

Supporting children with medical needs in schools

This page provides information on the duties of schools to support children and young adults with medical needs. It explains the law on illness-related absences, administering medicine within school and individual healthcare plans.

What is the law on supporting a pupil's medical needs?

[Section 100 of the Children and Families Act 2014](#) places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements to support pupils at their school with medical conditions. A child's mental and physical health should be properly supported in school so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has issued statutory Guidance and non-statutory advice on [Supporting pupils at school with medical conditions](#). The governing body of a maintained school, proprietor of an academy and management committee of a pupil referral unit must have regard to the statutory guidance in this document. This means that they must take account of the guidance carefully consider and comply with it unless there is a good reason not to.

Note: the guidance does not apply to maintained nursery schools, 16 – 19 academies and independent schools.

If a child is considered to be disabled then the school has specific duties to make arrangements for that child. For more information see our information page on [Disability Discrimination in Education](#).

What should a school's medical support policy contain?

Schools are expected to have policies for supporting pupils with medical conditions. These policies should be reviewed regularly and be accessible to parents and school staff. The policy should recognise that medical conditions can be life threatening, understand the impact it can have on a child's ability to learn and make clear that every child with a medical condition is different and should be treated as an individual. The school's complaints procedure must be part of the medical conditions policy. Other information that you should expect to see in the policy are:

- The procedures to be followed whenever a school is notified that a pupil has a medical condition

- The procedures for managing prescription medicines at school
 - The named member of staff who has overall responsibility for the implementation of the medical policy
 - The roles and responsibilities of all those involved in the arrangements
 - How staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. It must specify how training needs are assessed, and how and by whom training will be arranged and provided
 - The arrangements for children who are competent to manage their own health needs and medicines
 - The role of individual healthcare plans and the person responsible for their development
 - The contingency plans for emergency situations
 - How to facilitate the child's participation in school trips and visits, or in sporting activities, and not prevent them from taking part
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Does a pupil need to have a recognisable medical condition in order to receive support?

Schools do not have to wait for a formal diagnosis by a medical practitioner before providing support to pupils. If the condition is unclear then the headteacher will have to make a judgement about what support to provide to the pupil based on the medical evidence available at the time that the school is made aware of an issue. In exercising this judgement the head teacher must not ignore the views of the child or their parents or ignore medical evidence or opinion; however the headteacher can challenge the evidence if appropriate.

What happens if a pupil is absent from school due to their medical condition?

Pupils should not be penalised if their absence from school is related to their medical condition, such as attending hospital appointments. In order to avoid being fined for non-attendance parents must obtain permission from the school in advance of the appointment so that the absence can be treated as authorised. An absence can also be authorised if the child is too ill to attend school and the school is notified of that as soon as possible. For more information on non-attendance please see our information page on [School attendance and absence](#).

If the pupil's absence is expected to be for more than 15 days then the local authority is under a duty to ensure that the child receives as normal an education as possible while he or she is absent. The local authority must start arranging the education from the first day that the school has notice of the length of absence. A senior officer from the local authority will be appointed to oversee the arrangements and provide a written statement to the parents of how the education will be delivered. A range of options can include home teaching, a hospital

school or teaching service, or a combination of those options. A full-time education should be provided unless part time education is more suitable for the child's health needs.

More information can be found in the statutory guidance [Ensuring a good education for children who cannot attend school because of health needs](#).

For more information on alternatives to attendance at school see our information page on [Education for children out of school](#).

A school should not encourage non-attendance such as sending a pupil with medical conditions home frequently or preventing a pupil from staying for normal school activities, including lunch. This will only be justified if it is in accordance with the pupil's individual healthcare plan and is absolutely necessary. If a child is regularly sent home at lunch or placed on a part-time timetable which has not been fully agreed to, these absences may amount to unofficial exclusions. For more information on unofficial exclusions see our information page on [School exclusions](#).

What if a child must take prescription medication during the school day?

Prescription medication can only be administered in school when it would be detrimental to a child's health or school attendance not to administer it.

A school can only accept prescribed medicines if they are in-date, labelled, provided in the original container as dispensed by a pharmacist with clear instructions for administration, dosage and storage.

Schools must keep a written record of all medicines administered to individual children stating the amount of the prescription drug held in the school, and how much was administered, when and by whom. The school should store the medication in a non-portable container but the pupil should know who holds the key to the container.

Appropriate training must be provided to staff expected to administer the medication and only named staff should have access to it, although it should be easily accessible in an emergency. If staff must administer the medication they should do so in accordance with the prescriber's instructions.

If appropriate and competent to do so, after consultation with the parents, students are allowed to carry and administer their own medication. They may require an appropriate level of supervision to do so. The pupils must not pass it on to another child therefore monitoring arrangements may be necessary. Parents should never be made to feel obliged to attend school to administer the medication to the child themselves.

If a child refuses to take their medication the school cannot use force. The parents should be informed so that alternative options can be considered.

When no longer required, the prescription medication should be returned to the parent to arrange for safe disposal.

Can the child go to any teacher to get help with their medical needs?

If a child approaches any member of school staff, including supply and temporary staff, requiring medical support that member of staff should know what to do and respond accordingly. However administering medicines is not part of a teacher's professional duties. Unless school staff have received sufficient and suitable training they cannot take on responsibility to support children with medical conditions. This is the responsibility of the school nursing services. A school nurse's main responsibility in supporting schools to look after children with medical conditions is to make sure enough staff are competently trained to look after a child and that the child is being supported properly. The nurses will understand their role by reference to a comprehensive school policy.

If the child approaches a teacher with a medical need that can be self-managed, for example having a drink or snack or taking toilet or other breaks to manage their medical condition effectively, then the teacher should co-operate with the child in allowing them to do so.

How will the school react if a child is experiencing a medical emergency?

If a child needs to be taken to hospital, a member of staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure that they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

If a child does become ill at school they should be accompanied by a suitable person to the school office or medical room.

How can a child's needs be supported during day trips, residential visits and sporting activities?

It is unacceptable practice for schools to prevent children from participating, or create unnecessary barriers to children participating in, any aspect of school life including school trips. This means that a school cannot, for example, require parents to accompany the child on out of school activities. There is a presumption in favour of pupils participating in out of school activities and sports unless there is express medical evidence advising against it.

Teachers should be aware of how a child's medical condition will impact on their participation in the activity. The ideal way to achieve this is to carry out a risk assessment prior to the activity in consultation with the pupil, their parents and any other relevant healthcare professionals.

The [Health and Safety Executive](#) recommend the following points to schools:

- If appropriate parents should be told information about the planned activities. This should explain what the precautions are and why they are necessary, putting sensible precautions in place, and making sure that these work in practice.
 - Staff should know when and how to apply contingency plans where they are necessary.
 - Heeding advice and warnings from others, for example those with local knowledge or specialist expertise (especially for higher-risk activities).
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What happens when a child starts a new school or a new diagnosis is made?

If a child is starting at a new school and the school has received information on the child's medical condition in advance of joining then arrangements to meet their medical needs should be in place by the relevant school term.

If a school lists a medical need as an oversubscription criterion, then it must set out in the arrangements how this need will be defined and give clear details about what supporting evidence will be needed for parents making an application based on this criterion. The admissions authority must make consistent decisions about admissions places based on the evidence provided. For more information on school admissions please see our information page on [School admissions](#).

In other circumstances such as where there has been a new diagnosis or a child has moved to a new school during the school term, every effort should be made to ensure that arrangements are put in place within two weeks of the child starting the school.

What happens if a child needs to be re-integrated into their old school?

If a child is returning to school following a period of hospital education or alternative provision such as home education, schools should work with the local authority and education provider to ensure that the child will reintegrate into school effectively. An individual healthcare plan may be the best way to achieve this if the child has continuing medical issues that need to be supported during school hours.

When might an individual healthcare plan be appropriate?

Individual healthcare plans provide clarity about what needs to be done, when and by whom to support a child's medical condition. An individual healthcare plan might be appropriate if a medical condition:

- is long-term and complex

- fluctuates
- is a recurring condition or
- there is a high risk that emergency intervention will be required.

Based on medical evidence and consultation with the parents and health care professionals a decision should be taken on whether a healthcare plan is a proportionate response to the child's medical condition. The school head teacher takes the final decision as to whether an individual healthcare plan is suitable. An example of a condition that usually requires an individual healthcare plan is diabetes.

If a decision is taken to go ahead with an individual healthcare plan then those individuals who were consulted about whether it was appropriate would be invited to assist in drafting its contents. The individual healthcare plan must be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

What should an individual healthcare plan include?

The individual healthcare plan should include the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- Precisely what help the child needs to manage their condition; what they can do themselves and what they need from another (including supervision).
- Who in the school needs to be aware of the child's condition and which staff will be available to provide support to the child. It should also set out the level of training and proficiency required of the staff member.
- The written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil.
- Any specific support needed around the child's educational, emotional and social needs, e.g. management of absences, support for catching up with lessons or any counselling arrangements.
- What to do in an emergency situation, including whom to contact.
- The pupil's practical medical requirements including managing their surroundings where it affects them e.g. noisy rooms.
- What plans need to be put in place for exams (if appropriate), school trips (including overnight) or other school activities outside of the normal school timetable.
- If a child has SEN and has a Statement of Special Educational Needs or Education Health and Care plan the individual healthcare plan should be linked to or become part of that statement or plan.
- If a child has SEN but does not have a Statement of Special Educational Needs or Education Health and Care plan, their special educational needs should be mentioned in the individual healthcare plan. For more information on support for a child with SEN please see our information page on [Special Educational Needs](#).

- How to manage queries about confidentiality and which individuals those rules can be breached in favour of.
- The date the individual healthcare plan is to be reviewed (at least annually), who can alter the plan, which parts can be altered, and the process for reviewing the plan.

Templates for an individual healthcare plan [can be found here](#).