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Cyril Jackson School
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Supporting Pupils with Medical Conditions Policy

December 2025

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0. Document Control

The table below contains the changes made between the different final editions of this document set for approval. This is to help provide information to those reviewing and approving the document of the changes being made.

Document Edition	Section	Details of change
2022-2023 December	All sections	Formatting
2023-2024 December	Page 5	Update to statement of intent
2023-2024 December	Page 5	Update to legal frameworks to add Updates from First Aid in Schools guidance
2023-2024 December	Page 6	Updated trust responsibilities
2023-2024 December	Page 7	Updated parent responsibilities
2023-2024 December	Page 8	Addition of Admissions Section
2023-2024 December	Page 8	Addition of Notification procedure
2023-2024 December	Page 14	Update to training
2023-2024 December	Page 9	Update to IHPs
2023-2024 December	Page 10	Update to managing medicines
2023-2024 December	Page 11	Addition of allergies section
2023-2024 December	Page 16	Update to reporting (Arbor)
2023-2024 December	Page 14	Update to Medical Emergencies
2023-2024 December	Page 15	Update to Unacceptable Practice
2023-2024 December	Page 16	Update to indemnity and liability
2024-2025 December	All Sections	Reformatted
2024-2025 December	Section 3	Update to “legal framework”
2024-2025 December	Section 4	Update to “roles and responsibilties”
2024-2025 December	Section 6	Update to “IHPs”
2025-2026 December	All Sections	Date change

Contents

0. Document Control 3
1. Definitions 5
2. Scope of the Policy 5
3. Links to Legislation and Guidance Documents 5
4. Roles and Responsibilities 6
5. Admissions 9
6. Notification Procedure 9
7. Individual Healthcare Plans (IHCPs) 9
8. Transport Arrangements 10
9. Education Health Needs (EHN) Referrals 11
10. Managing Medicines 11
11. Allergens, Anaphylaxis and Adrenaline Auto-Injectors (AAIs) 12
12. Emergency Non-Individual Medications and Devices 13
13. Medical Emergencies 14
14. Day Trips, Residential Visits and Sporting Activities 14
15. Training of Staff 15
16. Medical Conditions Register 15
17. Record Keeping 16
18. Unacceptable Practice 16
19. Indemnity and Liability 16
20. Complaints 16
21. Equal Opportunities 17

1. Definitions

The "Trust" refers to the company known as the University Schools Trust, East London and all Trustees, Governors and Staff who work within it.

"The school" refers to an individual academy within the Trust, as denoted by their Unique Reference Number. As such a 'school' may span one or several phases of education to the individual academies within the Trust. Depending on the context the term "School" may refer to a singular academy or to all of the academies within the Trust but as separate entities.

"Schools" have a legal duty to work in partnership with families and to involve all those with parental responsibility in their child's education.

2. Scope of the Policy

Cyril Jackson Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

3. Links to Legislation and Guidance Documents

3.1. Relevant Internal Documents

This policy should be read in conjunction with the following policies and documents.

- Supporting Pupils with Medical Needs
- Antibullying Policy
- Behaviour Policy
- Child Protection Policy
- Complaints Policy
- Data Protection Policy
- EYFS Policy

- Fire Evacuation Procedures
- First Aid Policy
- Health & Safety Policy
- Home School Agreement
- Safeguarding Pupils Travelling to and From School
- SEND Policy
- Whole School Food Policy

3.2. Relevant External Documents

This policy descends from a previous policy (ratified by the governing body in March 2005), which itself incorporated the advice of the Department for Education and Skills and the Department of Health (Ref: 1448-2005DCL-EN, March 2005). It also takes into account Cyril Jackson's Drugs Policy (ratified by the governing body in September 2011). The most recent guidance from the government is Supporting Pupils at School with Medical Conditions (DfE, December 2015).

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School admissions code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

4. Roles and Responsibilities

4.1. The Trust / School Committee

The Trust is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

4.2. Headteacher

The Headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

4.3. Inclusion Officer

The inclusion officer is responsible for:

- Liaising with healthcare professionals regarding the training required for staff.
- Continuous two-way liaison between the school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring that written records are kept of any and all medicines administered to pupils.

4.4. School Nurses, Health Visitors and Other Healthcare Professionals

School nurses, health visitors and other healthcare professionals are responsible for:

- In collaboration with other stakeholders, developing an IHCP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHCP; participating in regular reviews of the IHCP; and giving advice on training needs.
- Liaising locally with lead clinicians; and assisting the Headteacher in identifying training needs and providers of training

4.5. Staff

All staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

4.6. Parents and Carers

Parents and Carers are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

4.7. Pupils

Pupils are responsible for:

- Pupils who are competent should be encouraged to take responsibility for managing their own medicines, where appropriate.
- Pupils who are competent should provide information on how their medical condition affects them. Contributing to their IHCP, where appropriate.
- Complying with the IHCP and self-managing their medication or health needs if judged competent to do so by a healthcare professional and agreed by parents.

4.8. LA

The Local Authority (LA) is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.

- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

5. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

6. Notification Procedure

When the school is notified that a pupil has a medical condition that requires support in school, the inclusion officer will inform the inclusion team and all staff in pupils cohort.

Following this, the school may need to arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.
For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

7. Individual Healthcare Plans (IHCPs)

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs

- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

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

8. Transport Arrangements

Where a child with an IHCP is allocated school transport the school should invite a member of the transport team who will arrange for the driver or escort to participate in the IHCP meeting.

A copy of the IHCP will be copied to the Transport team and kept on the child record. The IHCP must be passed to the current operator for use by the driver and / or escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

For some medical conditions, the driver and / or escort will require training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that child's transport.

When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the bus / taxi in a suitable bag or container. They must be clearly labelled with name and dose, etc.

9. Education Health Needs (EHN) Referrals

All pupils of compulsory school age who, because of illness lasting fifteen days or more (consecutive or otherwise), would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils. The school undertakes to initiate contact with the LA in these circumstances.

10. Managing Medicines

Medicines In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be safely disposed of at a local pharmacy.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

11. Allergens, Anaphylaxis and Adrenaline Auto-Injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The inclusion and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.
Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via mobile phone. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.
For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

12. Emergency Non-Individual Medications and Devices

The school holds salbutamol inhalers for emergency use. DoH has published a protocol schools must follow if they choose to hold inhalers for emergency use. CJPS has a stock of inhalers to be used in cases of emergency where:

- The child experiencing symptoms of asthma is known to have asthma or a related respiratory condition for which a salbutamol inhaler has been prescribed.
- The child's prescribed inhaler is not available.
- The child's parents have given prior consent to the use of an emergency inhaler from the school's stock in the event that their child's prescribed inhaler is not available.

Inhalers are checked at least termly by the Inclusion Officer and replaced upon expiry. An inhaler used in emergency by a child will then be assigned ONLY to that specific child and labelled with their name. This will then be kept in the medical bag in the designated classroom. All staff are aware of this process.

The school has three automated external defibrillator (AED). The AED can be located in the following locations:

- South building under the stairs / beside staff room door
- Nursery Office
- North building outside the main office / beside the deputy headteacher's office

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
Maintenance checks will be undertaken on AEDs on a weekly basis by the first aid supervisor, who will also keep an up-to-date record of all checks and maintenance work.

13. Medical Emergencies

Medical emergencies will be dealt with under the school's emergency procedures.
Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

14. Day Trips, Residential Visits and Sporting Activities

The school will ensure that pupils with medical conditions participate in school trips, residential stays, sports activities and so on, and will not prevent them from doing so unless on clinical advice from a healthcare professional.

Risk assessments should be undertaken in order to plan for the inclusion of pupils with medical conditions (including consulting with parents / carers and health professionals, as necessary).

Staff should be aware of how a pupil's medical condition will impact on their participation, but there should be enough flexibility for all pupils to participate according to their own abilities and with any reasonable adjustments.

15. Training of Staff

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the inclusion officer through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training and updates will be carried out on a termly basis for all staff, and included in the induction of new staff members.

The inclusion officer will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The Trust will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

16. Medical Conditions Register

Schools admission forms request information on pre-existing medical conditions, which are then recorded in the Medical Conditions Register on Medical Tracker and Arbor. In addition, parents must inform school at any point in the school year if a condition develops or is diagnosed.

A medical conditions register is kept, updated and reviewed regularly by the nominated member of staff.

Staff have an overview of the list for the pupils in their care. Reports on SIMS can be used to quickly derive lists of children with health conditions. In particular, the 'Allergy List' and the 'Asthma List' reports provide dynamic information about children's medical conditions.

17. Record Keeping

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.

18. Unacceptable Practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

19. Indemnity and Liability

The Trust will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with name of policy provider covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

20. Complaints

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.

If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

All complaints should be raised with the school in the first instance.

The details of how to make a formal complaint can be found in the Complaints Policy.

Making a formal complaint to the DfE should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

21. Equal Opportunities

The school is committed to the following:

- Opposing all forms of discrimination – individual and institutional, direct and indirect.
- Challenging all forms of discrimination about different groups in society.
- Translating good equal opportunities principles into all our policies and practice.
- Maintaining and developing an inclusive culture where every individual feels valued and aspires to succeed.

See Equality Policy.