Connected Futures Partnership

Authoring our story.

Dorothy Gardner Nursery School
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Essendine Primary School
Hallfield Primary School
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Queen's Park Primary School
Queen's Park Family Hub
Bayswater Children's Centre

Supporting Pupils with Medical Conditions

SEPTEMBER 2026

Contribution | Challenge | Inclusivity | Aspiration

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Approved by	Governing Board
Approval date	September 2026
Policy lead	Executive Headteacher / Heads of School
Applies to	CFP maintained primary schools; relevant principles applied in nursery schools alongside the EYFS statutory framework
Review due	September 2027, or sooner if revised DfE statutory guidance is published

1. Legal and guidance framework

Connected Futures Partnership Federation (CFP) has regard to the statutory and wider framework for supporting children with medical conditions. At the date of approval, the Department for Education's existing statutory guidance Supporting pupils at school with medical conditions remains in force. The DfE consulted during 2026 on revised medical-conditions guidance but has stated that revised guidance will be published in due course. This policy will therefore be reviewed when that replacement guidance is issued.

- Children and Families Act 2014, section 100;
- DfE statutory guidance: Supporting pupils at school with medical conditions;
- Equality Act 2010;
- SEND Code of Practice: 0 to 25 years;
- DfE statutory guidance: Allergy safety in schools (2026), supported by CFP's separate Allergy Safety Policy;
- the statutory Early Years Foundation Stage framework, where applicable;
- DfE statutory guidance on education for children who cannot attend school because of health needs; and
- Keeping Children Safe in Education 2026 and relevant CFP safeguarding, SEND, attendance, intimate care, asthma and medicines procedures.

2. Principles and aims

CFP is committed to ensuring that pupils with medical conditions, including physical and mental health conditions, are properly supported so that they can play a full and active role in school life, remain healthy, access education and achieve their academic potential.

- Medical needs will be considered individually; pupils with the same diagnosis may require different support.
- Reasonable adjustments will be made for disabled pupils in accordance with the Equality Act 2010.
- Medical needs will not be used to create unnecessary barriers to admission, attendance, curriculum access, trips, physical education or wider school life.
- Pupils and parents/carers will be treated as key partners, alongside relevant healthcare professionals.
- Support will promote independence and self-management where this is safe and appropriate.
- Medical information will be handled confidentially and shared only with those who need it to keep the pupil safe and properly supported.

3. Notification and putting support in place

When the school is notified that a pupil has a medical condition, the Head of School or delegated lead will ensure that appropriate arrangements are considered promptly. For planned admissions or transitions, arrangements should normally be in place for the start of the new term. For a new diagnosis or a pupil joining mid-term, every effort will be made to put suitable arrangements in place as quickly as reasonably practicable.

- obtain relevant information from parents/carers, the pupil and healthcare professionals;
- identify whether an Individual Healthcare Plan (IHP) is required;
- identify training, equipment, medicines, facilities, staffing and emergency arrangements;
- consider SEND, disability and reasonable-adjustment requirements;
- ensure relevant staff, including temporary/supply staff where necessary, know what they need to know;
- consider arrangements for trips, clubs, PE and other activities; and
- plan transition or reintegration where the pupil has experienced prolonged or recurrent absence.

4. Individual Healthcare Plans

IHPs provide clarity about what needs to be done, when and by whom. They will be used where a pupil's condition is long-term or complex, fluctuates, creates a significant risk, requires emergency intervention, or where a plan would otherwise help the school coordinate safe and effective support. Not every medical condition requires an IHP.

The Head of School has overall responsibility for ensuring appropriate IHP arrangements. Day-to-day coordination may be delegated to the SENCO/Inclusion Lead or another suitably placed member of staff. Plans will be developed in partnership with parents/carers, the pupil where appropriate, relevant school staff and an appropriate healthcare professional.

IHPs will be reviewed at least annually, and sooner where needs, treatment, circumstances or professional advice change. Where a pupil also has an Education, Health and Care Plan, arrangements should be coordinated rather than unnecessarily duplicated.

4.1 IHP content

- the condition, triggers, signs, symptoms and treatment;
- medication, dose, method, timing, side effects, storage and access arrangements;
- other treatments, equipment, testing, dietary or environmental requirements;
- educational, social and emotional support and any reasonable adjustments;
- the level of support required, including emergency support and self-management arrangements;
- named roles responsible for support, required training and cover arrangements;
- who needs to know relevant information;
- parental consent and agreed arrangements for administration of medication;
- arrangements for trips, visits, PE and activities outside the normal timetable;
- confidentiality and information-sharing arrangements; and
- what constitutes an emergency, the action required, who to contact and contingency arrangements.

5. Roles and responsibilities

5.1 Governing Board

The Governing Board will ensure that arrangements are in place to support pupils with medical conditions, that this policy is implemented and monitored, and that sufficient staff receive suitable training and are competent before taking responsibility for relevant medical support.

5.2 Executive Headteacher and Heads of School

- ensure this policy is effectively implemented and understood;
- ensure sufficient appropriately trained staff are available, including contingency arrangements;
- ensure relevant staff are aware of individual pupils' needs on a need-to-know basis;
- ensure IHP arrangements are appropriately coordinated and finalised;
- liaise with healthcare professionals and school nursing services where required;
- ensure appropriate insurance/indemnity arrangements are in place; and
- ensure local medicine-storage, record-keeping and emergency arrangements are safe and understood.

5.3 School staff

Any member of staff may be asked to support a pupil with a medical condition, including administering medicines, but staff will not undertake a medical procedure for which they have not received appropriate information, instruction and, where required, training. Administering medicines is not part of a teacher's professional duties, although teachers must take account of the needs of pupils with medical conditions whom they teach.

All staff should know how to obtain help and respond when they become aware that a pupil with a medical condition needs assistance.

5.4 Pupils

Pupils will be involved in discussions about their medical support as far as their age, understanding and circumstances allow. Where competent and safe, pupils should be supported to manage aspects of their own condition and medication in accordance with their IHP.

5.5 Parents and carers

Parents/carers should provide sufficient and up-to-date information about their child's medical needs, participate in planning and review, provide medicines/equipment as agreed, and ensure the school has current emergency contact information.

5.6 Healthcare professionals and the local authority

The school will work with school nursing, specialist nursing, medical and other services as appropriate. Where a compulsory-school-age pupil cannot attend school because of health needs, the school will work with the local authority and relevant professionals so that statutory education duties can be considered and appropriate provision and reintegration planned.

6. Staff training and competence

Training will be determined by the needs of pupils and the support staff are expected to provide. A first-aid certificate alone does not demonstrate competence to support a specific medical condition or procedure.

- Training should be provided before staff undertake relevant support and refreshed as required by the condition, procedure, professional advice or local arrangements.
- Healthcare professionals should confirm competence where the nature of the support requires clinical instruction or assessment.
- Staff should have access to relevant information and appropriate support materials.
- New, temporary and supply staff should receive the information they need to keep pupils safe.

7. Pupils managing their own needs

Where appropriate, pupils should be able to access and manage their own medication or procedures, with the level of supervision set out in the IHP. Pupils who require rapid access to emergency medication, such as reliever inhalers or adrenaline auto-injectors, must not face avoidable delay.

If a pupil refuses medicine or a medical procedure, staff will not force it. They will follow the IHP or emergency plan, inform the appropriate staff member and parent/carer, and seek urgent medical help where the pupil's condition requires it.

8. Managing medicines on school premises

Medicines will be managed safely, with arrangements adapted where necessary to the pupil, medicine and setting.

- Where clinically possible, prescribing should enable medicines to be taken outside school hours; where this is not possible, school arrangements should support the pupil's health and attendance.
- Prescription and non-prescription medicines may be administered in accordance with the school's agreed procedure and appropriate written parental consent, except where lawful emergency arrangements provide otherwise.
- No pupil will be given aspirin unless it has been prescribed by a doctor.
- Prescription medicines should normally be in date, labelled, in the original dispensed container and include administration, dosage and storage instructions; insulin may be supplied in a pen, pump or other appropriate delivery system.
- Medicines must be stored safely but emergency medicines must remain readily accessible. Storage arrangements should reflect the medicine's requirements and the pupil's IHP rather than a single federation-wide location.
- Controlled drugs will be stored securely with access limited appropriately; administration will be recorded.
- Written records will be kept of medicines administered by staff.
- Unused or expired medicines should normally be returned to parents/carers for safe disposal, with local arrangements for any exceptional disposal requirements.

9. Allergies, anaphylaxis and adrenaline auto-injectors

Allergy safety is governed in greater detail by the separate CFP Allergy Safety Policy, reflecting the statutory allergy safety duties introduced in 2026. This policy should be read alongside it.

Pupils at risk of anaphylaxis must have appropriate individual arrangements, rapid access to their prescribed adrenaline auto-injectors (AAIs) and an emergency response understood by relevant staff. Schools in statutory scope will maintain spare AAIs in accordance with current legislation and DfE allergy guidance. Location, number, dose and access arrangements will be determined by the school's allergy-safety arrangements rather than the outdated fixed locations or age cut-offs contained in the former NWF policy.

10. Asthma and emergency inhalers

Asthma arrangements are set out in the CFP Asthma Policy. Pupils should have ready access to their reliever inhaler and spacer as required by their plan. Schools may hold emergency salbutamol inhalers in accordance with the relevant legal and health guidance and local procedures.

11. Emergency procedures

An IHP or emergency plan should clearly identify signs of deterioration or emergency, the action required and whom to contact. Staff must know how to summon emergency assistance and should not delay calling 999 where an emergency response is required.

If a pupil is taken to hospital, the school will ensure appropriate supervision until responsibility is transferred to a parent/carer or as otherwise agreed with emergency services. Relevant medical information should accompany or be made available to emergency responders.

12. Educational visits, PE and wider activities

CFP will actively support pupils with medical conditions to participate in trips, residential visits, PE, sport, clubs and wider school life. Risk assessment and reasonable adjustments will be used to enable participation wherever reasonably possible. Parents/carers should not routinely be required to attend an activity simply because their child has a medical condition.

13. Attendance, absence and education during ill health

Pupils will not be penalised simply because absence is connected with a medical condition. Attendance will be recorded and managed in accordance with current attendance requirements, while recognising medical evidence and individual circumstances.

Where a compulsory-school-age pupil is likely to be unable to attend school for more than 15 school days, whether consecutively or cumulatively, the school will consider the need to notify and work with the local authority so that its duties towards children unable to attend because of health needs can be fulfilled. Schools will support appropriate curriculum continuity, communication and reintegration.

14. Unacceptable practice

Although each case must be considered individually, it is generally unacceptable to:

- prevent pupils from readily accessing medication or treatment they need;
- assume pupils with the same condition require identical support;
- ignore the views of the pupil or parent/carer, or relevant medical evidence, without proper consideration;
- send pupils home frequently or exclude them from normal activities solely because of their medical condition unless this is clinically justified or part of an agreed plan;
- send an unwell pupil to seek help without suitable support;
- penalise a pupil for medically related absence without proper consideration of the circumstances;
- prevent access to food, drink, toilets, rest or other breaks required to manage a condition;
- require parents/carers to attend school routinely to administer medication or provide care that the school should reasonably arrange; or

- create unnecessary barriers to trips, PE, clubs or other aspects of school life.

15. Confidentiality, records and data protection

Medical information is personal data and may include special-category data. CFP will process and share it only where there is an appropriate lawful basis and where necessary for education, health, safety or safeguarding. Records will be stored securely and access limited appropriately. Staff who need information to support a pupil safely will receive the relevant information.

16. Liability and indemnity

The Governing Board will ensure that appropriate insurance or indemnity arrangements are in place for staff supporting pupils with medical conditions. Where a procedure falls outside standard cover, the school will confirm the necessary cover and competence requirements before the procedure is undertaken.

17. Complaints

Parents/carers who are dissatisfied with the support provided should raise concerns with the school in the first instance. Where the matter is not resolved, the CFP Complaints Policy and any applicable statutory routes may be used.

18. Monitoring and review

Heads of School will monitor implementation locally. The policy will be reviewed at least annually as a CFP governance arrangement and sooner if national guidance changes. In particular, it will be reviewed when the DfE publishes the revised statutory guidance on supporting pupils with medical conditions following its 2026 consultation.

19. Related CFP policies

- Allergy Safety Policy
- Asthma Policy
- Child Protection and Safeguarding Policy
- Equality Policy
- SEND Policy / SEND Information Report
- Intimate Care Policy
- Attendance procedures
- First Aid / Administration of Medicines procedures
- Online Safety Policy
- Educational Visits procedures
- Complaints Policy

Appendix 1: Model process for developing an Individual Healthcare Plan

- Notification received that a pupil has a medical condition or that needs have changed.
- Head of School/delegated lead considers immediate safety and access arrangements.
- School gathers information from parents/carers, pupil and relevant healthcare professionals.
- Decision made, with relevant parties, whether an IHP is required.
- Meeting/consultation identifies needs, support, training, medicines/equipment, emergency response and reasonable adjustments.
- IHP drafted and agreed; responsibilities and information-sharing arrangements made clear.
- Relevant staff are briefed and trained before undertaking support.
- Plan implemented and monitored.
- IHP reviewed at least annually and sooner if needs or circumstances change.

Appendix 2: Parent/carer invitation to develop an IHP

Dear Parent/Carer,

Thank you for informing us about your child's medical condition. We would like to work with you, your child where appropriate, and relevant healthcare professionals to ensure that the support required in school is clear and effective.

An Individual Healthcare Plan (IHP) may be helpful where a condition is long-term or complex, fluctuates, requires emergency intervention, or where a written plan will help coordinate support. Not every medical condition requires an IHP.

We would like to arrange a meeting or consultation to consider your child's needs and, where appropriate, develop or review an IHP. Please provide any current medical information, treatment or emergency plans that would help us make suitable arrangements. Please also tell us about any healthcare professional whom you believe should contribute.

If you cannot attend a meeting, we will make reasonable arrangements to gather your views in another way.

Yours sincerely,
Head of School / delegated lead

Appendix 3: Individual Healthcare Plan template

Pupil name	
School / class / year group	
Date of birth	
Medical diagnosis / condition	
Plan date / review date	
Parent/carer contacts	
Healthcare / clinic / GP contacts	
Named school lead / person coordinating support	
Symptoms, triggers, signs and treatment	
Medication: name, dose, route, timing, side effects, storage and access	
Daily care / treatment / equipment requirements	
Educational, social and emotional support / reasonable adjustments	
SEND / EHCP links where relevant	
Self-management arrangements	
Food, drink, toilet, rest or environmental requirements	
Emergency signs and required action	
Emergency contacts / responsibilities	
Trips, PE, clubs and off-site arrangements	
Staff who need to know / confidentiality arrangements	
Training required / completed / competence	

confirmed by	
Contingency / staff absence arrangements	
Plan developed with	
Copies / access arrangements	