



The Burgess Hill Academy

Supporting Students with Medical Conditions Policy

2026-27

Version:	v1		
Ratified by:	TBHA LGB	Date:	September 2026
Next Review date:	July 2027		



1. Purpose

The Burgess Hill Academy is committed to ensuring that students with medical conditions are properly supported so that they can:

- access a broad and ambitious education;
- participate fully in academy life;
- remain safe and well;
- attend as regularly as their health allows;
- develop appropriate independence in managing their condition;
- achieve strong educational and personal outcomes.

This policy sets out how the academy will identify and support students with ongoing physical or mental-health conditions, including arrangements for:

- Individual Healthcare Plans;
- medicines and medical procedures;
- staff information and training;
- emergency responses;
- asthma, allergies and anaphylaxis;
- educational visits and physical activity;
- attendance and reintegration;
- safeguarding, SEND and reasonable adjustments;
- record keeping and confidentiality.

Minor injuries and ordinary short-term illness will normally be managed through the academy's first-aid and attendance arrangements.

2. Statutory framework

This policy has regard to:

- section 100 of the Children and Families Act 2014;
- the Department for Education's statutory guidance, Supporting pupils at school with medical conditions;
- the Department for Education's statutory guidance on allergy safety in schools;
- the Equality Act 2010;
- the Public Sector Equality Duty;
- the Health and Safety at Work etc. Act 1974;
- the Human Medicines Regulations 2012;
- guidance on the use of emergency salbutamol inhalers in schools;
- guidance on the use of emergency adrenaline auto-injectors in schools;
- Keeping Children Safe in Education 2026;
- the SEND Code of Practice: 0 to 25 years;
- statutory guidance on children who cannot attend school because of health needs;
- current guidance on school attendance;
- the academy's funding agreement.



Section 100 of the Children and Families Act 2014 places a duty on academy proprietors to make arrangements to support students with medical conditions. Students should be supported to access education, educational visits and physical education, and the academy must ensure that sufficient trained and competent staff are available.

The academy will maintain and publish suitable allergy safety arrangements, either through a separate allergy policy or a clearly identified companion document to this policy.

3. Principles

The academy will:

- consider each student individually;
- listen to the student and their parents or carers;
- take proper account of medical evidence and professional advice;
- act promptly where support is required;
- not wait unnecessarily for a final diagnosis before making reasonable interim arrangements;
- promote attendance without placing a student's health at risk;
- support students to participate in lessons, examinations, visits, sport and enrichment;
- make reasonable adjustments where a medical condition amounts to a disability;
- ensure that medical needs are not treated as poor behaviour or lack of effort;
- promote appropriate self-care and independence;
- protect confidential medical information;
- ensure that staff understand what they must do in an emergency;
- check that agreed arrangements are implemented consistently.

Having a medical condition does not automatically mean that a student has SEND. However, a student may have both medical and special educational needs, and the academy will coordinate the relevant arrangements.

4. Scope

This policy applies to students with an ongoing medical condition that may require:

- medication during the academy day;
- monitoring;
- emergency treatment;
- a medical procedure;
- reasonable adjustments;
- an Individual Healthcare Plan;
- additional support during lessons or social times;
- special arrangements for visits or physical activity;
- support following absence;
- staff training or specific medical information.

Examples may include asthma, allergy and risk of anaphylaxis, diabetes, epilepsy or seizure conditions, heart conditions, gastrointestinal conditions, chronic pain or fatigue, mobility-related conditions, cancer treatment, mental-health conditions and other long-term, fluctuating or life-threatening conditions. This list is not exhaustive.



5. Notification of a medical condition

Parents and carers must inform the academy of any medical condition that may affect their child during the academy day.

Notification may arise:

- before a student joins the academy;
- during transition from another school;
- following a new diagnosis;
- following a hospital admission;
- when an existing condition changes;
- before a student returns after a significant period of absence;
- through a healthcare professional;
- through the student.

The academy will seek information about medical needs through its admissions and transition processes.

Parents should provide:

- the name and nature of the condition;
- symptoms, triggers and warning signs;
- treatment and medication;
- emergency procedures;
- relevant medical evidence or professional advice;
- contact details for healthcare professionals;
- changes to the student's needs;
- current emergency contact information.

Where possible, arrangements will be ready before the student starts at the academy. Where there is a new diagnosis or a student joins during the year, the academy will seek to establish suitable arrangements as promptly as reasonably possible.

6. Initial assessment and planning

Once the academy is notified of a medical condition, an appropriate member of staff will coordinate an initial review.

This will consider:

- how the condition affects the student;
- whether immediate interim arrangements are required;
- what the student can manage independently;
- whether medication or equipment is required;
- whether staff need information or training;
- whether an Individual Healthcare Plan is required;
- implications for lessons, movement, attendance and social times;
- arrangements for physical education, examinations and visits;
- safeguarding and emergency risks;
- SEND, disability and reasonable adjustments;



- the student's and parent's views;
- advice from healthcare professionals.

The academy will not require every student with a medical condition to have an Individual Healthcare Plan where this would be unnecessary or disproportionate.

Where evidence is incomplete or conflicting, the Headteacher or delegated senior leader will determine reasonable interim arrangements while further advice is sought.

7. Individual Healthcare Plans

7.1 Purpose

An Individual Healthcare Plan provides a clear written record of:

- the student's medical needs;
- the support required;
- who is responsible;
- what should happen routinely;
- what should happen in an emergency;
- how the student will be included in academy activities.

The academy will coordinate the educational Individual Healthcare Plan, while relying on healthcare professionals for clinical information and professional advice.

7.2 When a plan may be required

A plan will normally be considered where:

- the condition is long-term or complex;
- the student may require emergency treatment;
- medication or a medical procedure must be provided by staff;
- several members of staff need to coordinate support;
- the condition significantly affects attendance or learning;
- specialist training is required;
- the student is at risk of anaphylaxis;
- reasonable adjustments need to be recorded clearly;
- the student is returning after a significant medical absence;
- the student's needs vary or are likely to change.

A student at risk of anaphylaxis must have a suitable allergy management or action plan.

7.3 Development of the plan

The plan may involve:

- the student;
- parents or carers;
- the designated academy lead;
- medical or first-aid staff;
- the SENDCo;



- the Designated Safeguarding Lead;
- relevant teachers or pastoral staff;
- the school nursing service;
- specialist healthcare professionals;
- other agencies where appropriate.

The academy will agree who is responsible for drafting and coordinating the plan.

7.4 Content

The level of detail will reflect the complexity of the condition. A plan may include:

- diagnosis or condition;
- symptoms, triggers and warning signs;
- treatment and medication;
- dosage and method of administration;
- side effects or contraindications;
- medical equipment or testing;
- access to food, drink and toilet facilities;
- environmental considerations;
- daily care requirements;
- educational, emotional and social support;
- management of medical appointments and absence;
- catch-up or reintegration arrangements;
- examination access arrangements;
- level of supervision required;
- self-management arrangements;
- staff responsible for support;
- training and competency requirements;
- contingency arrangements;
- staff who need access to information;
- confidentiality arrangements;
- arrangements for visits, sport and off-site activities;
- emergency procedures;
- emergency contacts;
- review date.

7.5 Review

Plans will be reviewed:

- at least annually;
- when a condition or treatment changes;
- following a significant incident;
- following a hospital admission;
- where implementation concerns arise;
- before a significant transition;



- when requested by the parent, student or healthcare professional.

A plan must not remain in place unchanged simply because an annual review date has not yet arrived.

8. Roles and responsibilities

8.1 Sussex Learning Trust

- ensure that statutory duties are understood;
- provide appropriate policies, advice and assurance;
- support the academy with health, safety, insurance and legal matters;
- support training and procurement arrangements where appropriate;
- monitor significant risks.

8.2 Local Governing Body

- receive assurance that suitable arrangements are in place;
- monitor implementation of this policy;
- ensure that students with medical conditions are not unnecessarily excluded;
- receive information about significant risks and incidents;
- monitor whether staff training and policy reviews take place;
- hold the Headteacher to account.

8.3 Headteacher

- ensure that the policy is implemented;
- ensure that sufficient trained staff are available;
- ensure cover for routine and emergency situations;
- ensure that relevant staff know about students' needs;
- ensure that Individual Healthcare Plans are developed where required;
- ensure appropriate insurance arrangements;
- ensure systems for obtaining and updating medical information;
- resolve disagreements about academy support;
- address failures to follow agreed arrangements.

8.4 Assistant Principal responsible for Safeguarding and Attendance

- provide strategic oversight;
- ensure that medical, attendance and safeguarding arrangements are coordinated;
- monitor students whose health affects attendance;
- ensure appropriate escalation and external liaison;
- oversee significant incidents and follow-up;
- report risks to the Headteacher.

8.5 Designated medical and first-aid staff

- receive and check medical information;
- maintain secure and accurate records;
- coordinate Individual Healthcare Plans;



- liaise with parents and healthcare professionals;
- receive and store medication;
- administer or supervise medication where agreed;
- monitor expiry dates through the academy's established process;
- maintain medication-administration records;
- communicate relevant information to staff;
- coordinate emergency medication and equipment;
- support arrangements for trips and activities;
- report concerns promptly.

8.6 SENDCo

- coordinate medical and SEND provision where needs overlap;
- ensure that Education, Health and Care Plan provision is reflected appropriately;
- advise on reasonable adjustments;
- support transition and reintegration;
- contribute to review meetings.

8.7 Teachers and other staff

- take account of the needs of students they teach or supervise;
- read relevant information made available to them;
- follow agreed plans and adjustments;
- know how to obtain urgent help;
- respond appropriately when a student becomes unwell;
- report changes or concerns;
- maintain confidentiality.

8.8 Parents and carers

- provide accurate and current information;
- participate in the development and review of plans;
- provide prescribed medication and equipment;
- ensure medication is in date and appropriately labelled;
- inform the academy of changes;
- ensure that they or another nominated adult can be contacted;
- collect discontinued or expired medication;
- support their child to develop appropriate independence.

8.9 Students

- explain how their condition affects them;
- contribute to their plan;
- carry and use their medication where this has been agreed;
- tell a member of staff when they feel unwell;
- follow safe arrangements;
- not share medication;



- treat other students' medical needs respectfully.

No member of staff will be expected to undertake a medical procedure without appropriate training and agreement. However, all staff must take reasonable action in an emergency, including calling 999 and obtaining trained assistance.

9. Staff training and competency

Training will be based on the needs of individual students and the responsibilities staff are expected to undertake.

Training may include:

- awareness of a medical condition;
- recognition of warning signs;
- emergency response;
- administration of medication;
- use of specialist equipment;
- allergy and anaphylaxis;
- use of adrenaline auto-injectors;
- asthma and emergency inhalers;
- diabetes;
- epilepsy and rescue medication;
- other specialist procedures.

Where a procedure requires clinical competency, the relevant healthcare professional will normally advise on the training required, who should provide it, how competence will be assessed and when refresher training is needed.

A first-aid certificate alone does not demonstrate competence to undertake every medical procedure.

The academy will maintain records of relevant training.

All staff will receive appropriate allergy-awareness training. The academy will establish allergy safety training for all staff and will record and learn from serious incidents and near misses.

10. Managing medicines

10.1 General requirements

The academy will only accept medication where:

- there is a clear educational or medical reason for it to be available during the academy day;
- appropriate consent and information have been provided;
- it can be stored and administered safely.

Medication should normally be:

- in the original container supplied by the pharmacy;
- clearly labelled with the student's name;
- in date;
- accompanied by dosage instructions;
- accompanied by written parental consent.



The academy will not routinely alter labels, doses or prescribing instructions.

Where instructions change, parents must provide updated written evidence from an appropriate healthcare professional or pharmacy label.

10.2 Prescribed medication

Prescribed medication will be administered in accordance with the pharmacy label, written parental consent and the Individual Healthcare Plan or care plan where applicable.

Where a medicine must be administered more frequently than can reasonably be managed outside academy hours, arrangements will be agreed with the parent.

10.3 Non-prescription medication

The academy may administer specified non-prescription medication where:

- this forms part of its agreed operational arrangements;
- prior parental consent has been obtained;
- administration is safe and appropriate;
- the student has not already received the maximum dose;
- a record is made.

The academy will not administer aspirin or medication containing aspirin to a student under 16 unless prescribed by a doctor.

10.4 Checks before administration

Before administering medication, staff will check:

- the student's identity;
- the name of the medicine;
- the prescribed or agreed dose;
- the method of administration;
- the time of the previous dose where relevant;
- the expiry date;
- the instructions;
- any relevant care plan.

Where there is uncertainty, medication will not be administered until advice has been obtained, unless an emergency plan directs immediate action.

10.5 Refusal

If a student refuses medication or a medical procedure:

- staff will not force them;
- the agreed plan will be followed;
- parents will be informed;
- medical advice or emergency assistance will be sought where necessary;
- the refusal and actions taken will be recorded.



11. Self-management

Students should be supported to manage their own medical needs where they are competent to do so.

This may include carrying medication, administering medication, monitoring symptoms, using medical equipment and seeking help appropriately.

The decision will consider:

- the student's age and maturity;
- the nature of the medicine or procedure;
- risks to the student and others;
- parent and healthcare-professional advice;
- the student's ability to act safely;
- whether supervision is required.

Self-management arrangements will be recorded in the student's plan where appropriate.

Students should be able to access emergency medication quickly and should not be prevented from carrying or using it where this has been agreed.

Students prescribed reliever inhalers or adrenaline auto-injectors will normally be expected to carry them where they are able to do so safely, with suitable backup arrangements agreed individually.

12. Storage of medication

Medication will be stored:

- safely;
- securely where appropriate;
- in accordance with manufacturer instructions;
- in a location accessible to authorised staff;
- so that emergency medication can be obtained without avoidable delay;
- away from unauthorised access.

Emergency medicines must not be stored in a way that makes them inaccessible during an emergency.

Medication requiring refrigeration will be stored in an appropriate secure arrangement.

Controlled drugs will be managed in accordance with legal requirements. They will normally be stored securely, with access restricted to authorised staff, while remaining available when required.

The academy will maintain an operational process for:

- receiving medication;
- checking labels and expiry dates;
- recording quantities where appropriate;
- safe access;
- return to parents;
- disposal.

Parents are responsible for replacing expired medication. The academy may issue reminders, but this does not remove parental responsibility.



13. Record keeping

The academy will maintain appropriate records of:

- medication received;
- parental consent;
- medication administered;
- refusals;
- errors or omissions;
- emergency medication use;
- incidents and near misses;
- staff training;
- healthcare plans and reviews.

An administration record will normally state:

- student's name;
- medicine;
- dose;
- date and time;
- member of staff;
- any relevant observation or action.

Records will be stored securely and retained in accordance with the Trust's records-retention arrangements.

Where a medication error occurs, staff must:

- seek immediate medical advice where necessary;
- inform the parent;
- report the incident;
- record what happened;
- cooperate with any review;
- implement agreed follow-up action.

14. Asthma

Students with asthma will be supported to participate fully in academy life.

Parents should:

- inform the academy that their child has asthma;
- provide current medical information;
- ensure that the student has an in-date reliever inhaler;
- provide a spacer where prescribed;
- provide consent for use of the academy's emergency inhaler where applicable.

Students who are competent should carry their own reliever inhaler, including during physical education and off-site activities.

The academy may hold emergency salbutamol inhalers for use in accordance with current guidance and its operational protocol. Emergency inhalers may only be used by students who:



- have been diagnosed with asthma and prescribed a reliever inhaler;
- have appropriate parental consent;
- meet the conditions set out in the academy's protocol.

During a suspected asthma attack, staff will follow the student's plan and current emergency guidance.

A severe asthma attack may include:

- worsening breathlessness or wheezing;
- inability to speak in full sentences;
- lack of response to the reliever inhaler;
- pale or blue lips;
- exhaustion, distress or collapse.

Where symptoms are severe or not improving, staff must call 999.

15. Allergy and anaphylaxis

The academy will maintain separate published allergy safety arrangements that comply with current Department for Education guidance.

These arrangements will include:

- a named allergy lead;
- identification of students with allergies;
- Individual Healthcare Plans or recognised allergy action plans where required;
- allergy awareness training for all staff;
- arrangements for catering and food-related activities;
- risk assessment and reasonable adjustments;
- emergency response procedures;
- arrangements for adrenaline auto-injectors;
- recording of incidents and near misses;
- review and lessons learned;
- communication with parents, students and staff.

A student at risk of anaphylaxis must have:

- current medical information;
- an appropriate written action plan;
- immediate access to prescribed adrenaline auto-injectors;
- suitable backup arrangements;
- staff who know how to obtain and administer emergency medication.

The academy will hold spare adrenaline auto-injectors where required by current regulations or statutory guidance and will manage them through a written protocol.

Spare devices will not replace a student's own prescribed medication.

If anaphylaxis is suspected:

- adrenaline must be administered without avoidable delay in accordance with the action plan and training;
- 999 must be called;



- the caller must state that anaphylaxis is suspected;
- a second dose must be given after the period specified in current guidance where symptoms do not improve;
- the student must not be left alone;
- the student must be transferred to hospital even where symptoms appear to improve.

The academy cannot guarantee an allergen-free environment. It will instead use proportionate controls to reduce exposure and respond effectively.

16. Other emergency medication and procedures

Students may require emergency arrangements for conditions including diabetes, epilepsy, adrenal insufficiency, cardiac conditions and other complex medical needs.

Plans will identify:

- warning signs;
- immediate action;
- emergency medication or equipment;
- when to call 999;
- who should be contacted;
- staff training required;
- arrangements for off-site activities.

Emergency medication and plans must remain accessible whenever the student is under academy supervision.

17. Emergency procedures

All staff must know how to summon urgent assistance.

In a medical emergency, staff will:

1. remain with the student;
2. call for trained assistance;
3. follow the student's plan where available;
4. administer emergency medication where trained and authorised;
5. call 999 where required;
6. provide clear information to the emergency service;
7. contact the parent or carer;
8. record the incident.

Where a student is taken to hospital:

- a parent should accompany them where possible;
- if a parent has not arrived, an appropriate member of staff may accompany the student;
- the academy will ensure that the student is not left unsupported;
- relevant medical information will be provided to ambulance staff.

Staff must not delay calling 999 while waiting for parental permission.

18. Educational visits, sport and wider academy life

Students with medical conditions will be supported to participate in:



- educational visits;
- residential visits;
- sport and physical education;
- clubs and enrichment;
- work experience;
- examinations;
- academy events.

A student will not be excluded simply because they have a medical condition.

Planning will consider:

- the student's Individual Healthcare Plan;
- medication and equipment;
- emergency arrangements;
- trained staff;
- transport;
- accessibility;
- food and allergens;
- communication;
- overnight storage and administration;
- proximity to medical assistance;
- reasonable adjustments.

Parents will not normally be required to attend a visit solely to provide routine medical support that the academy could reasonably arrange.

Emergency medication must remain accessible throughout a visit, journey or activity.

Medical information will be shared with placement providers or external staff only where necessary, lawful and proportionate.

19. Attendance, absence and reintegration

The academy will seek to support good attendance while recognising the impact of genuine medical needs.

Students will not be penalised unfairly for:

- authorised medical appointments;
- absence related to their condition;
- treatment or recovery;
- reasonable medical breaks.

However, the academy may seek clarification and evidence where:

- absence is frequent or prolonged;
- the relationship between the condition and absence is unclear;
- medical advice conflicts;
- additional support may be required;
- the student may need local-authority provision.



The academy will consider:

- reasonable adjustments;
- changes to routines or lesson access;
- rest breaks;
- movement arrangements;
- support to catch up;
- examination arrangements;
- temporary, exceptional and time-limited adjustments to attendance;
- referral to the relevant local-authority service.

Students whose medical needs significantly affect attendance may be considered through the fortnightly Pastoral Inclusion Panel where appropriate.

Where a student returns after significant absence, the academy may establish a reintegration plan with clear intended outcomes, reasonable adjustments, curriculum support, pastoral support, a review date and a planned return to full attendance where medically appropriate.

Where a student cannot attend for 15 school days or more because of health needs, whether consecutively or cumulatively, the academy will work with the local authority in accordance with the separate Children with Health Needs Who Cannot Attend School Policy.

20. SEND, disability and equality

Some medical conditions may meet the definition of disability under the Equality Act 2010.

The academy will consider reasonable adjustments including:

- access to food or drink;
- toilet access;
- rest breaks;
- altered movement times;
- seating or rooming;
- modified uniform;
- reduced exposure to triggers;
- accessible resources;
- examination arrangements;
- assistance with medication or procedures;
- support during visits.

Where a student also has SEND:

- the Individual Healthcare Plan will align with their student passport, SEN support plan or Education, Health and Care Plan;
- responsibilities will be clear;
- information will not be unnecessarily duplicated;
- medical support will not replace special educational provision.



21. Safeguarding and confidentiality

Medical information is sensitive personal data.

The academy will:

- share information only with staff who need it;
- store records securely;
- avoid unnecessary disclosure;
- consider the student's age and wishes;
- explain where information must be shared to keep the student safe;
- follow safeguarding procedures where a concern arises.

Confidentiality will not prevent the academy from sharing essential information where:

- there is a risk of harm;
- emergency action is required;
- staff need information to support the student safely;
- the law permits or requires disclosure.

Medical needs must not be dismissed as anxiety, behaviour or non-compliance without proper consideration.

Where a student's presentation raises safeguarding concerns, staff must report these through the academy's safeguarding system.

22. Unacceptable practice

Unless justified by the individual circumstances and evidence, it is not acceptable to:

- prevent students from accessing their medication;
- assume that all students with the same condition need identical support;
- ignore student or parental views;
- ignore medical evidence without proper consideration;
- repeatedly send a student home because of their condition;
- prevent a student from remaining for lunch or normal activities;
- send an unwell student to seek help alone where this would be unsafe;
- penalise authorised absence related to a medical condition;
- prevent access to food, drink or toilet facilities required to manage the condition;
- require parents to attend routinely to administer medication;
- exclude a student from visits or activities without considering reasonable adjustments;
- require parents to accompany a student on a visit as the default solution;
- administer medication in unsuitable or undignified locations;
- delay emergency treatment while trying to contact parents;
- continue an ineffective plan without review.

23. Insurance and indemnity

The academy will ensure that appropriate insurance or Risk Protection Arrangement cover is in place.

Staff providing agreed medical support will be informed of the relevant cover.



Insurance does not remove the requirement for appropriate training, adherence to plans, safe systems, accurate record keeping and professional conduct.

24. Incidents, near misses and lessons learned

Following a serious medical incident or near miss, the academy will review:

- whether the student's plan was current;
- whether staff recognised the symptoms;
- whether medication was available;
- whether action was prompt;
- whether communication was effective;
- whether staff training was sufficient;
- whether emergency services were contacted appropriately;
- whether parent communication was effective;
- whether site, catering or trip arrangements contributed;
- what must change.

Actions will have one named owner, a deadline, evidence of completion and a review point.

Allergy incidents and near misses will be recorded and reviewed in accordance with current guidance.

25. Complaints

Concerns should normally be raised with:

9. the designated medical or first-aid lead;
10. the Assistant Principal responsible for Safeguarding and Attendance;
11. the Headteacher, where the concern remains unresolved.

Formal complaints will be considered under the Sussex Learning Trust Concerns and Complaints Policy.

Urgent safeguarding or safety concerns should be raised immediately and should not wait for the formal complaints process.

26. Related policies

- First Aid Policy and procedures;
- Allergy Safety Policy;
- Children with Health Needs Who Cannot Attend School Policy;
- SEND Policy and SEND Information Report;
- Attendance Policy;
- Safeguarding and Child Protection Policy;
- Educational Visits Policy;
- Accessibility Plan;
- Equality Information and Objectives;
- Emergency and Lockdown Plan;
- Examinations and Access Arrangements procedures;
- Remote Education Policy;
- Data Protection Policy;



- Concerns and Complaints Policy.

27. Monitoring and review

The academy will monitor implementation through:

- review of Individual Healthcare Plans;
- checks of medication and records;
- staff-training records;
- student and parent feedback;
- review of medical incidents and near misses;
- attendance information;
- visit and activity planning;
- safeguarding and SEND reviews;
- line-management meetings;
- governor assurance.

Monitoring will consider:

- whether medical information is current;
- whether agreed provision is implemented;
- whether medication is accessible and in date;
- whether staff know what to do;
- whether students participate fully;
- whether absence is managed effectively;
- whether reasonable adjustments are working;
- whether actions following incidents are completed.

The policy will be reviewed annually and sooner where legislation or statutory guidance changes, Trust arrangements change, a significant incident occurs, monitoring identifies a weakness, or academy systems or roles change.



Appendix 1: Individual Healthcare Plan template

Academy and student information

Student's name	
Date of birth	
Tutor group	
Address	
Medical condition or diagnosis	
Date plan agreed	
Review date	
Academy lead	

Parent and carer contacts

Information	Contact 1	Contact 2
Name		
Relationship to student		
Telephone number		
Alternative telephone number		

Healthcare contacts

GP or surgery	
Telephone number	
Consultant or specialist	
Telephone number	
School nursing or community service	
Other professional	

Medical needs

Description of the condition	
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Symptoms and warning signs	
Known triggers	
Daily care requirements	
Equipment or testing required	
Environmental requirements	
Food, drink or toilet arrangements	

Medication

Name of medication	
Dose	
Method of administration	
Time or circumstances	
Side effects or contraindications	
Storage arrangements	
Administered by	
Self-administration arrangements	
Backup medication	

Educational and pastoral support

Classroom adjustments	
Attendance arrangements	
Catch-up or reintegration support	
Movement or rest arrangements	
Physical education	
Examinations	
Emotional or pastoral support	
SEND or disability considerations	



Emergency arrangements

What constitutes an emergency	
Immediate action	
Emergency medication	
When to call 999	
Who is responsible	
Parent or carer contact arrangements	
Contingency arrangements	

Off-site activities

Day visits	
Residential visits	
Sport and fixtures	
Work experience	
Medication and equipment	
Staff training required	

Staff information and training

Staff who need access to the plan	
Training required	
Training provider	
Date completed	
Competency confirmed by	
Refresher or review date	

Agreement

Student	
Parent or carer	
Academy representative	



Healthcare professional, where involved	
Other professional	

Document Version Control

Date	Version	Comment	Ratified by	Reviewer
September 2026	v1		LGB	Headteacher