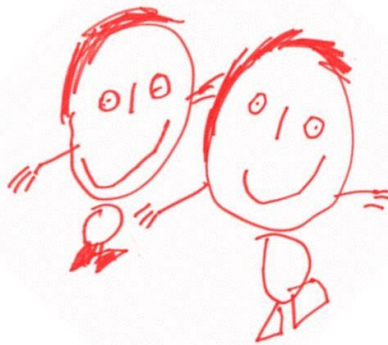




**Stockingford
Nursery School**

Supporting Children with Medical Conditions Policy

Passed and adopted by Governing Body:

Signed: 

Dated: 24.11.25

Review: November 2026

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1. Aims

At Stockingford Maintained Nursery School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support children with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- › Make sure that children, staff and parents/carers understand how our school will support pupils with medical conditions
- › Set out the roles and responsibilities for everyone in the school community in regard to a child with medical conditions
- › Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- › Set out how we will manage medicines in school
- › Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Katherine King - Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting children at their school with medical conditions.

It is also based on the statutory guidance on [supporting children with medical conditions at school](#) and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support children with medical conditions.

The governing board will:

- › Review this policy in a timely manner, in line with the relevant legislation and requirements
- › Make sure that the policy sets out the procedures to be followed whenever the school is notified that a child has a medical condition
- › Monitor practice, and staff training, in regards to children with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to Katherine King – Headteacher

3.2 The headteacher charge of implementing the policy

The headteacher will:

- › Make sure all staff are aware of this policy and understand their role in its implementation
- › Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- › Make sure that all staff who need to know are aware of a child's condition
- › Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- › Make sure that school staff are appropriately insured and aware that they are insured to support children in this way
- › Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about child's medical needs
- › Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for children with medical conditions
- › Contact the health visiting team in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school.
- › Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- › Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date using our school's medical tracker app and key person checking medication expiry dates.

3.3 Staff

Supporting children with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked by the Headteacher to provide support to children with medical conditions, although only trained and competent staff will be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support a child with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- › Provide the school with sufficient and up-to-date information about their child's medical needs
- › Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- › Be involved in the development and review of their child's IHP, and may be involved in its drafting
- › Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Childs

Parents/carers of children with medical conditions will often be best placed to provide information about how their condition affects their child. Parents should be fully involved in discussions about their child's medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our health visiting service should notify the school when a child has been identified as having a medical condition that will require support in school. This will be before the child starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatrician's, will liaise with the child's health visitor and notify them of any child identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any child. Our school is clear about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these children to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. In doing so, children, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a child has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the child requires an IHP.

The school will make every effort to ensure that arrangements are put into place if possible, within 2 weeks, or by the beginning of the relevant term for children who are new to our school subject to support and information been received from other health care professionals.

EYFS settings: 5.1 Obtaining information about medicines

The EYFS framework states that schools must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 10 of this policy).

We will:

- › For new starters, admission forms will be completed by all parent/carers of children after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a child has a new diagnosis and/or a child has moved to the school mid-term, we will send a form and put arrangements in place, if possible, within 2 weeks
- › Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school 02476383708 or an email to SLT1041@welearn365.com if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for children with medical conditions.

The day-to-day responsibility has been delegated to the Lead teacher – Sally Phillips.

Plans will be reviewed at least annually, or earlier if there is evidence that the child's needs have changed.

Plans will be developed with the child's best interests in mind and will set out:

- › What needs to be done
- › When
- › By whom

Not all children with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the health visitor, specialist or paediatrician, who can best advise on the child's specific needs.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher will consider the following when deciding what information to record on IHPs or additional risk assessment if required:

- › The medical condition, its triggers, signs, symptoms and treatments
- › The child's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues.
- › Specific support for the child's educational, social and emotional needs. For example, how absences will be managed or additional support required.
- › The level of support needed, including in emergencies. It is unlikely because of the developmental stage of the child that they will be self-managing their medication, so a member of staff leading their care will need to be identified.
- › Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- › Who in the school needs to be aware of the child's condition and the support required
- › Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the child, during school hours

- › Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- › Where confidentiality issues are raised by the parent/carer or child, the designated individuals to be entrusted with information about the child's condition
- › What to do in an emergency, including who to contact and contingency arrangements

› 7. Managing medicines (Medication Policy)

A number of children, because of a medical condition, will require medication whilst at Stockingford Maintained Nursery School.

Prescription and non-prescription medicines will only be administered at school:

- › When it would be detrimental to the child's health or school attendance not to do so, **and**
 - › Where we have parents/carers' written consent
- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist. Medicines containing aspirin should only be given if prescribed by a doctor.
 - Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.
 - Parents/Carers who wish the Nursery School to administer prescribed medication are required to complete and sign a consent form and medical record in order for their child to be given medication. School staff can only administer the dosage requirements specified on the label provided by the medical professional prescribing. This information will be logged on Medical Tracker.
 - Signed consent should also be given for sun creams and nappy creams to be used. Parents/carers should provide these and write on the child's full name. **Other over the counter medication will not be given.**
 - Any prescribed oral or topical medication should be administered or witnessed by a member of staff with qualified teacher status (QTS) or as assigned by the Headteacher as competently trained to administer the medication.
 - The school must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable. This information will be reported to families on medical tracker and parents/carers will be expected to acknowledge that they have received this update. If Medical tracker is not used by a family, paper reporting processes will continue to be in place and parents/carers will sign that they have received the updated information at collection time.
 - Anyone giving a child any medication (for example, for pain relief) will first check recommended and maximum dosages for the child's age, and when the previous dosage was taken.
 - Application of non-prescription nappy creams should be recorded by the member of staff administering the cream if required during the nappy change. Parents/carers should sign the record when they collect the child.
 - In some cases, professional training from healthcare professionals or online medical training will be given on the use of prescribed medication if it requires medical or technical knowledge, e.g., Diabetes and Epi-pens/Jext pens. Parents/carers would also be able to demonstrate the way in which they administer medication to their children.

- When a parent/carer requests that their child uses a prescribed inhaler, staff must clarify whether this is because the child has breathing difficulties or has a diagnosis of asthma. A child with a diagnosis of asthma would require a care plan to be in place from their health visitor before they were able to begin their Nursery sessions and stay independently on the school site. All inhalers require a signed consent form from parents/carers. Children with required medication identified by parents/carers and reported on the school's medical forms will be required to have their medication at school each day the child attends to safeguard them and ensure their medical needs are been met.

The school will only accept prescribed medicines that are:

- › In-date
- › Labelled
- › Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be securely stored and monitored to check end date. Long term medications expiry dates will be logged on the school's medical tracker. Medicine that requires storage in a cool place, such as antibiotics, will be kept in the fridge.

Staff administering medication will be informed about where medicines are stored at all times and staff will be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be stored safely but always be readily available for staff to access and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office/Head teacher's office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Childs managing their own needs

In early years children are likely to require full support with managing their medical needs from a competent, trained staff member.

IHPs will include procedure for staff to follow if a child refuses to carry out a necessary procedure or take medicine or support will be sought from medical professional or parent/carer.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's IHP, they will keep in mind that it is not generally acceptable practice to:

- › Prevent a child from not having adequate adult support to access their inhalers and medication and to administer their medication when and where necessary
- › Assume that every child with the same condition requires the same treatment
- › Ignore the views of the child or their parents/carers
- › Ignore medical evidence or opinion

- › Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- › Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- › Prevent a child from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- › Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- › Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- › Administer, or ask children to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All children's IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany the child to hospital by ambulance.

9. Training

Staff who are responsible for supporting a child with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- › Be sufficient to ensure that staff are competent and have confidence in their ability to support the child
- › Fulfil the requirements in the IHPs
- › Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to a child for as long as the child is at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

EYFS settings: 10.1 Recording information about medicines

The EYFS framework states that schools must include how they obtain information about a child's need for medicine (see section 5 of this policy), and a system for keeping this information up to date.

Further information can be found in our School's Medication Policy.

At Stockingford Nursery School we will:

- › Enter each child's medicine need on our school's SIMS system and on Medical Tracker
- › Update our records when parents/carers of a child inform us of changes to their child's needs
- › Keep a record of changes, labelling the most recent record for each child
- › Make sure that all staff have access to records so that they are informed about childrens' medical needs
- › Securely hold this information digitally in accordance with the UK GDPR
- › Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Our school's insurance arrangements cover staff provides support to children with medical conditions. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be monitored by the headteacher together with support from members of the Senior Leadership Team.

It will be reviewed and approved by the governing board annually.

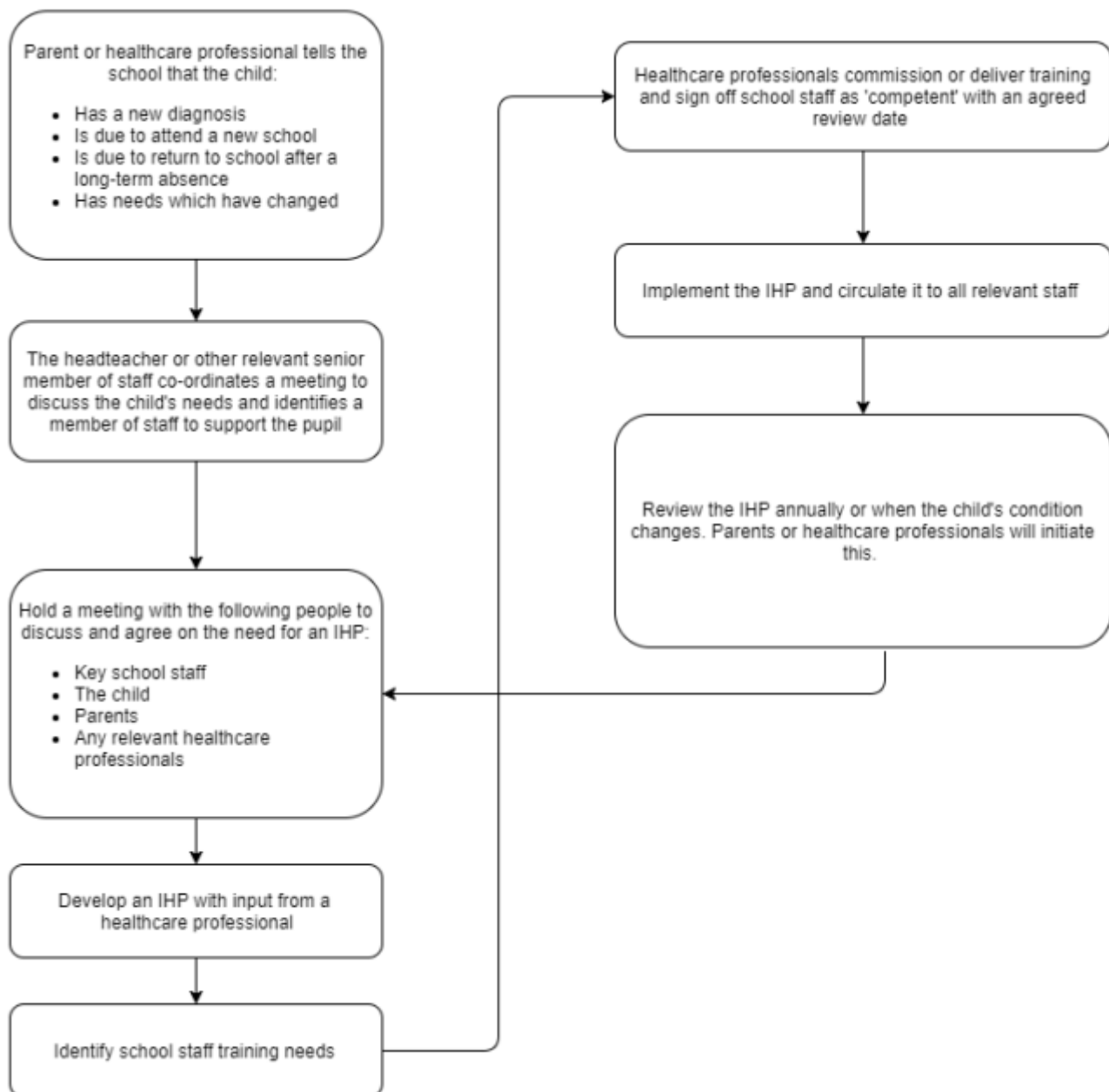
14. Links to other policies

This policy links to the following policies:

- › Accessibility plan
- › Complaints
- › Equality information and objectives
- › First aid
- › Health and safety
- › Medication Policy
- › Safeguarding

› Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

Statutory for EYFS Schools/Settings.

Childs who have an infectious disease shouldn't attend our school.

- › Parents should notify the school if their child has an infectious disease
- › If a child becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- › Childs with a temperature, sickness, diarrhoea or an infectious disease should not attend our nursery school while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- › Staff will notify parents if a risk to other childs exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- › Reducing or eliminating sources of infection through good hygiene practices
- › Good handwashing practice
- › Encouraging and facilitating healthy eating
- › Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- › Championing and educating staff, parents, carers and childs on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- › Establishing a daily cleaning routine for:
 - › Nappy changing facilities
 - › Play areas
 - › Toys, activities and equipment



CONSENT FOR THE ADMINISTRATION OF MEDICATION IN NURSERY

In order for your child to be given any medication by staff members the following information is required to be completed by the parent/carer and handed to a Nursery teacher. If there are any changes in medicines or doses to be given then these must be notified immediately. All medication given by staff will be noted on the medication record sheet.

PLEASE USE A SEPARATE RECORD SHEET FOR EACH MEDICINE OR CREAM

Name of child: _____

Medication/cream name: _____

Reason for giving Medicine: _____

Prescribed by: _____

Please include full details as given on the container label issued by the pharmacist				
<i>Name of medicine</i>	<i>Dosage</i>	<i>Frequency/ times</i>	<i>Date of completion of course</i>	<i>Expiry Date of Medicine</i>
<i>Additional information (about the medicine):</i>				

Any prescribed medicine must be supplied in a container clearly labelled (by the pharmacist) with the name of the medicine, full instructions for use and the name of the child. The nursery will refuse to administer any medicines supplied in inappropriate containers.

This form should be renewed by the parent/carer if there are any changes to a child's medication.

SLT to verify prescription/label with the child's name, medicine name dosage and expiry date.

SLT Signature:.....Date:.....



I give permission for Nursery staff to give the above medication

Parent/carers signature: _____

Name (*block capitals*): _____

Relationship to child _____ Date: _____

TEACHER SIGNATURE _____ OFFICE NOTIFIED (SIMS) ON: _____

CHILD MEDICATION RECORD

Date	Time	Amount given	Administered by Keyworker	Witnessed by	Parent's signature	Parent's Signature Correct Medicine Returned

Adminshared/Nursery/AAA office use/Medical/Child medication record and consent form (2 sided)

Appendix 4: New Medicine Permission Forms Daily

<u>Parent Permission to administer medicine</u>	
<u>Name of Child:</u>	
I give permission for Nursery staff to give:	
.....(dosage) of.....(medicine) on.....(date) at.....(time)	
I last administered this medicine on(date) at.....(time).	
Parent name:.....	Parent Signature:.....
.....	
<u>Medicine administered by staff</u>	
.....(dosage) of(medicine) given on.....(date) at.....(time)	
Staff Signature.....	Witness Signature.....
Parent Signature to acknowledge medicine administer and returned.....	



<u>Parent Permission to administer medicine</u>	
<u>Name of Child:</u>	
I give permission for Nursery staff to give:	
.....(dosage) of.....(medicine) on.....(date) at.....(time)	
I last administered this medicine on(date) at.....(time).	
Parent name:.....	Parent Signature:.....
.....	
<u>Medicine administered by staff</u>	
.....(dosage) of(medicine) given on.....(date) at.....(time)	
Staff Signature.....	Witness Signature.....
Parent Signature to acknowledge medicine administer and returned.....	



<u>Parent Permission to administer medicine</u>	
<u>Name of Child:</u>	
I give permission for Nursery staff to give:	
.....(dosage) of.....(medicine) on.....(date) at.....(time)	
I last administered this medicine on(date) at.....(time).	
Parent name:.....	Parent Signature:.....
.....	
<u>Medicine administered by staff</u>	
.....(dosage) of(medicine) given on.....(date) at.....(time)	
Staff Signature.....	Witness Signature.....
Parent Signature to acknowledge medicine administer and returned.....	



Appendix 5: Use of Inhalers letter



St Paul's Road, Nuneaton, Warwickshire. CV10 8HW

Katherine King
Headteacher

Consent for inhalers

Dear Parents/Carers

You have indicated that your child requires an inhaler. Could you please complete the information below so that we are able to ensure the correct procedures are in place to support your child. All medication will need to be prescribed with your child's name and date.

☐ My child has a diagnosis of Asthma. I understand that my child will need a care plan in place that is written by their asthma nurse/health visitor and I will need to give a copy to Nursery. I understand that my child will not be allowed to stay in session until Nursery have received a copy of the care plan.

My child has been prescribed an inhaler to assist with breathing difficulties.

☐ My child requires the inhaler to be brought into School every day and I will sign the necessary paperwork for administration of prescribed medication as requested by the Nursery.

Child's name:

Parent/Carer name:

Parent/carer signature:

SLT signature.....

Date: