



BELMONT SCHOOL

(Additionally Resourced Mainstream School)

Managing Medicines and Supporting Pupils with Medical Needs in School Policy

NOVEMBER 2025



<p>UNCRC Article 23</p> <p>If I have a disability, I have the right to special care and education</p> <p>Global Goal 3 - Good Health and Well-being</p> <p>Ensure healthy lives and promote well-being for all at all ages.</p>	
Head Teacher	
Name	Mrs P Aggarwall
Chair of Governors	
Name	Mr M Kara
Date Ratified	6 th January 2026
Review Date	3 Years (2028)

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Belmont School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn.

In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Implementation monitoring and review

All staff, governors, parents/carers and members of Belmont School community will be made aware of and have access to this policy. This policy will be reviewed annually and its implementation reviewed and as part of the Head teacher's annual report to Governors.

- Roles and responsibilities of staff managing or supervising the administration of medicines
- The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and acting in an emergency, according to the care plan.
- Advice and guidance will be provided by the Schools Nursing Service, when needed, carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take e.g. Asthma attacks, Anaphylaxis, Diabetes, Epilepsy
- Specific advice and support from the Schools Nursing Service will be given to staff, for administering medicines and carrying out procedures.
- Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headteacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

Admissions

When the school is notified of the admission of a pupil with medical needs, the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication

using the online Medical Form through the Belmont School website (<http://www.belmont.harrow.sch.uk/medical-form>)

An assessment of the pupil's medical needs will be completed; this might include the development of a Health Care Plans and require additional staff training.

The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Pupils with medical needs

The school will follow Government guidance and develop an IHP or EHC for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using a Health Care Plan and the medical documents written by the pupil's Paediatric Consultant.
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

All prescribed and non-prescribed medication

Pupils should not bring any medication to school for self-administration.

All medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL).

Medicines must be delivered to the school office with the online Medical Form completed by parent/carer.

The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by blue form and/or verbal communication. The administration will also be recorded on the school's secure record keeping system.

The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.

Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

Non-prescription Medicines

The school will not administer non-prescription or alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor. Written proof of this is required.

Confidentiality

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the care plan. Unless advised by the parent, class medical lists are kept in the classroom in the medical cupboard, only accessed by adults.

Managing medicines on trips and outings

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place.

The responsible member of staff will carry out a specific and additional risk assessment for pupils with any medical condition, considering parental and medical advice. This will allow reasonable adjustments to be made.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

First Aiders will administer prescription medicines to pupils when required during educational visits.

PE / Sports

Any restriction to PE / sports activities must be noted by parents in the Medical Form. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Advice and Guidance to Staff

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school.

The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit (see appendix 1).

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Mild Allergic Reaction

Non-prescription antihistamine will be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils Health Plan. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. Pupils will NEVER be left alone and be observed at all times.

Parents will be asked to supply a second adrenaline auto injector and they will be kept in the Medical Room, in a container clearly labelled with the child's full name and class.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector, it will be administered without delay, an ambulance called and the parents informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has a Health Care Plan, the emergency procedures detailed in the plan are followed, and a copy of the plan is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by all telephones around the school.

Storage and Access to Medicines

All medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted) but easily accessible to adults.

Medicines are always stored in the original pharmacist's container.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the Staffroom fridge where pupil access is restricted, and will be clearly labelled in an airtight container.

Staff Training

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course.

Supply staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin), Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

Complaints

Issuing arising from the medical treatment of a pupil whilst in school should follow the procedures outlined in the school's complaints policy that can be found on the website.

Appendix 1

Asthma Advice

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HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Ring 999 if you do not have parental permission to administer the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE. **999 operators will advise treatment until ambulance arrives.**

1. Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. And encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with information and guidance and first aid team members receive training on asthma.

2. Asthma Medicines

Immediate access to reliever medicines is essential.

Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse agree they are mature enough.

- The reliever inhalers of pupil's are stored by their teacher in their classroom.
- All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however named staff (first aiders) at this school are able to do this.
- All school staff will let pupils take their own medicines when they need to.
- When a pupil who has been given a diagnosis of Asthma, is unable to relieve their symptoms through their treatment plan, parents will be contacted and asked to review the plan with the GP. It is the responsibility of the parent to ensure that they inform the school of any changes to the pupils Asthma Plan.

3. Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

- All parents/carers of children with asthma are consequently sent a medical consent form
- If a child has severe and/or complex medical needs, Parents/carers are asked to complete and return to the School Office an Individual Health Care Plan (see medical needs policy).
- Using the above information, the school maintains a register of medical needs, which includes details of pupils diagnosed with asthma, and is available to all school staff.
- The forms are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the form for a new one if their child's medicines, or how much they take, changes during the year.

4. Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's medical needs register.

- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.

- It is agreed with PE staff that, where necessary, each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

5. Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with appropriate advice and guidance.

6. School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma.

- The school does not keep furry or feathery animals and has a definitive no-smoking policy.
- As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.
- Pupils with asthma are encouraged to leave the room and go to the School Office, if particular fumes trigger their asthma.

7. Making the School Asthma-Friendly

The school ensures that all pupils understand asthma through information displayed on posters around school.

8. When a Pupil is Falling Behind in Lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Head of Year and/or special education needs coordinator about the pupil's needs.

- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

9. Asthma Attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack. This procedure is visibly displayed in the staffroom and every classroom (see appendix 3).

10. Spare Emergency Kit Inhalers

- Spare inhalers with spacers are kept in the Medical Room in case a child or member of staff requires an inhaler, but does not have theirs with them.

- Emergency Inhalers should be clearly labelled to avoid confusion with a child's inhaler.
- A Spare inhaler is to be taken on activities that take place off site as part of the First Aid kit.
- The Welfare Assistant is responsible for checking on a monthly basis that the emergency inhalers and spacers are present and in working order. She will ensure that replacement inhalers are obtained when the expiry dates approach.
- A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

11. Associated Policies and Other Documentation

- [Videos on how to administer an inhaler](#)
- [Supporting Pupils at School with Medical Conditions](#)
- [Guidance on the use of emergency salbutamol inhalers in schools](#)
- [Asthma awareness in schools guidance \(Asthma UK\)](#)
- <https://www.supportingchildrenshealth.org/asthma-module/>
- [SJB CMAT Health and Safety Policy](#)
- [SJB CMAT Learning Beyond the Classroom Policy](#)

i – Accompanying letter – Electronic Form

Dear Parent/Carer

Re: Medicine Consent Form

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from the Department for Education, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this policy, we are asking all parents and carers of children with asthma to help us by completing a school medicine consent form for their child. Please complete and return to the School Office.

The completed form will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The form will help school staff to better understand your child's individual condition.

Please ensure the school is kept informed about changes to your child's medication, including how much they take and when.

If you would like to discuss further please don't hesitate to contact us on 0208 427 0903 or via email office@belmont.harrow.sch.uk

I look forward to receiving your child's completed form.

Thank you for your help.

Yours sincerely

Headteacher

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Parental Consent Form for Administration of Medicine (including for Asthma)

This form must be completed **in full** and **signed**. Any medication to be administered **must have been administered previously by the parent** to minimise the risk of adverse or allergic reaction to any new medication. All medication must be stored in its original container and be clearly labelled with the child's name. Please refer to the Medical Needs Policy for more information.

Name of Child:	
Date of Birth:	Class:
Medical Condition / Illness and triggers:	
Symptoms:	
Name of Medicine (as described on container):	
Is the medicine prescribed? Yes / No	Is the medicine to be self-administered? Yes / No
Will the pupil keep the medicine with them? Yes / No	Is it taken before exercise? Yes / No
Dosage and method:	
Timing(s):	
Duration of course:	
Special Precautions:	
Are there any side effects that you know of?	
Procedures to take in an emergency:	

EMERGENCY CONTACT

Name:	
Telephone Number(s):	
Relationship to Child:	
SIGNATURE:	
PRINT NAME:	
DATE:	

Where is medication stored (Office Use Only)

Medicine Cupboard		Fridge		With pupil		School Office	
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What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



IMPORTANT! This asthma attack information is not designed for children using a SMART or MART regime. If they do not have a reliever inhaler, call an ambulance. Then speak to their GP or asthma nurse to get the correct asthma attack information for the future.

 Any asthma questions?
Call our friendly helpline nurses
0300 222 5800