaphylaxis, administer adrenaline as soon as possible; do not wait for the ambulance call to be completed before giving adrenaline.
10. Use the pupil's own prescribed device first if immediately available; use a school spare AAI when required in accordance with the Allergy Safety Policy.
11. Inform parents/carers as soon as possible.
12. Record the incident and ensure it is reviewed, including any allergy near miss or medication error.