



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURE

TO BE ADOPTED BY ALL SCHOOLS ACROSS SHARE MAT

Version	7.0
Name of policy writer	L McCaffrey
Date of this version	September 2026
Next review due date	September 2027
Approved by Trustees or Delegated Authority	21.9.26





CONTENT:

- [1. Overview and status](#)
- [2. Scope](#)
- [3. Legislation and guidance](#)
- [4. Principles](#)
- [5. Roles and responsibilities](#)
- [6. Telling the school about a medical condition](#)
- [7. Individual Healthcare Plans](#)
- [8. Administering medicines](#)
- [9. Non-prescription and over-the-counter medicines](#)
- [10. Controlled drugs](#)
- [11. Storing and disposing of medicines](#)
- [12. Self-management and emergency medicines](#)
- [13. Asthma, allergy and anaphylaxis](#)
- [14. Coeliac disease, food intolerance and dietary needs](#)
- [15. Emergencies and the link with first aid](#)
- [16. Trips, visits and physical activity](#)
- [17. Attendance, inclusion and reasonable adjustments](#)
- [18. Wellbeing and mental health](#)
- [19. Unacceptable practice](#)
- [20. Training](#)
- [21. Recording, reporting and learning](#)
- [22. Insurance and indemnity](#)
- [23. Data protection](#)
- [24. Publication, awareness and review](#)
- [25. Schedule of Amendment](#)

Appendix A: Academy completion sheet



1. Overview and status

SHARE Multi Academy Trust ("SHARE MAT", "the Trust") is an inclusive community. A pupil with a medical condition or need, whether physical or mental, should be able to attend school regularly, take a full part in school life and achieve their best, with the support they need in place and without fuss.

This policy sets out how the Trust meets its duty under section 100 of the Children and Families Act 2014 to make arrangements to support pupils at school with medical conditions. It replaces the Trust's Supporting Students at School with Medical Conditions and Needs Policy and Procedure (v6.1).

Where this policy sits

This policy is one of three that work together. Read it alongside:

First Aid Policy and Procedure, which covers first aid provision, first aiders, equipment and defibrillators.

Allergy Safety Policy, which is the primary home for allergy, anaphylaxis, adrenaline devices and spare inhalers. Where this policy touches on allergy it cross-refers there.

Supporting Documents and Templates, which holds the plans, consent forms, registers and logs this policy refers to.

Guidance under review

The statutory guidance the Trust must have regard to for medical conditions is "Supporting pupils at school with medical conditions" (DfE, 2015). DfE consulted in 2026 on replacement guidance covering medical conditions and allergy together. The allergy half of that work has already been published and is reflected in SMAT-MFA-03. The medical conditions half has not yet been published. This policy will be reviewed as soon as it is.

2. Scope

This policy applies to every school and academy within SHARE MAT and to all pupils with a medical condition or need, whether or not they have a disability, an Education, Health and Care plan or special educational needs. It applies to all staff, trustees, governors, volunteers, contractors and third-party providers.

It applies whenever a pupil is in the care of the school, including breakfast and before-school provision, after-school and extended-day clubs, and educational visits, trips and residential activities, whether run by the school or by a third party. Early years provision additionally follows the early years foundation stage statutory framework for group and school-based providers.

3. Legislation and guidance

- **Children and Families Act 2014, section 100**, the duty to make arrangements to support pupils at school with medical conditions.



- **Supporting pupils at school with medical conditions**, DfE statutory guidance, 2015. Governing bodies must have regard to it.
- **Allergy safety in schools**, DfE statutory guidance, July 2026, which the Trust addresses through SMAT-MFA-03.
- **Equality Act 2010**, including the anticipatory duty to make reasonable adjustments where a condition amounts to a disability.
- **Health and Safety at Work etc. Act 1974** and the Management of Health and Safety at Work Regulations 1999.
- **Human Medicines Regulations 2012**, as amended in 2014 for spare salbutamol inhalers and in 2017 for spare adrenaline auto-injectors.
- **Misuse of Drugs Act 1971** and the Misuse of Drugs Regulations 2001, for controlled drugs.
- **Education Act 2002, section 157** and the Education (Independent School Standards) Regulations 2014, which are the safeguarding duties that apply to academies, together with section 3 of the Children Act 1989 and Keeping Children Safe in Education.
- **SEND Code of Practice: 0 to 25 years** and the early years foundation stage statutory framework for group and school-based providers.
- **UK GDPR and the Data Protection Act 2018**.

4. Principles

- **Inclusion.** A pupil with a medical condition has the same opportunities as everyone else and is supported to take part fully, including in trips, sport and clubs.
- **A whole-school approach.** Keeping pupils safe is everyone's job. A lunchtime supervisor, receptionist, site officer or caterer may matter as much as a teacher in a given moment.
- **Help comes to the pupil.** A pupil who becomes unwell is not sent to find help. Help is brought to them.
- **Partnership.** Arrangements are made with the pupil and their parents or carers, and take account of advice from healthcare professionals. The pupil's own view is asked for.
- **Proportionate risk management.** The Trust manages risk through identification, planning, training and practice, not through blanket restrictions or promises it cannot keep.
- **Wellbeing.** The emotional impact of a medical condition is taken seriously, and bullying connected with a condition is not tolerated.



5. Roles and responsibilities

Who	What they are responsible for
Board of Trustees	Adopting and reviewing this policy; assuring itself that arrangements are in place and effective across all academies; ensuring insurance or indemnity covers staff who support pupils with medical conditions; overseeing medical risk on the risk register.
Trust Premises and Compliance Manager	Trust-level coordination, monitoring, training records and reporting; supporting academies with implementation and audit.
Headteacher or Principal	Implementation at their academy; making sure staff are trained and sufficient in number; deciding, with parents and any clinical advice, whether an Individual Healthcare Plan is needed; making sure cover arrangements do not leave a pupil unsupported.
Named lead for medical conditions	Day to day leadership: keeping the register current, drawing up and reviewing plans, arranging training, checking medicines are in date and stored correctly, and reporting incidents.
All staff	Knowing which pupils they work with have a condition and what their plan says; following the plan; acting in an emergency; reporting concerns and incidents. No member of staff is required to give medicines or undertake healthcare procedures, but those who volunteer are trained and supported.
School nursing and healthcare professionals	Advising on conditions and support, contributing to plans, and supporting training where they are involved.
Parents and carers	Telling the school about a condition and any change to it; supplying in-date, correctly labelled medicines; giving written consent; helping to draw up and review plans; keeping contact details current.
Pupils	Taking increasing responsibility for their own condition as they are able, with support; telling an adult if they feel unwell.

6. Telling the school about a medical condition

Parents and carers are asked about medical conditions and needs when a pupil is admitted and at the start of each school year, as part of the data collection form. Where further information is required, parents/carers can provide more detail using the Medical Information Form. A condition can be reported at any other time, through the form or in conversation with the school office and/or another relevant member of staff. Where a pupil is returning from a long medical absence, where needs may have changed, the school contacts the family before they come back into school to update/review their needs.



Key information is recorded on the school's management information system and on the medical conditions register and is shared with the staff who need it, in line with section 23. Where support is needed, the school arranges to meet the family. Arrangements are in place before a pupil starts, or within two weeks where a pupil joins during term. The school does not wait for a formal diagnosis before putting sensible, temporary arrangements in place. Once a more formal diagnosis is ascertained, medical evidence will be used to formulate more long-term support arrangements via an Individual Healthcare Plan.

7. Individual Healthcare Plans

An Individual Healthcare Plan (IHP) sets out what a pupil needs, who provides it, and what to do in an emergency. Not every pupil with a medical condition needs one. An IHP is used where the condition is long term or fluctuating, where it affects the pupil's ability to take part, where there is a risk of an emergency, where medicines have to be given in school, or where staff need specific training. The headteacher decides, with the parents and any clinical advice available.

The Trust uses two plan formats, both held in SMAT-MFA-04. Form A1 is the Department for Education template published in July 2026 and is used for any pupil with an allergy. Form A2 is used for every other medical condition. A pupil with an allergy and another condition has both, cross-referred to each other. The plan is the school's document. It records how the school will act on the information it has been given, and it is drawn up with the pupil and their parents, taking account of advice from healthcare professionals. Where a clinician has issued a care plan, an Allergy Action Plan or an Asthma Action Plan, that plan is attached to the IHP and the IHP records who issued it and when it is next due for review.

What an IHP covers

- the condition, its triggers, signs, symptoms and treatment;
- the pupil's resulting needs, including medicines (dose, timing, side effects, storage) and any equipment;
- what the pupil can do for themselves and what they need help with;
- daily care requirements and any support for their educational, social and emotional needs;
- arrangements for trips, visits and physical activity;
- who provides support, what training they need and who provides cover;
- what counts as an emergency, what to do, and who is responsible, including off site;
- who the plan is shared with, and the review date.

Plans are reviewed at least annually, and immediately after a serious incident, near miss, hospital admission or change in medication or need. A new or updated clinical plan always prompts a review. Plans are reviewed again on transition between key stages, phases or schools, with information passed on in good time.



8. Administering medicines

Medicines are only given in school where it would be detrimental to a pupil's health or attendance not to do so. Wherever possible, parents are asked to arrange doses outside school hours.

- No pupil under 16 is given any medicine, prescription or otherwise, without written parental consent, recorded on the consent form in SMAT-MFA-04.
- No pupil is given a medicine containing aspirin unless it has been prescribed to them by a doctor.
- Medicines are only accepted in the original container, in date, correctly labelled with the pupil's name, the contents, the dose and the method and timing of administration, and with the manufacturer's instructions.
- The school does not accept medicines that have been taken out of their packaging, decanted, or relabelled by a parent.
- A record is made every time a medicine is given, and every time a pupil refuses one. Refusal is recorded and the parents are told the same day.
- Where a pupil takes a medicine that could have side effects relevant at school, the IHP says so.

Staff who agree to give medicines do so voluntarily. They receive suitable training and are told what to do if something goes wrong. Two members of staff should be trained for each pupil who needs support, so that absence does not leave a gap. No pupil is sent home, or told to stay at home, because trained staff are not available.

9. Non-prescription and over-the-counter medicines

Academies may hold and give a small range of over-the-counter medicines, most commonly paracetamol, to relieve short term symptoms such as period pain, headache or toothache, so that a pupil can stay in school.

- Written parental consent is obtained in advance, covering the specific medicine, and is renewed at least annually.
- The parent is contacted, or a message left, on the day it is given.
- The medicine is given by a named member of staff, checked by a second person where practicable, and recorded on the administration record.
- Staff check when the pupil last had a dose, including any taken at home that morning, before giving one. This often requires a quick call to parents/carers, especially when the pupil is younger or presents as forgetful.
- Products containing aspirin, and any medicine outside the agreed list, are not given without a prescription.
- Age and weight-appropriate doses are used, and the manufacturer's maximum daily dose is never exceeded.

Repeated requests are treated as a reason to talk to the family, because a pupil who needs pain relief regularly may need an IHP, a referral, or a look at what is going on for them.



10. Controlled drugs

Some prescribed medicines, for example methylphenidate, are controlled drugs. A pupil may legally have a controlled drug prescribed to them in their possession, and the school may look after one on their behalf. Controlled drugs are kept in a locked, non-portable container to which only named staff have access, and a running record is kept of the quantity held and each dose given. Misuse of a controlled drug is dealt with under the Trust's behaviour and safeguarding arrangements.

11. Storing and disposing of medicines

- Medicines are stored safely, in line with the manufacturer's instructions, in a place known to the staff who may need them.
- Pupils know where their medicines are kept and how to access these.
- Emergency medicines, including adrenaline devices and reliever inhalers, are never locked away and are accessible to staff/pupils. See the Allergy Safety Policy.
- Medicines requiring refrigeration are kept in a lockable fridge, or a lockable container within a fridge, used only for that purpose.
- The school keeps a record of the medicines it holds and checks expiry dates on a schedule.
- Out of date, unwanted and part-used medicines are returned to the parent for disposal. Where a parent does not collect them, they are taken to a pharmacy. Medicines are not put in the general waste. Used sharps and adrenaline devices go into a sharps container.

12. Self-management and emergency medicines

Pupils are encouraged to take responsibility for their own condition as they are able. Where the IHP says a pupil can carry and use their own medicine, for example an inhaler, an adrenaline device or insulin, they keep it with them, with an appropriate level of supervision. Where a pupil is not able to do this, staff hold the medicine, and it remains readily accessible.

Whether a pupil is ready to self-manage is agreed with them, their parents and any clinical advice, taking account of how well they understand their condition, the level of risk and any safeguarding considerations. Their safety and best interests come first.

13. Asthma, allergy and anaphylaxis

Asthma, allergy and anaphylaxis are covered in detail by the Allergy Safety Policy which is the primary home for the allergy register, Allergy and Asthma Action Plans, prescribed adrenaline devices, spare adrenaline auto-injectors, spare salbutamol inhalers, allergy training, allergy risk assessment and the emergency procedure for anaphylaxis. This policy does not repeat those arrangements.



What sits here is the day to day handling of asthma and allergy medicines as medicines: consent, storage, records, expiry and disposal, which follow sections 8 to 12 above in the same way as any other medicine.

14. Coeliac disease, food intolerance and dietary needs

Coeliac disease is an autoimmune condition, and food intolerance is a digestive response. Neither is an allergy, and neither can cause anaphylaxis, but both are managed by strict dietary avoidance and by the same care over cross contamination. A pupil with coeliac disease or a significant food intolerance has an IHP setting out their dietary needs and the arrangements the school and its caterer will put in place. Food labelled gluten-free must contain 20 parts per million of gluten or less, and very low gluten 100 parts per million or less.

The catering arrangements, allergen information and mealtime identification measures in section 11 of SMAT-MFA-03 apply to these pupils in the same way. Reasonable adjustments are made so that a pupil with a dietary need can take up their free school meal entitlement, recorded through the IHP.

15. Emergencies and the link with first aid

Every IHP says what counts as an emergency for that pupil and what to do. Staff know how to recognise the signs, what action to take, and who is responsible, including on trips and off site. If in doubt, staff act.

- Send for help and stay with the pupil. Do not send an unwell pupil to the office or the medical room alone.
- Follow the IHP, the Allergy Action Plan or the Asthma Action Plan.
- Call 999 where the plan says so, or where staff are unsure. Give the location clearly and send someone to meet the ambulance.
- Contact the parents or carers.
- If a pupil goes to hospital, a member of staff goes with them and stays until a parent arrives.
- Record the incident and review the plan.

General first aid, first aiders, first aid equipment and defibrillators are covered by SMAT-MFA-02. A first aid certificate on its own is not the right training to support a pupil with a medical condition.

16. Trips, visits and physical activity

A pupil with a medical condition takes part in trips, visits, residential, sport and physical activity alongside everyone else. The starting point is how to make it work, not whether to allow it.

The visit risk assessment considers the pupil's condition, what could go wrong, the medicines and equipment needed, who will hold them, who is trained, how far help is and how it would be called, and the arrangements for food, rest, temperature and travel. Medicines go with the group, are carried by a named member of staff, and are not locked away or packed out of reach. Parents and,



where relevant, the healthcare professionals involved are consulted early. Where an activity would put a pupil at risk, the activity is adjusted for the group rather than the pupil being left out.

17. Attendance, inclusion and reasonable adjustments

Where an evidence-based medical condition affects attendance, the school works with the family and, where relevant, the local authority and health services, to keep education going. Absence related to a medical condition is not penalised. Where a pupil is unable to attend for a prolonged period because of illness, the school liaises with the local authority, which has a duty to arrange suitable education. Part-time timetables are used only as a temporary, agreed and reviewed arrangement.

Where a condition amounts to a disability, the Trust's duty to make reasonable adjustments is anticipatory. Adjustments are planned in advance rather than being arranged after a problem arises, and cover access, timetabling, examinations, uniform, food and facilities.

18. Wellbeing and mental health

Medical conditions include mental health needs, which are given the same consideration as physical ones. A long term condition can affect a pupil's confidence, friendships and sense of difference, and can be a reason they are bullied. Staff are alert to that, and the Trust's safeguarding, anti-bullying and behaviour policies apply. Where a pupil needs support with their mental health, that support is set out in the IHP in the same way as any other need.

19. Unacceptable practice

The following are not acceptable in any SHARE MAT academy:

- assuming every pupil with the same condition needs the same support;
- ignoring medical evidence or the advice of healthcare professionals;
- ignoring the views of a pupil or their parents;
- preventing a pupil from easily accessing their medicines, particularly emergency medicines;
- sending a pupil who has become unwell to the office or the medical room without proper supervision;
- expecting a parent or carer to come into school to give medication or provide personal care, or making them feel they have to;
- sending a pupil home frequently for reasons connected with their condition, or preventing them from staying for normal school activities;
- penalising a pupil's attendance record where absence relates to their diagnosed condition;
- preventing a pupil from eating, drinking or taking toilet or other breaks when they need to in order to manage their condition;



- preventing a pupil from taking part in any aspect of school life, including trips and visits, or creating unnecessary obstacles;
- assuming an older pupil needs no support because they can take some responsibility for themselves.

20. Training

Staff who support a pupil named in an IHP are trained before they do so, and receive refresher training at least annually or as the plan requires. Training is specific to the condition and, where relevant, to the individual pupil, and is provided or approved by a suitable professional. Whole-school awareness training makes sure all staff know what to do if a pupil becomes unwell, where plans are kept and who to call.

Allergy and anaphylaxis awareness training for all staff is covered by the Allergy Safety Policy. First aid and paediatric first aid training is covered by the First Aid Policy and Procedure. All training is recorded on the staff training matrix.

21. Recording, reporting and learning

Serious incidents and near misses involving a pupil's medical condition are recorded on the Serious Incident and Near Miss Report Form, shared with the parents and reported to the governing body. The academy considers whether the incident could have been foreseen, whether the policy and the plan were adequate and were followed, and what needs to change. Lessons learned feed into a review of this policy and of the plans of the pupils affected. Reporting under RIDDOR is covered by the First Aid Policy and Procedure, and allergen food safety reporting by the Allergy Safety Policy.

22. Insurance and indemnity

The Trust makes sure that its insurance or Risk Protection Arrangement cover extends to staff who volunteer to support pupils with medical conditions, including administering medicines and undertaking agreed healthcare procedures. Staff are told what the cover is and what conditions attach to it, most commonly that the member of staff has been trained and is following the plan. Any conditions of cover are reflected in this policy and in training records.

23. Data protection

Information about a pupil's health is special category personal data under UK GDPR. It is shared with the staff who need it in order to support and safeguard the pupil, and no wider. Where a pupil is old enough to have a view about who knows, that view is taken into account and the school explains why some staff have to be told. Plans, registers and records are held securely and disposed of in line with the Trust's Data Protection Policy and retention schedule.



24. Publication, awareness and review

This policy is published on each academy's website and is available in hard copy on request. It is brought to the attention of staff, pupils and parents each year and forms part of staff induction.

It is reviewed at least annually by the Board of Trustees, and sooner where an incident or near miss suggests a change is needed, where the law or guidance changes, including when DfE publishes its replacement medical conditions guidance, or where an audit identifies a gap.

Questions should go to the academy's named lead for medical conditions in the first instance, or to the Trust's Premises and Compliance Manager. Complaints are dealt with under the Trust's Complaints Policy. Parents who are unhappy with the support provided should raise it with the headteacher first, as per Stage 1 of the Complaints Policy, so that it can be put right quickly.

25. Schedule of Amendment

Version No.	Date of Issue	Amendment
7.0	September 2026	Full rewrite, replacing Supporting Students at School with Medical Conditions and Needs Policy v6.1. Allergy, anaphylaxis, adrenaline devices and spare inhalers moved to the new Allergy Safety Policy (SMAT-MFA-03). First aid moved to SMAT-MFA-02. Forms and plans consolidated into SMAT-MFA-04. Individual Healthcare Plan replaced with the DfE template. Sections added on over-the-counter medicines, coeliac disease and food intolerance, attendance, insurance and data protection



APPENDIX A: ACADEMY COMPLETION SHEET

Each academy completes and holds this page, and reviews it at the same time as the policy.

Item	Academy entry
Academy name and site(s)	
Named lead for medical conditions	
Deputy or second point of contact	
Governor with oversight, where appointed	
Number of pupils with an Individual Healthcare Plan	
Where IHPs and the medical conditions register are kept	
Where medicines are stored, including refrigerated and controlled drugs	
Agreed over-the-counter medicines held, and consent renewal date	
Date of last medicines and expiry check	
Date of last condition-specific staff training	
School nursing service contact	
Date policy published on the academy website	