Supporting pupils with medical conditions

2026/27

Beaufort Primary School

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Our Children Thrive - Our Colleagues Thrive - Our Community Thrives

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Introduction

This policy covers how pupils with medical needs are to be supported. Part 1 is focused on those who cannot attend school, while part 2 details how pupils attending schools can be supported.

Part 1: Children with health needs who cannot attend school

1. LA duties

For the purpose of this policy, the LA's duties when pupils are unable to attend school due to health needs are outlined below. These duties have been included so as to differentiate the responsibilities that lie with the school and those that will be carried out by the LA. The school is not responsible for ensuring that the LA meets its responsibilities - the school's responsibilities are outlined in the 'Roles and responsibilities' section of this policy.

The LA will be responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. The school will fulfil its duty to effectively collaborate and communicate with the LA as required.

In line with statutory guidance, it will be the LA's responsibility to:

- Provide such education as soon as it is clear that a pupil will be away from school for 15 days or more, whether consecutively or cumulatively.
- Liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the pupil.
- Ensure the education pupils receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual pupils in arranging provision.
- Have a named officer responsible for the education of pupils with additional health needs and ensure parents know who this is.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.

- Review the provision offered regularly to ensure that it continues to be appropriate for each pupil and that it provides suitable education.
- Have clear policies on the provision of education for children and young people under and over compulsory school age.
- Maintain good links will the schools in its area and put systems in place to promote co-operation between them when children cannot attend due to ill health.

To comply with statutory guidance, the LA will be expected to not:

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a child because of how much it will cost.
- Have policies based upon the percentage of time a pupil is able to attend school rather than whether the pupil is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable fulltime education (or as much education as their health condition allows them to participate in).

2. Definitions

"Children with health needs" are children of compulsory school age who are unable to attend school as a result of their medical needs. These medical needs include:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

Children who are unable to attend mainstream education for health reasons may attend or participate in any of the following:

- Hospital school - a school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
- Home tuition - many LAS have home tuition services that act as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
- Medical PRI-Js - these are LA establishments that provide education for children unable to attend their registered school due to their medical needs.

For the purpose of this policy, "school-based support" in relation to supporting pupils with additional health needs may include:

- Day-to-day support offered at school where the pupil is able to attend as normal.
- Support given to pupils who are absent from school because of illness for a period of less than 15 school days, whether consecutive or cumulative.
- Any educational or extra-curricular provision as requested by the LA as part of its arrangements for pupils who cannot attend school full-time, e.g. where the pupil attends school part-time as an arranged part of their full-time education provision.
- As part of their reintegration into normal school attendance following a period of absence or part-time attendance due to health needs.

"LA-arranged education", for the purpose of this policy, is defined as education provision arranged by the LA where the pupil cannot attend school full time due to medical reasons for a period of 15 school days or more, whether consecutive or cumulative.

3. Roles and responsibilities

The headteacher will be responsible for:

- Ensuring there is a schedule of regular updates on the arrangements made for pupils who cannot attend the school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in any school-based arrangements to support the needs of pupils are clear and understood by all.
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents where a pupil with health needs is able to, or partially able to, attend school and/or extra-curricular activities.
- Ensuring a suitable member of staff is assigned responsibility for the education of pupils with additional health needs to be a point of contact for the LA and parents.

- Ensuring staff with responsibility for supporting pupils with additional health needs are appropriately trained.
- Approving and reviewing this policy on an annual basis.
- Ensuring compliance with the relevant statutory duties when supporting pupils with additional health needs.
- Working collaboratively with the LA, parents and other professionals, as necessary, to develop any school-based arrangements to meet the needs of pupils.
- Ensuring any school-based arrangements put in place to meet pupils' health needs are fully understood by all those involved and acted upon.
- Appointing a named member of staff who is responsible for pupils with additional health needs and liaises with parents, pupils, the LA, key workers and others involved in the pupil's care.
- Ensuring any school-based support put in place focusses on and meets the needs of individual pupils.
- Arranging appropriate training for staff with responsibility for supporting pupils with additional health needs who are attending school, or attend school part-time.
- Providing teachers who support pupils with additional health needs with suitable information relating to a pupil's health condition and the possible effect the condition and/or medication taken has on the pupil.
- Keeping the CEO informed on the effectiveness of any school-based arrangements in place to meet the needs of pupils of pupils who cannot attend school due to health needs.
- Notifying the LA when a pupil is likely to be away from the school for a significant period of time due to their health needs.

The named member of staff will be responsible for:

- The management of any pupils registered at the school who are unable to fully attend school because of their health needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying any LA-arranged education providers with information about pupils' capabilities, progress and outcomes.

- Liaising with the headteacher, LA-arranged education providers, and parents to help determine pupils' programmes of study whilst they are absent from school, where necessary.

- Keeping pupils who are being educated by LA-arranged education providers informed about school events and encouraging communication with their peers.

- Providing a link between pupils and their parents, the school, and LA where necessary.

Staff will be responsible for:

- Understanding confidentiality in respect of pupils' health needs.
- Designing school-based activities, including lessons, in a way that allows pupils with additional health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear evidence-based reason.

- Understanding their role in any school-based support for pupils with additional health needs and ensuring they attend the required training.

- Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of individual pupils' health needs.

- Keeping parents informed of how their child's health needs are affecting them whilst in school-based education.

Parents will be expected to:

- Ensure, where school-based provision is in place, the regular and punctual attendance of their child at the school where possible.

- Work in partnership with the school, LA and any LA-arranged provision to ensure the best possible outcomes for their child.
  Notify the school, or the relevant education provider, of the reason for any of their child's absences without delay.

- Provide the school with sufficient and up-to-date information about their child's medical needs.

- Attend meetings to discuss how any school-based support, including reintegration, for their child should be planned.

4. Managing absence

Parents will be required to contact the school on the first day their child is unable to attend due to illness.

Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.
The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days, whether consecutive or cumulative, by liaising with the pupil's parents to arrange schoolwork, as soon as the pupil is able to cope with it, or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their parents and relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the named member of staff with responsibility for pupils with additional health needs will notify the LA, who will take responsibility for the pupil and their education.

Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the pupil's absence.

For planned hospital admissions, the appointed named member of staff will liaise with the LA and the hospital education provider as early as possible to discuss the likely admission date and expected length. Plans will be made, where possible, for the educational programme to be followed while the pupil is in hospital.

The LA will set up a personal education plan (PEP) for the pupil which will allow the school, the LA and the provider of the pupil's education to work together.

The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education other than at school.

The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:

- The pupil has been certified by the school's medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
- Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from the school's medical officer, even if the LA has become responsible for the pupil's education.

Staff will be alert to the fact that missing education can put pupils at risk of harm and may be an indicator of a safeguarding issue. Concerns will be handled in line with the Child Protection and Safeguarding Policy and Children Missing from Education Policy. Staff will also be particularly alert to the potential need for early help for pupils with additional health needs.

The school will provide to the LA, at agreed intervals, the full name and address of any pupils who are not attending school regularly, including if this is due to any additional health needs.

5. Support for pupils

Where a pupil has a complex or long-term health issue, the school will discuss the pupil's needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the pupil.

Pupils with continuing health needs will have an (Individual Healthcare Plan) IHP which is subject to regular review and assessment. Where a pupil's needs amount to ongoing SEND, an EHC plan may be more appropriate to meet their long-term needs. Where a pupil has an EHC plan and an IHP, both plans will be reviewed alongside each other.

Medical evidence will be used where available to best understand a pupil's needs and identify the most suitable provision. Where specific medical evidence is not readily available, the school will consider liaising with other medical practitioners and other sources of evidence to ensure appropriate provision can be arranged as soon as possible.

The LA expects the school to support pupils with additional health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to pupils' programmes of study where medical evidence supports the need for those adjustments.

The school will make reasonable adjustments under pupils' IHPs, in accordance with the Supporting Pupils with Medical Conditions Policy.

Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.

During a period of absence, the school will work with the provider of the pupil's education to establish and maintain regular communication and effective outcomes.

Whilst a pupil is away from school, the school will work with the LA to ensure the pupil can successfully remain in touch with the school using a combination of the following methods:

- Digital learning platforms
- School newsletters
- Social media platforms
- Emails
- Invitations to school events
- Cards or letters from peers and staff

Where appropriate, the school will provide the pupil's education provider with relevant information, curriculum materials and resources. The school will strive to achieve effective collaboration between relevant services to ensure continuity of provision and consistency of curriculum.

Provision for pupils will support their individual needs to overcome barriers to attainment and achievement, giving equal consideration to their pastoral needs to allow them to prosper in the education system. Consideration will be given to the pupil's personal, social and emotional needs to allow them to feel fully included in the school community, maintain contacts with classmates and have access to the same opportunities.
To help ensure a pupil with additional health needs is able to attend school following an extended period of absence, the following adaptations will be considered:

- A personalised or part-time timetable, drafted in consultation with the named staff member
- Access to additional support in school
- Online access to the curriculum from home
- Movement of lessons to more accessible rooms
- Places to rest at school
- Special exam arrangements to manage anxiety or fatigue

The school will ensure that pupils are involved in decision-making as much as possible, with due consideration for their age. This will be in accordance with the pupil's age and maturity, to help ensure that the right provision is offered and encourage their commitment and engagement.

Alongside the LA, the provision offered to a pupil will be regularly reviewed by the school to ensure it continues to be appropriate for the pupil's needs and that suitable education is being provided. The review process will seek input from:

- The pupil.
- Parents.
- Relevant agencies and medical practitioners, where possible.
- The LA SEND team, where the pupil has an EHC plan.

6. Reintegration

When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the LA.

During a lengthy absence, a reintegration plan will be developed near to the likely date of return to avoid putting unsuitable pressure on an ill pupil in the early stages of their absence.

The school will work with the LA when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.

As far as possible, the pupil will be able to access the curriculum and materials that they would have used in school.

If appropriate, the school nurse will be involved in the development of the pupil's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the pupil.

The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.

For longer absences, the reintegration plan will be developed near to the pupil's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.
The school is aware that some pupils will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.

The reintegration plan will include:

- The date for planned reintegration, once known.
- Details of regular meetings to discuss reintegration.
- Details of the named member of staff who has responsibility for the pupil.
- Clearly stated responsibilities and the rights of all those involved.
- Details of social contacts, including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.
- Follow-up procedures.

The school will ensure a welcoming environment is developed and encourage pupils and staff to be positive and proactive during the reintegration period.

Following reintegration, the school will support the LA in seeking feedback from the pupil regarding the effectiveness of the process.

7. Information sharing

It is essential that all information about pupils with additional health needs is kept up-to-date.

To protect confidentiality, all information-sharing techniques, e.g. staff noticeboards, will be agreed with the pupil and their parent in advance of being used, in accordance with the Pupil Confidentiality Policy.

All teachers, TAs, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures.

Parents will be made aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, the school will:

- Ensure this policy and other relevant policies are easily available and accessible.
- Provide the pupil and their parents with a copy of the policy on information sharing.
- Ask parents to sign a consent form which clearly details the organisations and individuals that their child's health information will be shared with and which methods of sharing will be used.
- Consider how friendship groups and peers may be able to assist pupils with additional health needs.

When a pupil is discharged from hospital or is returning from other education provision, the school will ensure the appropriate information is received to allow for a smooth return to the school. The named member of staff will liaise with the hospital or other tuition service as appropriate.

8. Record keeping

In accordance with the Supporting Pupils with Medical Conditions Policy, written records will be kept of all medicines administered to pupils.

Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

All records will be maintained in line with the Records Management Policy.

9. Training

Healthcare professionals will be involved in identifying and agreeing with the school the type and level of training required. Training will be sufficient to ensure staff are confident in their ability to support pupils with additional health needs.

Staff will be trained in a timely manner to assist with a pupil's return to school.

Once a pupil's return date has been confirmed, staff will be provided with relevant training, where possible, one week before the pupil's anticipated return.

Parents of pupils with additional health needs may provide specific advice but will not be the sole trainer of staff.

10. Monitoring and review

This policy will be reviewed on an annual basis. Any changes to the policy will be clearly communicated to all members of staff involved in supporting pupils with additional health needs, and to parents and pupils themselves.

Part 2: Children with health needs who are attending school

11. Roles and responsibilities

The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- 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

Pupils

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

School nurses and other healthcare professionals

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

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

12. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing

The school will consider what reasonable adjustments need to be made to enable these pupils 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 pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

13. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

14. Individual healthcare plans (IHPs)

The head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents 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 and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has 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:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil '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 pupil's condition and the support required

- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil 's condition

- What to do in an emergency, including who to contact, and contingency arrangements

15. Managing medicines

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

> When it would be detrimental to the pupil's health or school attendance not to do so and
> Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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 stored safely in accordance with prescriber's instructions either in the school office or the medicine fridge in the staff room. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

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 administering of controlled drugs to be dual checked and then signed, time administered and dated by two members of staff.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a locked cupboard in the school 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.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

> Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
> Assume that every pupil with the same condition requires the same treatment
> Ignore the views of the pupil or their parents
> Ignore medical evidence or opinion (although this may be challenged)
> 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
> If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
> Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
> Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
> Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
> Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
> Administer, or ask pupils to administer, medicine in school toilets

16. Emergency procedures

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

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

17. Training

Staff who are responsible for supporting pupils 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 pupils 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 pupils

> Fulfil the requirements in the IHPs
> Help staff to have an understanding of the specific medical conditions they are being asked to deal 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 they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

18. Record keeping

H&S safety experts appointed by the Central Team will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

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

19. Liability and indemnity

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

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

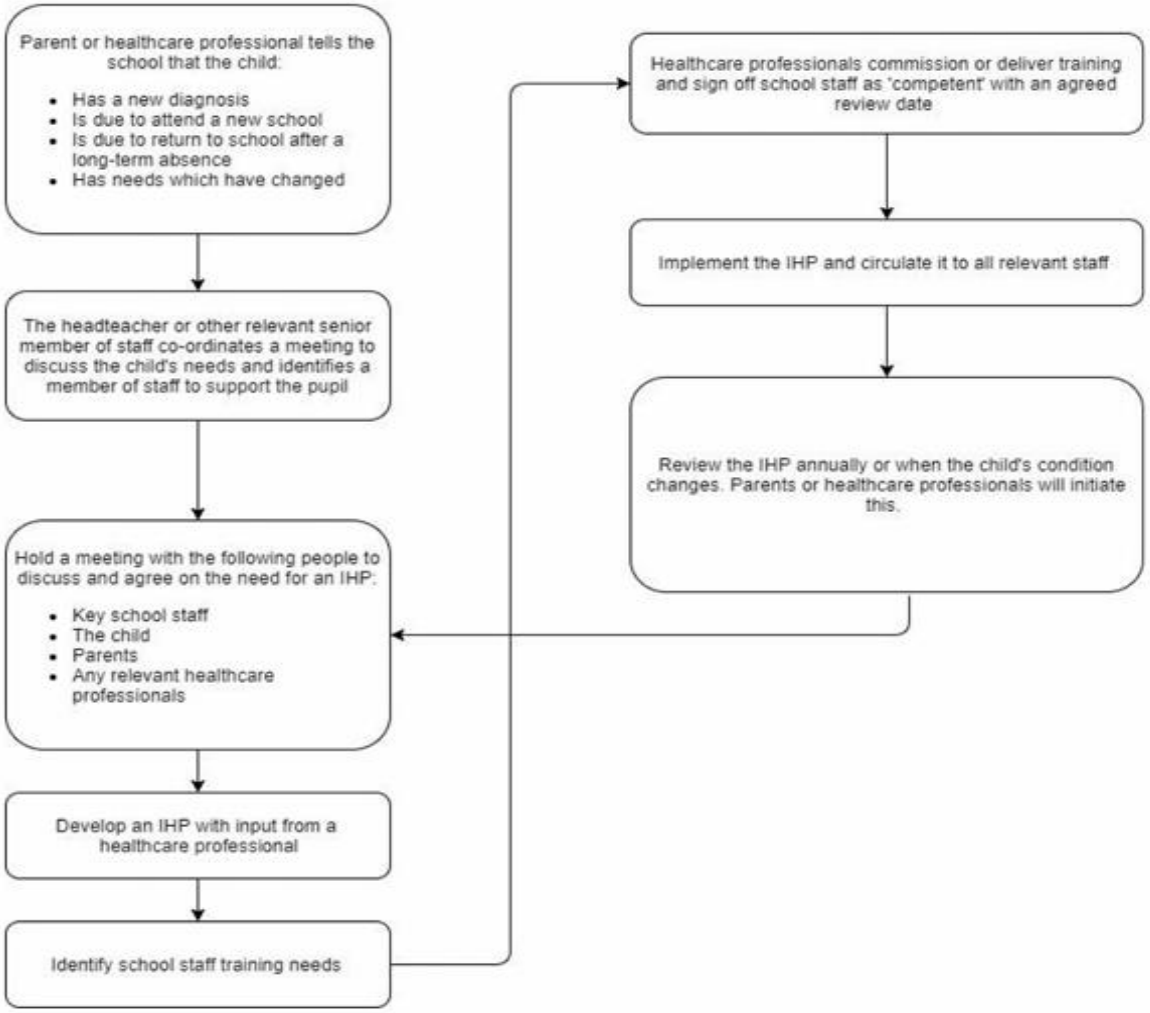
20. Complaints

Parents with a complaint about 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 to the school's complaints procedure.

21. Monitoring arrangements

This policy will be reviewed annually by the CEO and approved by the COO.

1.1.1 Appendix 1: Being notified a child has a medical condition



1.1.2