



Medicine in School Policy

Ratified by Governors: September 2026

Review: September 2027

1. Introduction and legal framework

This policy sets out Herrick Primary School's arrangements for supporting pupils with medical conditions and for the administration of medicines in school. It is written in accordance with section 100 of the Children and Families Act 2014 and has regard to the DfE statutory guidance Supporting pupils at school with medical conditions.

It should be read in conjunction with the school's Allergy Safety Policy and with Leicester City Council guidance on supporting children with medical needs in education.

1.1 Key legislation

- Children and Families Act 2014, section 100
- Children's Wellbeing and Schools Act 2026, section 34 — duty to have, publish and review an allergy safety policy
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Medicines Act 1968
- Human Medicines Regulations 2012, as amended in 2014 (emergency salbutamol inhalers) and 2017 (spare adrenaline auto-injectors)
- Misuse of Drugs Act 1971 — controlled drugs
- Food Information Regulations 2014, including the 2021 amendment (Natasha's Law)
- Data Protection Act 2018 / UK GDPR

1.2 Statutory guidance

- Supporting pupils at school with medical conditions (DfE)
- Allergy safety in schools (DfE, July 2026) — Benedict's Law
- Using emergency adrenaline auto-injectors in schools (DHSC)
- Emergency asthma inhalers for use in schools (DHSC)
- Keeping Children Safe in Education

1.3 Relationship with the Allergy Safety Policy

The DfE statutory guidance requires allergy safety to be set out in a dedicated policy that is not folded into a wider medical conditions or medicines policy. Herrick Primary School therefore maintains a separate Allergy Safety Policy covering identification of pupils with allergy, allergen risk minimisation, whole-staff allergy awareness training,

prescribed and spare adrenaline devices, emergency response to anaphylaxis, trips, wellbeing and bullying, and the recording of incidents and near misses.

Where this policy and the Allergy Safety Policy both address a matter, the Allergy Safety Policy takes precedence in relation to allergy.

2. Policy statement

We believe that all children should be properly supported so that they have full access to education, including school trips and physical education, regardless of their medical conditions. Pupils with medical conditions should be able to access and enjoy the same opportunities at school as any other child, and staff will be properly trained to provide the support they need.

We are committed to:

- Ensuring pupils with medical conditions are supported to achieve their full educational potential
- Providing arrangements that give parents, carers and pupils confidence in the school's ability to provide effective support
- Working in partnership with parents and carers, healthcare professionals and other agencies
- Ensuring staff understand their duty of care and the potential consequences of failing to provide appropriate support

3. Roles and responsibilities

3.1 The Governing Body

- Ensure arrangements are in place to support pupils with medical conditions
- Ensure sufficient staff receive suitable training and are competent
- Ensure relevant staff have adequate insurance cover
- Ensure the school has, publishes and annually reviews an Allergy Safety Policy, and that a named senior leader is responsible for allergy safety
- Receive termly reports on medical incidents, allergy incidents and near misses
- Review this policy annually

3.2 The Headteacher

- Ensure all staff are aware of this policy and understand their role
- Ensure all staff who administer medicines have received suitable training
- Ensure Individual Healthcare Plans are developed where required
- Ensure parents and carers are aware of this policy
- Maintain effective liaison with parents, carers and healthcare professionals
- Sign requests to pharmaceutical suppliers for the purchase of spare adrenaline auto-injectors
- Ensure information about medical conditions is shared appropriately while maintaining confidentiality

3.3 Named person with overall responsibility

Arzu Aydin, DHT, is the named person with overall responsibility for this policy and for coordinating support for pupils with medical conditions. They also hold the role of Allergy Safety Lead under the Allergy Safety Policy, which must be held by a member of the senior leadership team. They will:

- Coordinate the development and review of Individual Healthcare Plans
- Ensure adequate training is provided for staff, including annual whole-staff allergy awareness training
- Maintain accurate records of all medicines administered
- Maintain the allergy register
- Liaise with school health services and other healthcare professionals
- Ensure emergency medication is readily available, unlocked, correctly stored, in date and stocked at the required levels
- Record incidents and near misses and ensure lessons are learned from them

3.4 School staff

Any member of staff may be asked to provide support to pupils with medical conditions, although they cannot be required to do so. Staff who agree to assist will receive appropriate training, follow the pupil's Individual Healthcare Plan, respect confidentiality, and report any concerns about the effectiveness of arrangements.

This is not an opt-out from emergency response

The position above concerns planned, routine support such as administering scheduled medication. It does not limit what any member of staff may do in a life-threatening emergency. All staff receive annual allergy awareness training and are expected to recognise anaphylaxis and administer adrenaline where needed. Anyone may take reasonable action to save a life, and staff acting in good faith in an emergency are protected.

3.5 Parents and carers

- Provide sufficient and up-to-date information about their child's medical needs
- Be involved in developing and reviewing their child's Individual Healthcare Plan
- Carry out any action they have agreed to as part of the plan
- Provide medicines that are in date, labelled with the child's name, and in the original container with the prescriber's instructions
- Inform the school immediately of any change to their child's medical needs

3.6 Pupils

Pupils will be supported and encouraged to take responsibility for managing their own medicines and procedures where appropriate. This is agreed with parents and carers and recorded in the Individual Healthcare Plan. Older pupils are not assumed to need less support simply because they are older.

4. Individual Healthcare Plans

An Individual Healthcare Plan (IHCP) is developed where a pupil has a medical condition requiring ongoing support, medication or intervention during the school day. Its purpose is to identify the level of support needed and ensure the school can provide it effectively.

An IHCP will be developed where a child:

- Has been diagnosed with a chronic medical condition requiring ongoing support
- Requires regular medication during school hours
- May require emergency intervention in school
- Has significant health needs affecting their ability to access education

For allergy specifically, the test in the DfE statutory guidance applies: a pupil should have an IHCP if their allergy has a functional impact on them in school, they are at risk of harm as a result of it, and they require arrangements that are additional to or different from those made generally. A formal diagnosis is not required, and the school will not delay putting arrangements in place while diagnosis is under way.

The IHCP will include:

- Details of the pupil's medical condition, triggers and early warning signs
- What action to take in an emergency, and who to contact
- Who is responsible for providing support
- Details of any medication, including dose, timing, storage and side effects, and whether consent to administer has been given
- Arrangements for school trips and activities
- What to do if a child refuses to take medication or carry out a procedure
- Any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional, attached to the plan

A pupil has a single IHCP covering all their conditions, not one per condition. The IHCP is not a clinical document: it records how the school will respond to the information and advice it has received. Clinical instructions issued by healthcare professionals are attached rather than summarised, so that they are not paraphrased or reproduced with error.

IHCPs are reviewed at least annually, or sooner if the pupil's needs change, if an updated Action Plan is received, or following any incident or near miss. They are developed in partnership with parents and carers, healthcare professionals and, where appropriate, the pupil.

5. Administering medicines

5.1 General principles

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies that allow them to be taken outside school hours.

No child under 16 will be given prescription or non-prescription medicine without their parent's or carer's written consent, except in an emergency — see section 7.

5.2 Prescription medicines

The school will only accept medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must be:

- In the original container as dispensed by a pharmacist
- Clearly labelled with the child's name, the name of the medicine, the dose, the frequency, the date of dispensing and the expiry date
- Accompanied by written instructions from the prescriber or pharmacist

5.3 Non-prescription medicines

The school will not administer non-prescription medicines unless prescribed by a healthcare professional for that specific child. This includes paracetamol, ibuprofen and similar over-the-counter medicines.

Parents and carers are advised to administer such medicines at home before school. Where a pupil is able to self-manage an over-the-counter medication such as an antihistamine or eye drops for hay fever, this may be agreed with parents and recorded, rather than requiring the parent to attend school.

Exception — emergency medication

Section 5.3 does not apply to the school's spare adrenaline auto-injectors or emergency salbutamol inhaler. These are held without prescription under the Human Medicines Regulations 2012 as amended, and are governed by section 7 of this policy and the Allergy Safety Policy.

5.4 Controlled drugs

Controlled drugs prescribed for a pupil will be stored securely in accordance with safe storage requirements. Only named staff will have access. A record will be kept of all controlled drugs received and administered, and remaining amounts will be regularly checked against the record.

5.5 Recording administration

A record is kept of all medicines administered to individual children (Form C), including:

- Date and time of administration
- Name and strength of medicine

-
- Dose given
 - Name and signature of the staff member administering
 - Name and signature of a witness, where possible

Any administration of adrenaline, any allergic reaction and any near miss is additionally recorded on Form I and reported in accordance with the Allergy Safety Policy. In an emergency, treatment is never delayed in order to complete paperwork; records are completed afterwards.

6. Storage of medicines

Medicines are stored safely and in accordance with product instructions, with particular attention to temperature.

- Pupils are told where their medicines are stored and how to access them.
- Medicines requiring refrigeration are stored in a designated medicine refrigerator, or in a clearly labelled airtight container in the refrigerator in staff work room. Adrenaline devices are never refrigerated.
- Controlled drugs are stored in a locked non-portable container with only named staff having access.
- Staff ensure medicines held in school are in date and inform parents and carers when medicines are running low or approaching expiry, giving at least four weeks' notice where possible.

Emergency medication is never locked away

Adrenaline devices — both those prescribed to a named pupil and the school's spare devices — and emergency asthma inhalers must be readily accessible at all times. They must not be kept in a locked cabinet, or in an office or room that may be closed or unattended.

Adrenaline must be brought to a casualty and administered within five minutes. Because auto-injectors contain needles, kits are positioned out of reach of pupils, but never behind a lock. Storage locations and stock levels are set out in the Allergy Safety Policy.

7. Emergency medication

7.1 Emergency asthma inhalers

The school holds an emergency salbutamol inhaler and spacer, purchased without prescription under the Human Medicines Regulations 2012 as amended in 2014. It is stored with the spare adrenaline devices in First Aid room.

It may only be used for a pupil who has been diagnosed with asthma and prescribed a reliever inhaler, where their own inhaler is not available, broken or empty, and where written parental consent has been given in advance (Form F). Parents are informed on the same day whenever it is used.

A reliever inhaler is never given instead of adrenaline to treat anaphylaxis.

7.2 Spare adrenaline devices

The school stocks spare adrenaline auto-injectors (AAIs) under the Human Medicines (Amendment) Regulations 2017, which permit schools in England to purchase them without a prescription for emergency use. As a primary school, Herrick holds both 150 microgram and 300 microgram devices, stocked and stored in pairs, unlocked, at room temperature, clearly labelled as spares.

Spare devices are additional to, not a replacement for, a pupil's own prescribed devices. They may be used where a pupil has no prescribed device, where their device is not available, or where it misfires. They may also be used for a child presenting with anaphylaxis for the first time with no known allergy – which accounts for up to one in five anaphylaxis reactions in schools.

Consent is not required to use a spare adrenaline device in an emergency

The Human Medicines (Amendment) Regulations 2017 do not require prior consent for a spare adrenaline device to be used. The school seeks advance parental consent as good practice (Form G) so that consent can be assumed, but the absence of a signed form is never a reason to withhold or delay adrenaline.

The previous requirement in this policy for written medical authorisation before a spare AAI could be used has been withdrawn. It does not reflect the law and would introduce a fatal delay.

An ambulance is always called when adrenaline is administered. Parents are contacted immediately.

Full arrangements for stock levels, locations, checking, replacement, disposal and use are set out in the Allergy Safety Policy.

7.3 Staff acting in an emergency

Anyone – staff, volunteer or bystander – may take reasonable action to save the life of a person having a life-threatening medical emergency. The law recognises that rescuers act under extreme pressure and protects those acting in good faith, even if injury results. Hesitation, mistakes or imperfect technique do not amount to serious or wilful misconduct. All staff receive annual allergy awareness training and are expected to be able to recognise anaphylaxis and administer adrenaline.

7.4 Handover of care to a parent or carer on site

This section applies whenever a pupil has had an allergic reaction of any severity, or is unwell in a way that may be an allergic reaction, and a parent or carer arrives at school to collect them or to take over their care on site. It applies alongside the Allergy Safety Policy.

A parent arriving does not end the school's responsibility. A reaction may not be over when it appears to be over, and the period immediately after apparent recovery is the point at which risk is most often underestimated. Care is handed over only to a parent, carer or other adult named on the pupil's record as authorised to collect them.

7.4.1 When the school calls 999 itself

The school calls 999 itself, without delay. It does not wait for a parent to arrive, to agree or to decide. This applies whether or not a parent is present. The threshold is met if any of the following applies:

- Adrenaline has been administered — any device, any dose, prescribed or spare, and regardless of how well the pupil now appears
- There is any difficulty with the pupil's airway, breathing or circulation at any point during the episode: swelling of the tongue, throat or mouth, hoarseness or a change in voice or cry, persistent cough, noisy or difficult breathing, wheeze, pale or clammy skin, drowsiness, floppiness, dizziness or collapse
- Symptoms involve more than one part of the body, for example a rash together with vomiting
- Symptoms are worsening, or have returned after appearing to settle
- The pupil has asthma as well as allergy and has any breathing symptom
- There is any doubt about the severity of the reaction

Where 999 has been called, the pupil is kept still and is not walked to a car or to the school office. Help and medication come to the pupil. A pupil who feels faint is laid flat with their legs raised; a pupil struggling to breathe may sit up, but is not stood up or walked.

A parent cannot waive the 999 call

Where the threshold above is met, the school calls 999 even if a parent is present and says it is not necessary, or wants to take the pupil home or drive them to hospital themselves. Staff explain that the call has been made and why.

Staff do not physically prevent a parent from leaving with their child. They tell the 999 call handler that a parent is present, what the parent intends to do and where the pupil is being taken, and they record what happened.

Driving a child who has had anaphylaxis to hospital privately is not a safe alternative to an ambulance. A child who deteriorates in a car cannot be treated.

7.4.2 What is recorded at the point of handover

Treatment is never delayed in order to complete paperwork. Where the reaction did not meet the threshold in 7.4.1 and the pupil is stable, the record below is completed before the pupil leaves. Where the threshold was met, it is completed as soon as the emergency allows and a copy is given to the ambulance crew.

The member of staff handing over completes the allergic reaction handover record (Form J), recording:

- The time of the suspected exposure, the suspected allergen, and how the exposure is thought to have happened
- The time each symptom was first seen, described plainly, and which part of the body it affected
- Whether symptoms were improving, unchanged or worsening across the episode

-
- The time, site and strength of every dose of adrenaline given, the device used, who gave it, and how the pupil responded
 - Any other medicine given, including antihistamine or a reliever inhaler, with the time and dose
 - The position the pupil was kept in, and whether they were kept still
 - The time 999 was called, if it was, and the time the ambulance arrived
 - The pupil's condition at the moment of handover: how alert they are, their breathing, their colour, and any swelling, rash, hoarseness, cough, itch or sickness still present
 - Any symptom that was present earlier and has since settled, with the time it settled — a symptom that has resolved is still recorded, not omitted
 - The time of handover, the name of the person taking over, their relationship to the pupil, and where the pupil is going
 - The name and signature of the staff member handing over, and of a second member of staff where one was present

7.4.3 Advice the school must give and record

The following is given to the parent or carer at handover, both verbally and in writing. A copy of the completed handover record, with the advice section signed, goes with them; the school retains a copy.

- Symptoms can return after the pupil appears to have recovered fully. This is called a biphasic reaction. It most often happens within the first few hours, can occur later, and can be more severe than the first reaction.
- Where anaphylaxis is suspected or adrenaline has been given, the pupil needs to be assessed in hospital and observed. NICE recommends that a child who has had anaphylaxis is observed in hospital for six to twelve hours from the onset of symptoms; the treating clinician decides how long is needed.
- The pupil should not be left unsupervised for the rest of the day or overnight, and should stay within sight or hearing of an adult who knows what has happened.
- The pupil should be kept still. They should not walk any distance, stand up suddenly, exert themselves, or take a hot bath or shower. If they feel faint they should lie flat with their legs raised rather than sit or stand.
- Call 999 immediately if any symptom returns, and give a further dose of adrenaline if the signs of anaphylaxis reappear and a device is available.
- The pupil's own in-date adrenaline devices go home with them. Where a school spare was used, the parent is asked to ensure the pupil has two in-date devices before returning to school, and the school checks this on their return.
- The parent should contact their GP or allergy clinic. Decisions about returning to school follow the advice of the treating clinician.
- The school will review the pupil's Individual Healthcare Plan and any Allergy Action Plan with the family, and will contact them the same day to ask how the pupil is and again on the next school day.

-
- The name and contact details of the member of staff the parent should speak to.

Staff record which of the above was given, whether verbally, in writing or both, who gave it, who received it, and at what time.

7.4.4 If a parent declines advice or hospital assessment

Where a parent declines hospital assessment, declines to follow the advice given, or wishes to take the pupil home against it, staff:

- Record what the parent said, as closely to their own words as possible, factually and without comment
- Still call 999 where the threshold in 7.4.1 is met, and tell the call handler what the parent has decided
- Inform the Allergy Safety Lead, or in their absence the Headteacher, the same day
- Consult the Designated Safeguarding Lead as to whether refusal of urgent medical treatment for a child meets the threshold for a referral, and follow the Safeguarding and Child Protection Policy if it does
- Record the episode on Form I and report it to the Governing Body in the termly report

7.4.5 Where no parent or carer can be reached

Care remains with the school. The pupil is not left alone. A member of staff who knows the pupil accompanies them to hospital and stays until a parent or carer arrives. The pupil's Individual Healthcare Plan, any Allergy Action Plan, the completed handover record and any used adrenaline device go with them. The school continues to attempt contact and records each attempt.

8. Educational visits and sporting activities

The school will actively support pupils with medical conditions to participate in trips and sporting activities unless evidence from a clinician states that this is not possible. Reasonable adjustments will be made to enable full and safe participation. Parents will not be required to accompany their child as a condition of participation.

Risk assessments are carried out for all trips to identify any additional support needed. A specific allergy risk assessment is completed for every pupil at risk of anaphylaxis taking part in any off-site activity. Parents and carers are consulted and involved in planning.

A named member of staff is responsible for ensuring the pupil's medication is taken on the trip and administered in accordance with the IHCP. Pupils at risk of anaphylaxis carry their own adrenaline devices, and staff trained to administer adrenaline accompany the group.

9. Training

Staff responsible for supporting pupils with medical conditions receive suitable training. Training needs are identified through the process of developing Individual Healthcare Plans.

Condition-specific training — for example in diabetes management, epilepsy or a specific procedure — is provided by the School Health Service or other appropriate healthcare professionals, in liaison with Leicestershire Partnership NHS Trust, and refreshed annually or when a pupil's needs change.

Whole-staff allergy awareness training

Separately, and under the Allergy Safety Policy, all staff present when pupils are on site receive allergy awareness and emergency response training at least annually. This includes teaching staff, support staff, catering staff, cleaning staff, office staff, breakfast and after-school club staff, supply and agency staff and regular volunteers. It is no longer limited to designated first aiders.

First aid training is not sufficient to meet this requirement. Training may be delivered online and takes about an hour.

New staff complete it as part of induction. Supply and cover staff receive a written allergy briefing on arrival.

A record of all staff trained is maintained and kept up to date (Form E).

10. Recording incidents and near misses

All medical incidents are recorded. In addition, every allergy-related serious incident and near miss is recorded on Form I, whether or not anyone was harmed, and reported to the pupil's parents, the Allergy Safety Lead and the governing body.

Pupils, parents and healthcare professionals may report an incident directly to the school, because the effects of exposure at school are sometimes not recognised until the child is home. Every incident and near miss prompts a review of whether arrangements were adequate and whether this policy or the pupil's IHCP should change. Detail is in the Allergy Safety Policy.

Where care has been handed over to a parent or carer following an allergic reaction, the completed handover record (Form J) is attached to the incident record and reviewed by the Allergy Safety Lead.

11. Unacceptable practice

The Governing Body will ensure that the following are avoided:

- Preventing children from easily accessing their inhalers and medication, or storing emergency medication behind a lock
- Sending a child who becomes unwell to the office or medical room unsupervised — in a medical emergency, help and medication come to the child
- Delaying emergency treatment in order to find a consent form or contact a parent

-
- Treating the arrival of a parent or carer as the end of the school's responsibility for a pupil who has had an allergic reaction
 - Releasing a pupil into a parent's care without calling 999 where adrenaline has been given, or where any other part of the threshold in section 7.4.1 is met
 - Allowing a pupil who has had a severe allergic reaction to walk to a car, stand up suddenly or exert themselves
 - Assuming that pupils with the same condition require the same treatment
 - Assuming a pupil does not have a condition because they do not yet have a formal diagnosis
 - Ignoring the views of the child or their parents and carers
 - Ignoring medical evidence or opinion, or insisting on a letter from a consultant rather than a GP or community nurse
 - Sending children home frequently, or preventing them from staying for normal school activities including lunch, unless specified in their IHCP
 - Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their condition
 - Requiring parents and carers, or making them feel obliged, to attend school to administer medication or provide medical support, including with toileting
 - Preventing children from participating, or creating unnecessary barriers to participation, in any aspect of school life including trips

12. Liability and indemnity

Staff at this school are indemnified by Leicester City Council in respect of any claim for alleged negligence, provided they are acting within the scope of their employment and following this policy. Staff should act in good faith, follow the child's IHCP, and have received appropriate training. This indemnity extends to staff who take reasonable action in a life-threatening emergency, including the administration of adrenaline.

13. Complaints

If parents, carers or pupils are dissatisfied with the support provided, they should raise their concerns directly with the school in the first instance. If a satisfactory resolution is not achieved, a formal complaint can be made under the school's Complaints Policy.

14. Monitoring and review

This policy is reviewed annually by the Governing Body. The Allergy Safety Policy is reviewed at least annually and after any serious incident or near miss. The Headteacher provides updates to the Governing Body on implementation as part of regular safeguarding and pupil welfare reports.

Appendix A: Related policies

- Allergy Safety Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Anti-Bullying Policy
- Equality Policy
- SEND Policy
- School Trips and Visits Policy
- Attendance Policy
- Data Protection Policy
- Complaints Policy
- Staff Training Policy

Appendix B: Forms

The following forms are used in conjunction with this policy and are available from the school office and as an appendix to this document.

Form	Purpose
Form A	Request for the school to administer medication
Form B	Individual Healthcare Plan
Form C	Record of medicine administered to an individual child
Form D	Parental consent for emergency salbutamol inhaler use
Form E	Parental consent for use of the school's spare adrenaline devices
Form F	Allergy incident and near miss record
Form J	Allergic reaction handover record — observations, advice given and handover to a parent or carer