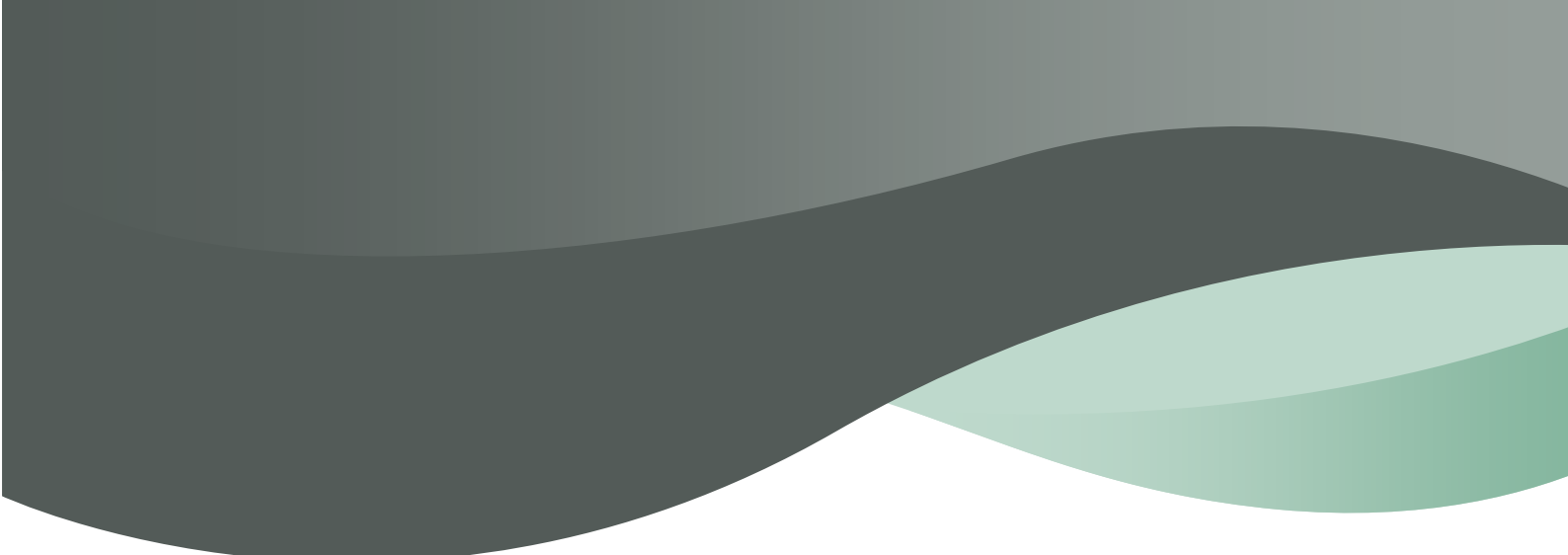
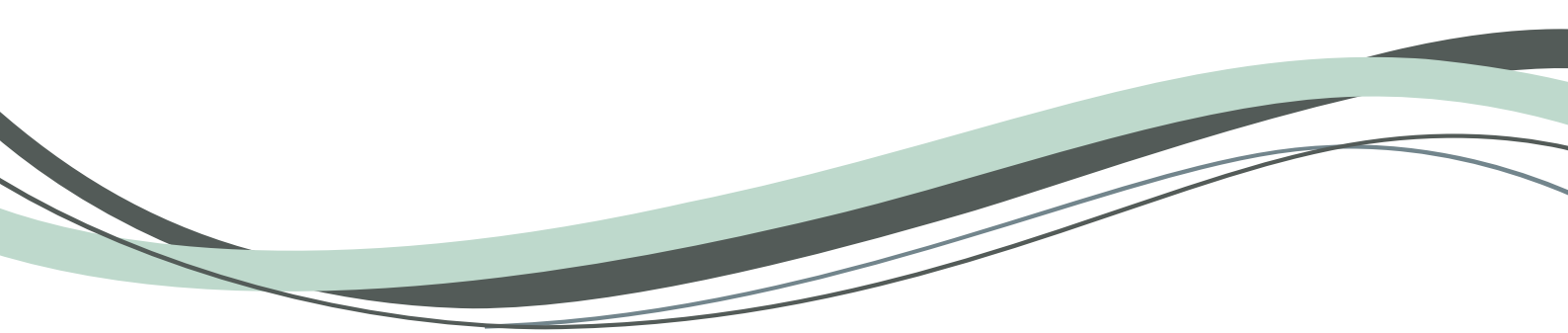




Supporting Pupils with Medical Conditions Policy and Procedure

Updated for:	September 2026
Next review:	September 2027

James Montgomery Academy Trust



Supporting Pupils with Medical Conditions Policy and Procedure

1. Statement of intent

James Montgomery Academy Trust (JMAT) has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school visits and physical education) and achieve their academic potential.

JMAT and its schools believe it is important that parents/carers of children with medical conditions feel confident that the school provides effective support for their child's medical condition, and that children feel safe in the school environment.

There may also be social and emotional implications associated with medical conditions. Children with medical conditions may develop other areas of need, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of children experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also have special educational needs and disabilities (SEND) and have an Education, Health and Care Plan (EHCP) collating their health, social and SEND provision. For these children, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our children with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, children and their parents/carers.

This policy sets out how JMAT and its schools intend to manage the arrangements for supporting children with medical needs, personal care where additional staff training is required, and those who require medication to be given in school. Most children with medical needs are able to attend school regularly and, with support from the school, take part in most routine activities, whilst others with more significant medical needs require an Individual Health Care Plan (IHCP **Appendix 1**) to be completed.

Please be aware that there is a separate policy for allergies and anaphylaxis. Children with allergies and anaphylaxis need to have a different **Individual Healthcare Plan for ALLERGIES & ANAPHYLAXIS** and schools need to follow the Allergies and Anaphylaxis policy.

2. Legal framework

This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)

- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

This policy also has due regard to the following guidance:

- DfE (2015) Special educational needs and disability code of practice: 0-25 years
- DfE Supporting pupils with medical conditions at school (statutory guidance, coming into force September 2026). We will have regard to this guidance when developing and implementing individual healthcare plans and operational arrangements.
- DfE (2000) First aid in schools
- Ofsted (2019, updated July 2022) 'The common inspection framework: education, skills and early years'

This policy should be read in conjunction with JMAT's SEND Policy, Inclusion Policy, Child Protection and Safeguarding Policy and Attendance Policy. It must be read alongside KCSIE 2026 where medical needs intersect with safeguarding (for example, child protection, harmful sexual behaviour, online safety and the management of volunteers).

3. The role of the Local Advisory Board (LAB)

- Acts in an **advisory capacity** to the school's senior leadership and the academy trust, providing support and guidance in fulfilling statutory duties related to children with medical needs.
- Supports the development and implementation of arrangements to ensure children with medical conditions receive appropriate support.
- Advises on ensuring children with medical conditions have equal access to all school opportunities and activities.
- Encourages a focus on the individual needs of each child to help identify and provide the necessary support.
- Builds confidence among parents/carers and children in the school's ability to provide effective medical support.
- Supports and promotes staff training to ensure all staff are prepared to provide medical support and have access to relevant information and resources.
- Advises on admission procedures to ensure no child is refused admission due to lack of arrangements for their medical needs.
- Supports health and safety measures to ensure children's health is safeguarded, including endorsement of the school's right to put forward a refusal or delay to admission when it would be detrimental to health (e.g., infectious diseases).
- Provides guidance and oversight to ensure that policies, plans, procedures, and systems relating to medical needs are effectively implemented.
- Advises the academy trust and school leadership on the use and review of individual healthcare plans, supporting regular review at least annually.
- Ensures the Local Advisory Board has oversight of the school's arrangements for supporting pupils with medical conditions, including-
 - (a) confirming IHC plans are in place and current for pupils with moderate/major needs
 - (b) receiving an annual implementation report including an audit of volunteers and DBS checks

(c) assuring the board that resources (training, medicines storage, staffing cover) are adequate. The LAB will formally approve this policy annually or sooner if required by statutory change.

4. The role of the headteacher

The headteacher:

- accepts responsibility to ensure that school policy is effectively implemented and practice complies with the employer's health and safety regulations. This includes responsibility on behalf of the employer for school staff administering or supervising the taking of prescribed medication or medical care during the school day. The acceptance of responsibility may depend, however, upon the nature of any individual needs.
- Works with the LA, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Will seek to identify staff to agree to administer medicine. However, teachers' conditions of service do not allow for headteachers to require teachers to give medication or supervise the taking of medicine.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHCP), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Has overall responsibility for the development of IHCPs. They will ensure that IHCPs are held centrally and uploaded to RecordMy with a visible "last review date". That contingency cover is recorded in each IHCP; a central volunteer register and frequency audit are maintained; and that enhanced DBS with barred-list checks are obtained for volunteers who meet the regulated-activity threshold (more than three days in a 30-day period or overnight duties). The headteacher will ensure that the school's response links with the DSL where medical needs raise safeguarding concerns.
- Ensures that staff are fully covered by their employer's public liability insurance in the event of a claim. If legal action over an allegation of negligence were pursued, the employer rather than the employee is likely to be held responsible.
- Contacts the school nursing service where a child with a medical condition requires support that has not yet been identified.

5. The role of parents/carers

Parents/carers:

- Notify the school if their child has a medical condition and will provide the school with copies of any care or treatment plans supplied by healthcare professionals.
- Provide the school with sufficient and up-to-date information about their child's medical needs, or any changes in their child's condition or treatment.
- Should ensure that where their child has a significant medical need and health professionals advise that an IHCP is required, they will be expected to fully participate in providing information in relation to the medical condition, agreeing and signing the plan for their child.
- Are subsequently involved in the development and review of their child's IHCP.
- Carry out any agreed actions contained in the IHCP.

- Ensure that they, or another nominated adult, are contactable at all times.

6. The role of children

Children:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHCP (in an age appropriate way).
- Are sensitive to the needs of children with medical conditions.

7. The role of school staff

Staff and volunteers may be asked to support children with medical conditions. Staff will not be required to administer medication or carry out medical procedures unless they have volunteered and been appropriately trained and assessed as competent. A first aid certificate alone is not sufficient to undertake delegated medical tasks; condition-specific training (delivered by an appropriate clinician or specialist nurse) and a competency sign-off are required for all staff who will perform medical duties.

Each school will maintain training records that show- the training provider, content, date, staff names, competency assessment outcome and date of next review. These records will be retained centrally and referenced on RecordMy against the child's IHCP where relevant.

7.1 Volunteers

The school will audit all volunteers (including parents/helpers, sports and after-school club volunteers) on an annual basis and before they begin regular duties. Volunteers who work with children more than three days in any rolling 30-day period, or who have overnight responsibilities, are in regulated activity and must have an enhanced DBS check with barred list information. The school will not deploy a volunteer in regulated activity until appropriate checks are completed and recorded.

7.2 Supply, agency and third-party staff

The school will obtain written confirmation from the supplying body that relevant checks have been carried out. Evidence that an enhanced DBS and appropriate checks are in place will be recorded on staff files.

8. Admissions

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting. Where the headteacher decides that they cannot meet the medical needs in individual cases, this decision will be notified to the parents/carers promptly.

9. Staff training and support

Staff and volunteers may be asked to support children with medical conditions. Staff will not be required to administer medication or carry out medical procedures unless they have volunteered and been appropriately trained and assessed as competent. A first aid certificate alone is not sufficient to undertake delegated medical tasks; condition-specific training (delivered by an appropriate clinician or specialist nurse) and a competency sign-off are required for all staff who will perform medical duties.

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10. Self-management and Individual Health Care Plans (IHCP)

The school, healthcare professionals and parents/carers will agree, based on evidence, whether an Individual Healthcare Plan (IHCP) is required. IHCPs will be uploaded to Arbor and must include: the medical condition, triggers, symptoms, treatments, medication details (dosage, storage, expiry), emergency response including location of emergency medications (for example adrenaline autoinjectors), named trained staff and cover arrangements, whether the pupil can self-manage medication, arrangements for trips/PE and dietary or environmental needs.

IHCPs will be reviewed at least annually and immediately when a child's medical circumstances change, there is a change in medication, after any incident relating to the medical condition, or on return from hospital/alternative provision. Each IHCP must have a recorded "last review date" on Arbor.

10.1 Allergies and anaphylaxis

Where a child is at risk of anaphylaxis an IHCP is required and must set out the emergency protocol, who is authorised and trained to administer adrenaline, the location of additional spare adrenaline autoinjectors (where applicable), and trip arrangements. PLEASE READ THE ALLERGIES AND ANAPHYLAXIS POLICY.

10.2 Self-management

Children who are competent to manage their own medicines (such as inhalers) will be supported to do so. Parental consent and note of capacity must be recorded on the IHCP. Where self-management is not safe, medicine will be stored where it can be accessed quickly in an emergency.

11. Trips, off-site activities and overnight stays

Trip planning must explicitly reference each participating child's IHCP and confirm: the names of staff who are trained to deliver any medical interventions required; how medication will be stored and transported; contingency arrangements if the trained staff member is unavailable; emergency contact arrangements; and the protocol for access to health services at the location. For residential/overnight trips the school must ensure volunteers and staff accompanying the trip hold the necessary DBS clearance for regulated activity (if applicable) before departure.

12. Supply teachers and staff absence

Supply teachers are:

- Informed of all relevant medical conditions of children in the class they are providing cover for.
- Covered under the school's insurance arrangements.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the child's condition and the support required.

- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the child.
- Separate arrangements or procedures required during school trips and activities.

13. Communication with external services

Effective communication with external healthcare and support services is a vital element in ensuring children with medical conditions receive appropriate and coordinated care.

The school will:

- Work closely with health and social care professionals, including GPs, paediatricians, community nurses, specialist nurses and therapists, to obtain accurate medical advice and guidance for the development and review of IHCPs.
- Liaise with the School Nursing Service for support and advice in identifying and meeting children's medical needs, including training requirements and emergency protocols.
- Engage with local health commissioners and NHS professionals to ensure continuity of care for children with long-term or complex health needs.
- Communicate and coordinate with Local Authority officers, particularly where the child has or may require an Education, Health and Care Plan (EHCP) or other additional support.
- The school will share relevant information with external professionals where needed to support the child's care, in line with current data protection law (Data Use and Access Act 2025, Data Protection Act 2018 and UK GDPR) and safeguarding requirements.
- Where a safeguarding concern exists, the school's duty to share information for the purposes of protecting a child overrides the need for parental consent. The headteacher/SENDCo/DSL will ensure key health contacts (school nursing team, specialist nurses) are recorded on RecordMy and that consent and information-sharing records are retained.
- Act as a key point of contact for all agencies involved in a child's care, working collaboratively to ensure the child's health, wellbeing, attendance and education are fully supported.

For children in the Early Years Foundation Stage (EYFS), the school recognises the particular importance of early intervention and coordinated multi-agency support. Where appropriate, the school will:

- Engage with health visitors, community paediatric services, and Early Years Inclusion Teams to support early identification and ongoing care planning.
- Ensure that any relevant medical or developmental concerns raised by parents/carers or early years practitioners are shared with external professionals promptly and sensitively.
- Make adaptations to provision and routines in accordance with EYFS Statutory Framework requirements, ensuring full inclusion and safeguarding of young children with medical needs.

The headteacher, SENDCo or a designated member of staff will act as the primary liaison for coordinating communication between the school and external services. They will ensure that any agreed actions or updates are documented and reflected in the child's IHCP and/or medical records on Arbor.

14. Digital safety, AI and mobile phones

Where a child's medical condition intersects with online safety or safeguarding concerns (for example sharing of sexual or semi-nude images, including AI-generated imagery, or mental-health related online harms), the DSL and SENDCo will coordinate the response in line with KCSIE 2026. The school's online-safety policy will set out the position on generative AI, and the filtering and monitoring review will be carried out annually and recorded. The school will also ensure its mobile phone policy meets the DfE expectation for an effectively mobile phone-free school day (lessons, between lessons, break and lunch) so devices do not interfere with supervision, medical care or safeguarding.

15. Monitoring, evaluation and policy review

Members of staff are required to familiarise themselves with this policy as part of their induction programmes. The policy will be promoted and implemented throughout the JMAT schools.

This policy will be assessed for its implementation and effectiveness annually by the LAB.

16. Document history

Previous versions archived in accordance with document retention requirements.

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	JMAT	July 2025	PRG	08/07/25	- Change of title – now Policy and Procedure - Section 3 - Removal of governor responsibilities - Section 5 - Slight change to bullet point 1 - Section 7 - Extra bullet – No. 4 re staff training - New section 13 added - Appendix 1 – some additions made
V2	JMAT	July 2026	PRG	09/07/26	- Updated using new DfE guidance - Added Individual Healthcare Plan for ALLERGIES & ANAPHYLAXIS - Added PARENTAL CONSENT FORM – ADRENALINE AUTO-INJECTOR (AAI / EPIPEN) - Added photo to Individual health care plans. - Added asthma emergency procedures and as an appendix.

Key:

PRG – Policy Review Group

A & R Committee – Audit and Risk Committee

Appendix 1

Individual Healthcare Plan

Date of plan:		Review date:	
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Name of school:		Add photo of child
Child's name:		
Class:		
Date of birth:		
Child's address:		

Medical diagnosis or condition:		
Family contact information	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
	Home phone number:	
	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
Home phone number:		
Clinic / hospital contact details:	Name: Phone number:	
GP / Doctor:	Name: Phone number:	

Name of member of staff responsible for providing support in school?	
Who is responsible in an emergency? (state if different for off-site activities)	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Medication:	
Dose:	
When to be taken:	

Method of administration:			
Administered by: Member of staff:	Self-administration ☐	With supervision ☐	Without supervision ☐
Side effects/contra-indications:			

Daily care requirements:
Specific support for the child's educational, social and emotional needs: PLEASE STATE WHAT ACTION NEEDS TO BE TAKEN WHEN / IF CHILD REFUSES MEDICATION
Arrangements for school visits/trips etc:
Describe what constitutes an emergency, and the action to take if this occurs:
Any other information:

Staff training:

Name	Training needed	Training completed	Training to be renewed

Plan developed with:

Name	Role	Signature	Date
	Headteacher		
	Parent/carers		
	Designated Medical lead (medical practitioner)		