



Coniston Primary School

Managing Medical Needs Policy

Next review due:	April 2028
Committee responsible:	Finance & Premises Committee
Document location	Teachers Shared J:Drive – Policies – Health & Safety

Reviewed and Adopted April 2026

Equality Impact Assessment (EIA) Part 1: EIA Screening

EIA CARRIED OUT BY: C Stabb	DATE: 23/04/2026
EIA APPROVED BY: Finance & Premises Committee	DATE: 28/04/2026

Groups that may be affected: N/A

Are there any concerns that the policy could have a different impact on any of the following groups? (please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for positive impact
Age (young people, the elderly: issues surrounding protection and welfare, recruitment, training, pay, promotion)		X
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication).		X
Gender Reassignment (transsexual)		X
Marriage and civil partnership		N/A
Pregnancy and maternity		X
Racial Groups (consider: language, culture, ethnicity including gypsy/traveller groups and asylum seekers)		X
Religion or belief (practices of worship, religious or cultural observance, including non-belief)		X
Gender (male, female)		X
Sexual orientation (gay, lesbian, bisexual; actual or perceived)		X

Any adverse impacts are explored in a Full Impact Assessment.

Approved by

Signed:		Signed:	
Chair of Finance & Premises Committee – Rob Clarke	Date	Head Teacher – Alan Walters	Date

1 - Statement

- 1.1** The school policy will try to accommodate requests from parents to administer long term prescribed medication where this is necessary for the child to continue to be educated at school.
- 1.2** To this end the following procedures must be followed to ensure that all concerned, staff, parents, pupils and, where relevant, health professionals are aware of the pupil's condition and what steps have been agreed either to manage the condition or are in place should an emergency arise.

2 – Definitions

2.1. Short Term Medication

This is medication which is needed to allow the pupil to return to the school for a few days whilst completing a course of antibiotics or whose medication is for a couple of weeks or less.

2.2 Emergency Short Term Medication

This is medication which parents may approve of for administration as part of a school trip. Examples might be for medication for headaches, insect bites etc.

2.3 Long Term Medication

This is medication required to manage a long term medical need, i.e. asthma, epilepsy etc., where the medication will be required for extended periods.

3 - School Procedure

3.1 Request to Administer Short/Long Term Medication

The school will only administer prescribed medication where a "request to administer medication" form has been completed by the parent(s)/carer(s) of a pupil. No medication will be given unless this form is completed. The form is to be completed prior to the pupil starting at the school or, if already in attendance, as soon as the condition is identified.

NB If a pupil simply turns up with medication it may be necessary to send the pupil home.

3.2 Request to Administer Emergency Short Term Medication

The school will administer emergency short term medication as part of a school trip. If parents wish the school to administer such medication this must be indicated on the consent form. The consent form gives parents the opportunity to flag up any particular needs of the pupil, e.g. medical, dietary etc.

Parents are to be reminded that the school is unable to administer medication to children 12 or younger, without the written permission of parents and information on what medication the child can have.

3.3 Assessment of Request

Following receipt of a “request to administer medication” form the Headteacher or designated person will discuss with staff the nature of the request and whether or not they are willing to administer the medication. The Headteacher or Designated person will also identify whether staff are competent to administer the required medication.

(Staff are deemed competent to administer medication in tablet form orally or as medicine orally but must have received training in any medical techniques required, e.g. use of EPI-PEN for anaphylaxis. See competence to administer medication below.)

If following the assessment of the request to administer medication, it is deemed that the pupil may need long term medical treatment then the Headteacher or designated person may meet with the parents to create a Health Care Plan for that child.

3.4 Health Care Plan

If a pupil requires long term medication, and where staff are willing to administer that medication, a health care plan for the pupil will be prepared. The health care plan will be written as a joint agreement between the parents/carers and the school. The health care plan may also sometimes be written by the school nurse, particularly for children with a diagnosed medical condition. This will indicate date of request for administration and of approval and will provide as much information on the medical condition as is available. The plan will also consider any training needs for school staff administering medication. The Health Care Plan follows a standard format but will vary dependent on the medical needs, e.g. Short term or a specific condition.

3.5 Notification to Parents

Parents will then be notified that the school has agreed to administer the medication requested and, if necessary, a copy of the health plan provided. Parents will be advised that it is their responsibility to notify the school of any changes in the medication.

3.6 Record of Administration

In cases where medication is administered a record is to be made of the dose and time when administered. This is necessary for all medicines administered but where it is a regular administration of medication this can be by a simple checklist. Other administration of medication needs to have more detail included and this information shared with the parents/carers.

(This is very useful in trying to identify patterns and likely triggers which bring on a medical condition which may result in a much more positive situation for the pupil.)

3.7 Review/Revision of Health Care Plan

This can occur quite often especially in the early stages when there is a degree of experimentation required with medication to find out what is most effective. Equally information gleaned from experience of administering medication at school can also have an effect on the plan. Generally the expectation is that it will be for parents to confirm changes in writing to the school and it will be for the school to alter the plan to reflect this information.

4 – Defibrillator Provision

A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school has a defibrillator located in the room opposite the school office, stored in a defibrillator specific cabinet. Training for use of the machine has been completed by our paediatric first aid trained staff. Instructions for using the machine are also stored in the cabinet. Maintenance of the machine is scheduled and completed by paediatric first aid staff

5 – Liability and Indemnity

5.1 The school's insurance arrangements are managed by South Gloucestershire Council.

5.2 Our insurance underwriters, Zurich Municipal, confirm that our public liability policy provides an indemnity for those staff involved in the administration or supervision of medication orally, topically, by injection or by tube and the application of appliances or dressings, provided the following can be demonstrated:

- Appropriate training for those staff by a competent person (for that particular medical need)
- Regular refresher training
- Ensuring the staff who are administering the medication are fully aware of any changes to individual pupil care/medical records
- Signed and dated records of all medication administered (see appendix B or C)

APPENDIX A



Coniston Primary School **Request to Administer Medication Form**

Surname	
Forename	
Date of Birth	
Class/Year Group	
Type of Illness	
Name of Medication	
Length of time for medication	
Dosage and method	
Time to be given	
Name of Parent	
Daytime Telephone No	
Parent/carer's signature	

Parents and guardians are advised that unless you complete and sign this form the school is unable to administer medication to your child. The Headteacher and staff must still agree to administer medication as this is a purely voluntary act on their part.

I have read and understood the above. I agree that I must deliver the medicine to the School Office on a daily basis. I understand that this is a voluntary service provided by the school

Parents Signature: _____

Date: _____

Appendix B



Coniston Primary School

PRESCRIBED DRUGS RECORDS

Child's Name..... Year Group.....

Please ensure you complete the details below every time a child is given a prescribed medicine
by a member of staff.

DATE	NAME OF MEDICINE	TIME	DOSAGE/AMOUNT GIVEN	ADMINSTERED BY

Appendix C



Coniston Primary School

INHALER RECORDS

Child's Name..... Year Group.....

Please ensure you complete the details below every time a child uses their inhaler.

DATE	MEDICATION NAME	NO OF PUFFS GIVEN	TIME	ADMINISTERED BY



Coniston Primary School

HEALTH CARE PLAN

This Health Care Plan has been produced for the following pupil whose details are as follows:

Child's Name:	
Class:	
Condition	
Date plan agreed for implementation and/or period plan in place for:	
Date of review:	

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CONTACT INFORMATION

Family Contacts

Name:		Name:	
Relationship:		Relationship:	
Tel No (Home)		Tel No (Home)	
Tel No (Work)		Tel No (Work)	

Medical Contacts

GP Name:		Other Name:	
Practice:		Title:	
Tel No:		Tel No:	

Emergency Contact

Coniston Primary School
Epney Close, Patchway, Bristol BS34 5LN
Tel: 01454 866920

Add information on what constitutes an emergency for the pupil and what to do if this occurs

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(Add in information on staff deemed to be competent to deal with the medical needs of the pupil. Staff should be indicated in priority order where appropriate.)

1 st Priority		3 rd Priority	
Name		Name	
2 nd Priority		4 th Priority	
Name		Name	

(Add in information on the normal medication requirements if applicable.)

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(Include details of what to do following an incident if the child remains in school. A record of the incident, whether or not the child remains in school, needs to be added to the details of medication administered form.)

[illegible]

Distribution list

- 1 - Parent/Carer : (Add in name and date provided) _____
- 2 - Child's Individual School File
- 3 - Personnel who have agreed to administer medication: (Indicate number of copies)
- 4 - Copy kept with Medication if not carried by the pupil
- 5 - Copy to GP/Consultant.

RECORD OF MEDICATION ADMINISTERED TO

(NAME OF PUPIL)_____

HE/SHE SUFFERS FROM _____. THIS CONDITION REQUIRES THE ADMINISTRATION OF _____ REGULARLY/IN AN EMERGENCY. WHEN STAFF ADMINISTER MEDICATION THIS MUST BE NOTED BELOW.

[illegible]