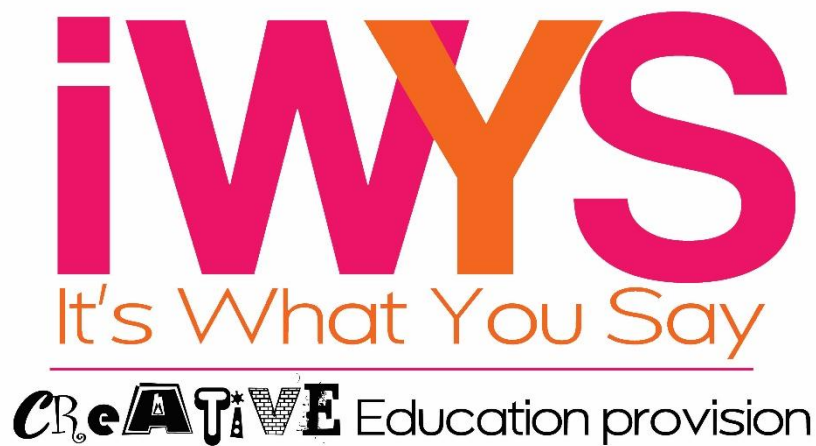




IWYS

Alternative Education Provision

Administering Medication and Medical Conditions Policy

Approved By:	Charmaine Baines - Proprietor/Head of Provision
Date Approved:	September 2026
Review Date:	September 2027

The DfE's existing statutory guidance on supporting pupils with medical conditions remains in force, while the new **Allergy Safety in Schools** statutory guidance was published in July 2026. ([GOV.UK](#)) KCSIE 2026 came into force on 1 September 2026. ([GOV.UK](#))

1. Policy Statement

IWYS Alternative Education Provision is committed to supporting students with medical conditions so that they can access education safely, consistently and without unnecessary barriers.

IWYS recognises that students with medical conditions may require medication, emergency treatment, adjustments to the curriculum, additional supervision or other forms of support during the school day.

The provision will take all reasonably practicable steps to:

- safeguard the health, safety and welfare of students;
- support students with medical conditions to participate fully in education;
- administer medication safely where appropriate;
- ensure emergency medication is readily accessible;
- develop Individual Healthcare Plans (IHPs) where required;
- work in partnership with parents/carers and healthcare professionals;
- ensure staff receive appropriate information and training;
- support students to develop age-appropriate independence and self-management;
- make reasonable adjustments where required;
- ensure medical needs are considered during trips, activities, work experience and off-site education;
- respond appropriately to medical emergencies;
- maintain accurate records;
- learn from medication errors, serious incidents and near misses.

The policy applies to all students attending IWYS Alternative Education Provision, including students attending on a part-time basis, students accessing alternative provision placements and students undertaking off-site activities.

DfE guidance specifically recognises alternative provision within the arrangements for supporting children with medical conditions. ([GOV.UK](#))

2. Legislative and Guidance Framework

This policy should be read alongside relevant legislation and statutory guidance, including:

- Children and Families Act 2014, Section 100;
- Equality Act 2010;
- Children Act 1989;
- Education Act 2002;

- Health and Safety at Work etc. Act 1974;
- Human Medicines Regulations 2012;
- Medicines Act 1968;
- Misuse of Drugs Act 1971, where applicable;
- Special Educational Needs and Disability Code of Practice: 0–25 years;
- **Supporting Pupils with Medical Conditions at School;**
- **Allergy Safety in Schools – statutory guidance 2026;**
- **Keeping Children Safe in Education 2026;**
- relevant NHS clinical guidance;
- relevant local authority guidance;
- first-aid guidance for schools and educational settings.

The DfE states that the statutory guidance on supporting pupils with medical conditions remains in force while it is being updated. ([GOV.UK](https://www.gov.uk))

The SEND Code of Practice remains relevant when medical conditions interact with a student's special educational needs or disability. ([GOV.UK](https://www.gov.uk))

3. 2026 Updates

IWYS acknowledges the significant developments introduced during 2026.

From September 2026, new statutory allergy-safety duties apply to settings within scope of the legislation and guidance. These include requirements concerning allergy policies, training, Individual Healthcare Plans, emergency adrenaline devices, incident recording and learning from serious incidents and near misses. ([GOV.UK](https://www.gov.uk))

The 2026 guidance includes requirements and expectations concerning:

- allergy safety;
- allergy awareness;
- staff training;
- emergency adrenaline auto-injectors;
- Individual Healthcare Plans;
- emergency response;
- incident and near-miss recording;
- learning from serious incidents;
- supporting students with specific medical conditions.

IWYS will operate to these requirements as applicable to its legal status and type of provision.

Where a requirement applies specifically to maintained schools, academies, PRUs or alternative provision academies, IWYS will determine its applicability according to its legal status while adopting the relevant safeguarding and medical-safety principles as good practice.

4. Aims

The aims of this policy are to ensure that:

1. Students with medical conditions are identified.
2. Medical information is obtained and kept up to date.
3. Parents/carers are involved in decisions about their child's medical support.
4. Healthcare professionals are consulted where necessary.
5. Individual Healthcare Plans are developed where appropriate.
6. Staff understand their responsibilities.
7. Medication is administered safely.
8. Emergency medication is available when required.
9. Students are not unnecessarily excluded from activities because of their medical condition.
10. Medical information is treated confidentially.
11. Appropriate records are maintained.
12. Medical emergencies are dealt with promptly.
13. Medication errors and near misses are reported and investigated.
14. Students are encouraged to develop independence where appropriate.
15. Appropriate reasonable adjustments are made.
16. Medical needs are incorporated into risk assessments.

5. Roles and Responsibilities

5.1 Proprietor/Management

The Proprietor/Management is responsible for ensuring that:

- appropriate arrangements are in place;
- this policy is reviewed regularly;
- sufficient resources are available;
- staff receive appropriate training;
- the policy is implemented effectively;
- statutory duties are understood and met.

There should be a clearly identified person with overall responsibility for implementing arrangements concerning students with medical conditions. ([GOV.UK](https://www.gov.uk))

5.2 Headteacher/Head of Provision

The Headteacher/Head of Provision will:

- have overall responsibility for implementation;
 - ensure appropriate staff are identified;
 - ensure Individual Healthcare Plans are developed where required;
 - ensure staff have access to relevant medical information;
 - ensure medication is stored appropriately;
 - ensure staff training is arranged;
 - ensure emergency procedures are understood;
 - liaise with parents/carers and healthcare professionals;
 - ensure appropriate records are maintained;
 - investigate medication incidents and near misses;
 - ensure medical needs are considered during educational visits.
-

5.3 First Aiders

IWYS will identify named members of staff to coordinate medical needs.

First Aider(s) Charmaine Baines, Joy Baines, Nikki Baines

The First Aiders will:

- monitor medication expiry dates;
 - coordinate medication administration records;
 - ensure emergency medication is accessible;
 - maintain staff training records;
 - communicate relevant information to staff;
 - support risk assessments;
 - monitor incidents and near misses.
 - coordinate IHPs;
-

5.4 All Staff

All staff must:

- familiarise themselves with relevant medical information;
- know which students have significant medical conditions;
- know how to summon emergency assistance;
- follow relevant IHPs;

- report concerns;
- maintain confidentiality;
- record medication administration accurately;
- report medication errors immediately;
- never administer medication outside their competence.

Any member of school staff may voluntarily agree to support a student with medication; staff cannot generally be compelled to administer medication. DfE first-aid guidance confirms this principle. ([GOV.UK](https://www.gov.uk))

6. Parents/Carers

Parents/carers must provide IWYS with accurate and current information regarding:

- medical conditions;
- allergies;
- prescribed medication;
- emergency medication;
- dosage;
- frequency;
- possible side effects;
- emergency procedures;
- healthcare professionals involved;
- changes to medication;
- changes to the student's condition.

Parents/carers should ensure medication supplied to IWYS:

- is in date;
- is appropriately labelled;
- is supplied in its original packaging;
- includes clear instructions;
- is replaced before expiry.

Parents/carers should inform IWYS immediately when medication or medical circumstances change.

7. Students

Students will be encouraged, where developmentally appropriate, to:

- understand their medical condition;
- understand their medication;
- know when medication is required;
- carry their own emergency medication where appropriate;
- understand how to seek help;

- recognise emergency symptoms;
- take increasing responsibility for managing their condition.

Self-management must only be permitted where it has been agreed with parents/carers and, where appropriate, healthcare professionals.

8. Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will be considered for students with medical conditions where:

- their medical condition is complex;
- emergency medication is required;
- staff need specific instructions;
- medication is regularly administered at IWYS;
- the condition may require emergency intervention;
- the student's education requires significant adjustments;
- healthcare professionals recommend one;
- the student's safety would benefit from a written plan.

The IHP should include, where relevant:

- student's name;
- medical condition;
- symptoms;
- triggers;
- medication;
- dosage;
- administration method;
- timing;
- emergency procedures;
- emergency contact details;
- healthcare professional details;
- required adjustments;
- physical activity arrangements;
- educational visit arrangements;
- information about self-management;
- staff responsibilities;
- review arrangements.

The 2026 allergy guidance specifically emphasises IHPs for students requiring support with allergies. ([GOV.UK](#))

9. Medical Conditions Register

IWYS will maintain an appropriate register identifying students with significant medical conditions.

The register may include:

Student	Condition	Medication	Emergency Medication	IHP	Staff Training Required

The register must be treated as confidential information and only shared with staff who need the information to safeguard or support the student.

10. Consent for Administering Medication

Written parental/carers consent should normally be obtained before IWYS administers medication.

The consent should specify:

- medication name;
- dose;
- route of administration;
- frequency;
- duration;
- reason for medication;
- storage requirements;
- any special instructions.

Emergency treatment may be provided in accordance with an IHP, emergency protocol and applicable law without waiting for a parent/carers to arrive.

11. Prescription Medication

Prescription medication should normally only be administered where:

- it has been prescribed for the individual student;
- appropriate consent has been obtained;
- clear instructions are available;
- the medication is correctly labelled;
- staff administering it are appropriately trained or competent.

Medication should not normally be administered solely on verbal instructions where written information is reasonably obtainable.

12. Non-Prescription Medication

IWYS will establish clear procedures for non-prescription medication.

Non-prescription medication should only be administered when:

- parental/carer consent has been obtained;
- the medication is appropriate for the student;
- the medication is correctly labelled;
- dosage instructions are clear;
- staff are satisfied that administration is safe.

Where there is uncertainty, staff should seek advice from a parent/carer, pharmacist, NHS professional or emergency service as appropriate.

Staff must never exceed the stated dosage.

13. Medication Administration Procedure

Before administering medication, staff should follow the appropriate safety checks.

Where applicable, staff should confirm:

1. Correct student.
2. Correct medication.
3. Correct dose.
4. Correct time.
5. Correct route.
6. Correct instructions.
7. Correct expiry date.
8. Appropriate consent.
9. Appropriate storage.
10. Appropriate recording.

The member of staff administering medication should record:

- date;
- time;
- medication;
- dosage;
- route;
- student;
- staff member;
- outcome/response where relevant.

14. Two-Person Checking

For higher-risk medication, IWYS may require a second appropriately trained member of staff to verify the medication before administration.

This may be particularly appropriate for:

- controlled drugs;
- emergency medication;
- medication requiring complex preparation;
- medication where the IHP specifically requires a second check.

Where two-person checking is required, both staff members should sign the relevant record.

15. Refusal of Medication

Students should not normally be forced to take medication.

If a student refuses:

- remain calm;
- do not use force;
- encourage the student appropriately;
- follow the IHP;
- contact the parent/carer where appropriate;
- seek medical advice if the medication is essential;
- record the refusal and action taken.

If refusal creates an immediate risk to life or serious health, emergency medical advice should be sought.

16. Storage of Medication

Medication must be stored securely and appropriately.

Storage arrangements must take account of:

- temperature;
- access requirements;
- confidentiality;
- medication stability;
- emergency accessibility;
- expiry dates;
- safeguarding.

Emergency medication must **not** be stored somewhere inaccessible during an emergency.

Medication must not normally be stored in a first-aid box. Government first-aid guidance specifically states that medication should not be kept in a first-aid container. ([GOV.UK](https://www.gov.uk))

17. Controlled Drugs

Where controlled drugs are prescribed:

- they must be stored securely;
- access must be restricted;
- administration must be recorded;
- stock should be monitored;
- discrepancies must be reported immediately;
- disposal must follow appropriate arrangements.

Staff must follow the student's IHP and relevant medication instructions.

18. Medication Expiry Checks

The Medical Lead should undertake regular checks of medication.

Checks should include:

- expiry date;
- quantity;
- packaging;
- storage condition;
- prescription label;
- emergency medication;
- replacement requirements.

A medication expiry log should be maintained.

Student	Medication	Expiry Date	Checked By	Replacement Requested	Date

19. Allergies and Anaphylaxis

All allergies must be recorded and communicated appropriately.

IWYS will maintain an allergy-safe approach that considers:

- food allergies;
- medication allergies;
- environmental allergens;
- insect stings;
- latex or other relevant allergens;
- individual triggers;
- emergency treatment.

The 2026 DfE allergy guidance requires relevant settings to have arrangements concerning allergy awareness, training, IHPs, emergency adrenaline devices and incident management. ([GOV.UK](#))

20. Adrenaline Auto-Injectors

Where a student has been prescribed an adrenaline auto-injector (AAI):

- the student's IHP must clearly identify the condition and emergency procedure;
- prescribed AAI's must be readily accessible;
- trained staff must know where they are kept;
- staff must know how to recognise anaphylaxis;
- staff must know how to administer the device where trained and authorised;
- emergency services must be called in accordance with the emergency procedure;
- parents/carers must be informed following an incident;
- the incident must be recorded.

Where applicable to IWYS's legal status, the provision will maintain spare emergency adrenaline auto-injectors in accordance with the 2026 statutory allergy-safety requirements and associated guidance.

The new 2026 arrangements specifically address spare AAI's, staff training and incident recording. ([GOV.UK](https://www.gov.uk))

21. Asthma and Inhalers

Students with asthma must have appropriate access to their prescribed inhaler and spacer where required.

Students who are assessed as capable of self-managing may carry their inhaler.

Where an inhaler is held by IWYS:

- it must be easily accessible;
- expiry dates must be checked;
- appropriate staff should know where it is kept;
- administration must be recorded when staff administer it.

Emergency asthma symptoms should be treated according to the student's IHP/emergency plan.

22. Diabetes

Where a student has diabetes, the IHP should address relevant arrangements including:

- blood glucose monitoring;
- continuous glucose monitors (CGMs);
- insulin pumps;
- insulin administration;
- food and carbohydrate requirements;
- physical activity;
- symptoms of hypo/hyperglycaemia;
- emergency procedures;
- access to glucose/sugar;
- communication with parents/carers.

The 2026 government announcement specifically highlights the need for schools to support students with diabetes to use CGMs and insulin pumps, including associated mobile-phone applications where required. ([GOV.UK](https://www.gov.uk))

23. Epilepsy and Seizures

Where appropriate, an IHP should include:

- seizure type;
- known triggers;
- usual presentation;
- emergency procedure;
- rescue medication;
- when emergency services should be contacted;
- post-seizure care;
- recording requirements.

Staff must never restrain a student experiencing a seizure unless necessary to prevent immediate serious harm.

The student's dignity and privacy must be protected.

24. Other Medical Conditions

IWYS may support students with conditions including, but not limited to:

- asthma;
- diabetes;
- epilepsy;
- severe allergies;
- anaphylaxis;
- ADHD-related medication requirements;
- mental-health-related medical needs;
- physical disabilities;
- gastrointestinal conditions;
- cardiac conditions;
- sickle cell disease;
- continence needs;
- migraine;
- chronic pain;
- medication-dependent conditions.

Each student's needs must be considered individually.

25. Emergency Procedures

In a medical emergency, staff should:

1. Remain calm.
2. Assess the situation.
3. Follow the student's IHP/emergency plan.
4. Call emergency services where required.
5. Administer emergency medication if trained and authorised.
6. Send someone to meet emergency services.
7. Contact the parent/carer.
8. Inform the Headteacher/Head of Provision.
9. Record the incident.
10. Review the incident and identify lessons learned.

If a student is in immediate danger, emergency services should be contacted without delay. KCSIE 2026 reinforces the requirement for staff to act immediately on safeguarding concerns and to call 999 where a child is in immediate danger. ([GOV.UK](https://www.gov.uk))

26. Medication Errors

A medication error includes:

- wrong student;
- wrong medication;
- wrong dose;
- wrong time;
- wrong route;
- missed dose;
- duplicate dose;
- expired medication;
- incorrect storage;
- failure to record administration.

If an error occurs:

DO NOT attempt to conceal the mistake.

Staff must:

1. Ensure the student's immediate safety.
2. Inform the Headteacher/Medical Lead.
3. Seek appropriate medical advice.
4. Contact parents/carers where appropriate.

5. Follow emergency advice.
 6. Record the incident.
 7. Complete an incident report.
 8. Review the circumstances.
 9. Implement corrective action.
-

27. Serious Incidents and Near Misses

IWYS will record and review serious medication incidents and near misses.

Examples include:

- incorrect medication nearly administered;
- expired emergency medication identified before use;
- inaccessible emergency medication;
- failure to recognise anaphylaxis;
- delayed administration of emergency medication;
- medication supplied incorrectly;
- missing medication;
- incorrect dose.

The 2026 allergy guidance specifically strengthens the emphasis on recording and learning from serious incidents and near misses. ([GOV.UK](https://www.gov.uk))

28. Safeguarding

Medical care must always be delivered within IWYS safeguarding arrangements.

Staff must remain alert to:

- unexplained injuries;
- possible medication misuse;
- deliberate medication withholding;
- concerns regarding neglect;
- inappropriate administration;
- coercion;
- fabricated or induced illness concerns;
- unexplained changes in medication;
- concerns about a parent/carers or staff member.

Any safeguarding concern must be reported to the Designated Safeguarding Lead (DSL).

KCSIE 2026 states that safeguarding is everyone's responsibility and requires staff to act immediately on concerns and follow the school's child protection procedures. ([GOV.UK](https://www.gov.uk))

29. Confidentiality and Information Sharing

Medical information is confidential.

However, confidentiality must not prevent appropriate information sharing where necessary to safeguard a child.

Relevant information should be shared with staff who need to know in order to support the student safely.

Medical information may need to be shared with:

- teaching staff;
- first aiders;
- trip leaders;
- emergency services;
- healthcare professionals;
- transport providers;
- appropriate alternative provision partners.

KCSIE 2026 states that data protection is not a barrier to necessary safeguarding information sharing. ([GOV.UK](https://www.gov.uk))

30. Staff Training

Staff administering medication must receive appropriate training.

Training may include:

- general medication awareness;
- medication administration;
- emergency medication;
- asthma;
- anaphylaxis;
- adrenaline auto-injectors;
- diabetes;
- epilepsy;
- seizure management;
- first aid;
- condition-specific training.

Training must be appropriate to the student's needs and the medication being administered.

Staff should not administer specialist medication unless they have received appropriate training and are competent to do so.

A training register must be maintained.

Staff Member	Training	Date	Trainer	Renewal Date	Competent

31. Medical Needs During Physical Education

Students with medical conditions should not automatically be excluded from PE.

The IHP and appropriate risk assessment should identify:

- activities that may require modification;
- medication requirements;
- emergency procedures;
- supervision;
- access to emergency medication;
- signs and symptoms requiring intervention.

Reasonable adjustments should be made where necessary.

32. Educational Visits and Off-Site Activities

Medical needs must be considered during all trips and off-site activities.

Before a trip, staff should confirm:

- medication is available;
- medication is in date;
- emergency medication is accessible;
- appropriate trained staff are attending;
- IHPs are available where necessary;
- risk assessments have been completed;
- emergency contact details are available;
- transport arrangements are appropriate.

Students should not be excluded from trips simply because they have a medical condition where appropriate arrangements can reasonably be made.

33. Contractors and Visiting Staff

Where contractors, visiting tutors, volunteers or other adults work with students who have significant medical needs:

- relevant information should be provided where necessary;
- safeguarding requirements must be followed;
- staff should know how to summon assistance;
- specialist medical care must only be provided by appropriately trained individuals.

34. First Aid

IWYS will maintain appropriate first-aid arrangements based on its first-aid needs assessment.

First aiders must understand the distinction between first aid and medication administration.

Government guidance states that first aid does not generally include administering tablets or medicines, although specific emergency arrangements may apply for trained staff. ([GOV.UK](https://www.gov.uk))

35. Reasonable Adjustments and Equality

IWYS will consider reasonable adjustments for students whose medical condition amounts to a disability under the Equality Act 2010.

Adjustments may include:

- modified activities;
- additional breaks;
- access to medication;
- modified attendance arrangements;
- additional supervision;
- adjustments to uniform requirements;
- dietary arrangements;
- modified assessment arrangements;
- additional time;
- access to toilets;
- seating arrangements;
- adjustments during trips.

Medical needs must not automatically be treated as behavioural issues.

36. Attendance

IWYS recognises that medical conditions can affect attendance.

Where a student has medically related absence:

- the circumstances should be considered sensitively;
- appropriate education should be supported where practicable;
- communication should be maintained with the parent/carers;
- healthcare professionals may be consulted where appropriate;
- reasonable adjustments should be considered.

37. Medication and Behaviour

Medication must never be used as a behavioural sanction.

A student must not be denied essential medication because of behaviour.

If medication is required during a behaviour incident, the student's medical needs take priority.

38. Student Privacy and Dignity

Medication and medical care should be provided in a manner that protects the student's:

- dignity;
- privacy;
- confidentiality;
- independence;
- emotional wellbeing.

Where medication requires a private space, an appropriate room should be identified.

39. Disposal of Medication

Expired or discontinued medication must be returned to the parent/carer where appropriate or disposed of through an appropriate pharmacy/healthcare route.

Medication must not be disposed of in general waste unless this is confirmed as appropriate.

40. Uncollected Medication

Parents/carers will be contacted where medication remains at IWYS after the student's placement or the medication is no longer required.

A reasonable deadline will be provided for collection.

Uncollected medication must be handled safely and appropriately.

41. Record Keeping

IWYS will maintain appropriate records including:

- medical conditions register;
- IHPs;
- parental consent;
- medication administration records;
- medication expiry checks;
- staff training records;
- emergency medication records;
- incident reports;

- near-miss reports;
- risk assessments;
- review records.

Records must be securely stored and retained in accordance with IWYS's data-retention arrangements.

42. Review of Individual Healthcare Plans

IHPs should be reviewed:

- annually as a minimum where appropriate;
- following a significant medical event;
- following a medication change;
- following a serious incident;
- following a near miss;
- when a student's condition changes;
- when healthcare professionals recommend a review.

Parents/carers and students should be involved where appropriate.

43. Medical Conditions and Safeguarding Information

Medical information must be incorporated into safeguarding planning where necessary.

Staff must recognise that medical conditions can sometimes interact with:

- attendance;
- vulnerability;
- social isolation;
- bullying;
- online behaviour;
- emotional wellbeing;
- SEND;
- safeguarding concerns.

Any safeguarding concern must be dealt with under the IWYS Child Protection and Safeguarding Policy.

44. Monitoring and Quality Assurance

The Headteacher/Head of Provision will monitor:

- medication records;
- staff training;
- expiry dates;
- IHP reviews;

- incidents;
- near misses;
- emergency medication;
- allergy arrangements;
- parent/carer communication;
- student participation.

A formal review should identify:

- what happened;
- whether procedures were followed;
- whether staff were appropriately trained;
- whether medication was accessible;
- whether the IHP was adequate;
- whether communication was effective;
- whether changes are required.

45. Complaints

Parents/carers who have concerns regarding medical support should raise them with the Headteacher/Head of Provision.

Complaints will be dealt with in accordance with the IWYS Complaints Policy.

A medical complaint may also require immediate safeguarding or health-and-safety action where appropriate.

46. Policy Review

This policy will be reviewed **at least annually** and sooner where:

- legislation changes;
- statutory guidance changes;
- a serious incident occurs;
- a significant near miss occurs;
- a student's medical needs change;
- new medication procedures are introduced;
- DfE guidance is updated.

The allergy safety arrangements should be reviewed regularly and, where applicable, at least annually in accordance with the 2026 requirements. ([GOV.UK](https://www.gov.uk))

Next Review Date: _____

47. Linked IWYS Policies and Documents

This policy should be read alongside:

- Child Protection and Safeguarding Policy;
 - Child-on-Child Abuse Policy;
 - First Aid Policy;
 - Health and Safety Policy;
 - Risk Assessment Policy;
 - SEND Policy;
 - Equality Policy;
 - Attendance Policy;
 - Educational Visits Policy;
 - Behaviour Policy;
 - Staff Code of Conduct;
 - Safer Recruitment Policy;
 - Emergency Procedures;
 - Allergy Safety Policy;
 - Individual Healthcare Plans;
 - Medication Administration Record;
 - First Aid Needs Assessment.
-

Appendix 1 – Medication Administration Record

Student	Medication	Dose	Date	Time	Route	Administered By	Second Check	Notes

Appendix 2 – Parent/Carer Medication Consent

Student Name: _____

Date of Birth: _____

Medical Condition: _____

Medication: _____

Dose: _____

Route: _____

Frequency: _____

Time(s): _____

Start Date: _____

End Date: _____

Emergency Medication: Yes / No

Additional Instructions:

I confirm that the information supplied is accurate and I give permission for appropriately trained IWYS staff to administer the medication described above in accordance with the agreed arrangements.

Parent/Carer Name: _____

Signature: _____

Date: _____

Appendix 3 – Emergency Medical Information

Student: _____

Condition: _____

Emergency Symptoms:

Immediate Action:

Emergency Medication:

Location of Medication:

Call 999 when:

Parent/Carer Contact:

Healthcare Professional:

Appendix 4 – Medication Error/Near-Miss Form

Student: _____

Date: _____

Time: _____

Medication: _____

What happened?

Was medication administered?

Yes / No

Immediate action taken:

Medical advice obtained:

Yes / No

Parent/carer informed:

Yes / No

Headteacher informed:

Yes / No

Safeguarding concern identified:

Yes / No

Lessons learned:

Actions required:

Completed by: _____

Date: _____

Reviewed by: _____

Appendix 5 – Staff Medication Competency Record

Staff Member: _____

Student/Condition: _____

Medication: _____

Training Completed: _____

Trainer: _____

Training Date: _____

Competency Confirmed: Yes / No

Review/Renewal Date: _____

Staff Signature: _____

Trainer Signature: _____

Appendix 6 – Key 2026 Compliance Checklist

Requirement	IWYS Action	Completed
Medical conditions policy	Policy maintained and reviewed	☐
Medical conditions register	Current register maintained	☐
IHPs	Completed where required	☐
Parent/carers consent	Obtained and updated	☐
Medication records	Maintained	☐
Medication expiry checks	Regular checks undertaken	☐
Emergency medication	Accessible	☐
Allergy arrangements	Implemented	☐
Allergy training	Relevant staff trained	☐
AAI arrangements	Reviewed and implemented where applicable	☐
Allergy IHPs	Completed where required	☐
Serious incidents	Recorded and reviewed	☐
Near misses	Recorded and reviewed	☐
Staff medical training	Current	☐
Trip medical arrangements	Included in risk assessments	☐
Safeguarding links	Staff understand reporting procedures	☐
Confidentiality	Medical information appropriately controlled	☐
Annual review	Policy reviewed	☐

Important 2026 note

The DfE's **Allergy Safety in Schools** guidance was published on **6 July 2026** and is now the key 2026 statutory guidance for allergy safety. ([GOV.UK](#)) The wider DfE medical-conditions guidance has **not yet been replaced**; the Government's July 2026 response states that the existing *Supporting pupils with medical conditions at school* guidance remains in force while it is updated. ([GOV.UK](#))

This policy therefore deliberately distinguishes the **existing medical-conditions framework** from the **new 2026 allergy-safety requirements**, rather than incorrectly presenting proposed consultation changes as already being law.

[DfE – Allergy safety in schools statutory guidance](#)

[DfE – Supporting pupils with medical conditions at school](#)

[DfE – Keeping Children Safe in Education 2026](#)