

Medical Needs, Medicines and Allergy Policy

Version	3.0
Effective	August 2026
Approved by	Governing Body
Review	August 2027 or sooner if required

Daffodil standard

Every Daffodil document is written to be understood, applied, evidenced and reviewed.

- Know the non-negotiable requirements, the responsible lead and the point for escalation.
- Put pupils' welfare, dignity, equality and access at the centre of each decision.
- Act promptly where safety or safeguarding may be at risk; do not wait for certainty.
- Make reasonable adjustments and listen to the pupil's voice in an accessible way.
- Keep factual, dated and secure records; review whether action made the intended difference.

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Policy summary

This operating table converts the policy into minimum actions and evidence. It supports implementation but does not replace the detailed modules.

Decision point	Minimum action	Required evidence	Review point
Medical need notified	Agree an Individual Healthcare Plan where needed, including triggers, routine care, emergency action, consent and named responsibilities.	IHP, consent and healthcare-professional advice	At least annually and after change
Medicine received	Check identity, label, dose, expiry, instructions, consent and storage; record receipt and administration.	Medicine register and administration record	Each administration and stock check
Allergy risk	Prevent avoidable exposure, train staff, ensure rapid access to prescribed and emergency adrenaline devices and rehearse the response.	Allergy plan, training record and device checks	Termly and after any exposure
Incident or near miss	Treat first, call emergency help when indicated, notify parents and leaders, preserve records and identify system learning.	Incident/near-miss review and action plan	Within 24 hours and to closure

Part 1 Supporting pupils with medical conditions

Policy at a glance

Purpose and scope

This policy sets out Daffodil Preparatory School's arrangements for supporting pupils with medical needs, medicines and allergies. It applies to the proprietor/governing body, leaders, employees, agency staff, contractors, volunteers, pupils and visitors where relevant, including school-organised activities off-site and online conduct connected with the school.

Related policies: First Aid Policy; Health, Safety, Risk and Emergency Management Policy; Safeguarding and Safer Working Policy; Inclusion, Equality, SEND and Wellbeing Policy; Data Protection and Information Governance Policy.

The school is an independent primary school in Tower Hamlets with an Islamic ethos. The welfare and best interests of children are central. Faith ethos is implemented consistently with safeguarding, equality, human rights, employment, health and safety and education law.

Policy commitments

- Act lawfully, promptly, proportionately and in the child's best interests.

- Listen to children and take account of age, development, communication, disability, SEND, EAL, culture and vulnerability.
- Keep clear, factual, secure records of decisions, actions, rationale and review.
- Escalate concerns and seek competent advice rather than allowing uncertainty to cause delay.
- Monitor implementation and learn from incidents, complaints, near misses, pupil voice and external guidance.

Responsibilities

- The proprietor/governing body retains strategic oversight, approves the policy, assures resources and receives evidence of effectiveness.
- The Headteacher implements the policy, assigns competent leads, ensures training and reports material risk or non-compliance.
- The DSL leads safeguarding aspects and is consulted whenever a child may be at risk of harm.
- The SENCO advises on SEND, disability, communication and reasonable adjustments.
- All staff follow procedures, maintain professional curiosity, record accurately and report concerns immediately.
- Pupils and parents are expected to follow school rules and are given accessible ways to ask questions, seek help and raise concerns.

Identification and controlled medical-needs register

- Collect medical information at admission and require parents to report changes promptly. Review the controlled Medical Needs Register at least termly and after every notified change.
- The register records only information necessary for safe education and care: condition, essential signs/triggers, daily arrangements, emergency action, medication location, IHP status, review date and relevant staff awareness.
- The register is not a substitute for an IHP or clinical instruction. Access is role-based; class, catering, trip and cover staff receive the minimum information they need.

Individual healthcare plans

- Use an IHP where a condition is long-term, complex, fluctuating, affects participation or may require emergency intervention; an allergy needing emergency planning receives an IHP under the Allergy Safety Policy.
- Agree signs, triggers, medication, dose/route, adjustments, emergency thresholds, staff training, consent, communication, attendance support and review with parents, pupil and appropriate health professionals.
- Review at least annually and sooner after a diagnosis/change, emergency, hospital attendance, medication alteration, near miss or concern that the plan is ineffective.

Inclusion and continuity

- Do not create unnecessary barriers to attendance, trips, sport, worship, meals, clubs or full participation. Make reasonable adjustments and plan trained cover.
- Prepare medical and emergency information for visits, evacuation, lockdown and temporary staffing while maintaining confidentiality.

- Where illness affects attendance, agree education and reintegration support and liaise with the local authority/health professionals where applicable.

Equality, SEND and accessibility

The school applies the Equality Act 2010, anticipates reasonable adjustments and avoids blanket decisions. Staff distinguish deliberate misconduct from behaviour or difficulty arising from disability, SEND, communication need, trauma or medical condition. Information and processes are made accessible, and the pupil's voice is sought in a way they can understand.

Records, confidentiality and information sharing

Records are factual, dated, attributable, access-controlled and retained under the Data Protection and Information Governance Policy (retention section). Information is shared on a need-to-know basis when lawful and necessary. Safeguarding information is shared promptly to protect a child; data protection law is not used as a reason to withhold necessary safeguarding information.

Training, monitoring and assurance

- Induction and refresher training are proportionate to role and risk.
- The policy lead monitors incidents, timeliness, outcomes, equality impact, recurring themes and overdue actions.
- Material breaches are reported promptly to the Headteacher and governing body/proprietor and, where required, regulators or authorities.
- This policy is reviewed at least annually and sooner after significant incidents, legal change, updated statutory guidance or evidence that arrangements are ineffective.

Related school policies

- Part 2 — Medicines management
- First Aid Policy
- SEND and EHC Policy
- Accessibility Plan
- Part 3 — Allergy safety and anaphylaxis
- Educational Visits Policy

Legal and guidance framework

- Supporting pupils at school with medical conditions
- Equality Act 2010
- Children and Families Act 2014
- Allergy safety in schools (July 2026)
- KCSIE 2026
- Independent School Standards guidance (April 2026)
- Independent school inspection toolkit (August 2026)
- Children's Wellbeing and Schools Act 2026

Legal status note: KCSIE 2025 applies through 31 August 2026. This August review is written for implementation from 1 September 2026 and therefore adopts KCSIE 2026, the statutory mobile-

phone guidance and the revised Relationships, Sex and Health Education guidance where relevant. Proposed SEND reforms are not treated as enacted duties unless commenced.

Part 2 Medicines management

Policy at a glance

Purpose and scope

This policy sets out Daffodil Preparatory School's arrangements for medicines management. It applies to the proprietor/governing body, leaders, employees, agency staff, contractors, volunteers, pupils and visitors where relevant, including school-organised activities off-site and online conduct connected with the school.

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Policy commitments

- Act lawfully, promptly, proportionately and in the child's best interests.
- Listen to children and take account of age, development, communication, disability, SEND, EAL, culture and vulnerability.
- Keep clear, factual, secure records of decisions, actions, rationale and review.
- Escalate concerns and seek competent advice rather than allowing uncertainty to cause delay.
- Monitor implementation and learn from incidents, complaints, near misses, pupil voice and external guidance.

Responsibilities

- The proprietor/governing body retains strategic oversight, approves the policy, assures resources and receives evidence of effectiveness.
- The Headteacher implements the policy, assigns competent leads, ensures training and reports material risk or non-compliance.
- The DSL leads safeguarding aspects and is consulted whenever a child may be at risk of harm.
- The SENCO advises on SEND, disability, communication and reasonable adjustments.
- All staff follow procedures, maintain professional curiosity, record accurately and report concerns immediately.
- Pupils and parents are expected to follow school rules and are given accessible ways to ask questions, seek help and raise concerns.

Authorisation and receipt

- Accept medication only with written parent/carer authorisation and in the original pharmacy-labelled container, except where an agreed emergency arrangement lawfully provides otherwise.

- On receipt, check pupil, medicine, strength, dose, route, timing, expiry, storage and instructions against the authorisation and IHP. Record quantity received and the receiving staff member.
- Resolve discrepancies before administration; never guess a dose or rely on verbal instructions except under a documented emergency/clinical direction.

Administration and recording

- Use the six-rights check: right pupil, medicine, dose, route, time and documentation. A second check is used for controlled drugs or where the risk assessment requires it.
- Record administration immediately in the Medication Administration Record. Record refusals, omissions, errors, vomiting/spillage and action taken; notify parents and seek clinical advice where required.
- Pupils may carry emergency medicines only where developmentally appropriate and documented in an IHP. Back-up medication remains rapidly accessible.

Storage, stock and disposal

- Store securely but never so securely that emergency access is delayed. Refrigerated medication is kept in a locked or access-controlled medicines container with recorded temperature checks where necessary.
- Maintain a medication and emergency-device register with location, quantity, expiry, review date and named checker. Use expiry alerts and complete at least monthly recorded checks.
- Controlled drugs are managed under applicable legal requirements with a bound/auditable register and witnessed balance checks.
- Return unwanted/expired medicines to parents or an appropriate pharmacy; do not place medicines in general waste or wastewater.

Equality, SEND and accessibility

The school applies the Equality Act 2010, anticipates reasonable adjustments and avoids blanket decisions. Staff distinguish deliberate misconduct from behaviour or difficulty arising from disability, SEND, communication need, trauma or medical condition. Information and processes are made accessible, and the pupil's voice is sought in a way they can understand.

Records, confidentiality and information sharing

Records are factual, dated, attributable, access-controlled and retained under the Data Protection and Information Governance Policy (retention section). Information is shared on a need-to-know basis when lawful and necessary. Safeguarding information is shared promptly to protect a child; data protection law is not used as a reason to withhold necessary safeguarding information.

Training, monitoring and assurance

- Induction and refresher training are proportionate to role and risk.
- The policy lead monitors incidents, timeliness, outcomes, equality impact, recurring themes and overdue actions.
- Material breaches are reported promptly to the Headteacher and governing body/proprietor and, where required, regulators or authorities.

- This policy is reviewed at least annually and sooner after significant incidents, legal change, updated statutory guidance or evidence that arrangements are ineffective.

Related school policies

- Part 1 — Supporting pupils with medical conditions
- First Aid Policy
- Health and Safety Policy
- Part 3 — Allergy safety and anaphylaxis

Legal and guidance framework

- Supporting pupils at school with medical conditions
- First aid in schools
- Allergy safety in schools (July 2026)
- KCSIE 2026
- Independent School Standards guidance (April 2026)
- Independent school inspection toolkit (August 2026)
- Equality Act 2010
- Children's Wellbeing and Schools Act 2026

Legal status note: KCSIE 2025 applies through 31 August 2026. This August review is written for implementation from 1 September 2026 and therefore adopts KCSIE 2026, the statutory mobile-phone guidance and the revised Relationships, Sex and Health Education guidance where relevant. Proposed SEND reforms are not treated as enacted duties unless commenced.

Part 3 Allergy safety and anaphylaxis

Policy at a glance

Purpose and scope

This policy sets out Daffodil Preparatory School's arrangements for allergy safety and anaphylaxis. It applies to the proprietor/governing body, leaders, employees, agency staff, contractors, volunteers, pupils and visitors where relevant, including school-organised activities off-site and online conduct connected with the school.

The school is an independent primary school in Tower Hamlets with an Islamic ethos. The welfare and best interests of children are central. Faith ethos is implemented consistently with safeguarding, equality, human rights, employment, health and safety and education law.

Policy commitments

- Act lawfully, promptly, proportionately and in the child's best interests.
- Listen to children and take account of age, development, communication, disability, SEND, EAL, culture and vulnerability.

- Keep clear, factual, secure records of decisions, actions, rationale and review.
- Escalate concerns and seek competent advice rather than allowing uncertainty to cause delay.
- Monitor implementation and learn from incidents, complaints, near misses, pupil voice and external guidance.

Responsibilities

- The proprietor/governing body retains strategic oversight, approves the policy, assures resources and receives evidence of effectiveness.
- The Headteacher implements the policy, assigns competent leads, ensures training and reports material risk or non-compliance.
- The DSL leads safeguarding aspects and is consulted whenever a child may be at risk of harm.
- The SENCO advises on SEND, disability, communication and reasonable adjustments.
- All staff follow procedures, maintain professional curiosity, record accurately and report concerns immediately.
- Pupils and parents are expected to follow school rules and are given accessible ways to ask questions, seek help and raise concerns.

Legal status and Daffodil commitment

- The July 2026 DfE allergy-safety guidance is not yet directly statutory for independent schools, but equivalent requirements are intended through the independent-school regulatory framework. Daffodil adopts the guidance now as its minimum operating standard.
- The governing body designates an Allergy Safety Lead and deputy, publishes this policy, reviews it at least annually and receives termly assurance on training, IHPs, incidents, near misses and overdue actions.
- No child is excluded from learning, meals, trips, clubs or celebrations because of allergy without an individual, evidence-based risk assessment and reasonable adjustments.

Allergy and dietary-needs registers

- Maintain a confidential Allergy and Anaphylaxis Register and a linked Dietary Requirements Register. Verify entries with parents and, where necessary, healthcare professionals at admission, at least termly and whenever information changes.
- The allergy register records allergen, reaction history/severity, early signs, emergency action, adrenaline auto-injector details/location/expiry, IHP date, parent contacts, consent and staff awareness.
- The dietary register distinguishes medically diagnosed allergy/intolerance from religious, cultural, ethical and preference-based requirements. Catering staff receive the minimum accurate information necessary to prevent exposure.
- Use photographs only where necessary, proportionate, securely displayed and supported by appropriate privacy information/consent or another lawful basis. Remove obsolete copies immediately.

Individual healthcare plans and emergency medication

- Every pupil at risk of anaphylaxis has an individual healthcare plan agreed with parents and informed by clinical advice. Plans accompany the pupil on trips and are available to relevant staff without delay.
- Prescribed adrenaline auto-injectors are kept in known, accessible locations and not locked away so as to delay emergency use. Expiry and condition are checked at least monthly and after use.
- Where the law permits the school to hold spare adrenaline auto-injectors, procurement, consent, training, storage, checks and use follow current regulations and DfE guidance. The school does not claim a stock duty until the relevant independent-school requirement is commenced.

Food procurement, preparation and service

- The school and caterer maintain ingredient and allergen information for every meal and snack, including substitutions, celebration food, cooking activities and food brought in by third parties.
- Prevent cross-contact through supplier checks, labelled storage, cleaning, utensils, preparation sequencing and clear service controls. Never rely on visual inspection or memory.
- Prepacked-for-direct-sale food produced on site carries the food name and a full ingredients list with the 14 regulated allergens emphasised, in accordance with applicable food-information law.
- A last-minute substitution is not served to an allergic pupil until its ingredients and cross-contact risk have been checked by an authorised person.

Training, response and learning

- All staff receive allergy-awareness training at induction and regular refreshers; staff with assigned responsibilities receive practical emergency training appropriate to the pupil's plan and devices.
- At signs of anaphylaxis, administer adrenaline without delay in accordance with training/IHP/device instructions, call 999, state 'anaphylaxis', follow emergency instructions, contact parents and ensure hospital assessment. A second device is used if clinically directed/according to current guidance and symptoms persist.
- Record all reactions, medication use, exposure events and near misses. Preserve packaging/ingredients where relevant and complete a multidisciplinary review that identifies root causes, actions, owners and deadlines.

Equality, SEND and accessibility

The school applies the Equality Act 2010, anticipates reasonable adjustments and avoids blanket decisions. Staff distinguish deliberate misconduct from behaviour or difficulty arising from disability, SEND, communication need, trauma or medical condition. Information and processes are made accessible, and the pupil's voice is sought in a way they can understand.

Records, confidentiality and information sharing

Records are factual, dated, attributable, access-controlled and retained under the Data Protection and Information Governance Policy (retention section). Information is shared on a need-to-know

basis when lawful and necessary. Safeguarding information is shared promptly to protect a child; data protection law is not used as a reason to withhold necessary safeguarding information.

Training, monitoring and assurance

- Induction and refresher training are proportionate to role and risk.
- The policy lead monitors incidents, timeliness, outcomes, equality impact, recurring themes and overdue actions.
- Material breaches are reported promptly to the Headteacher and governing body/proprietor and, where required, regulators or authorities.
- This policy is reviewed at least annually and sooner after significant incidents, legal change, updated statutory guidance or evidence that arrangements are ineffective.

Related school policies

- Part 1 — Supporting pupils with medical conditions
- Part 2 — Medicines management
- First Aid Policy
- Health and Safety Policy
- Educational Visits Policy
- Data Protection Policy

Legal and guidance framework

- Allergy safety in schools (July 2026)
- DfE allergy guidance for schools (July 2026)
- FSA PPDS allergen labelling guidance
- Children and Families Act 2014
- Equality Act 2010
- KCSIE 2026
- Independent School Standards guidance (April 2026)
- Independent school inspection toolkit (August 2026)
- Children's Wellbeing and Schools Act 2026

Legal status note: KCSIE 2025 applies through 31 August 2026. This August review is written for implementation from 1 September 2026 and therefore adopts KCSIE 2026, the statutory mobile-phone guidance and the revised Relationships, Sex and Health Education guidance where relevant. Proposed SEND reforms are not treated as enacted duties unless commenced.

Part 4 Monitoring, accountability and review

Equality, SEND and accessibility

Decisions must be fair, evidence-based and free from unlawful discrimination. Staff identify and record reasonable adjustments, accessible communication and support required by disability, SEND, medical need, language, religion or belief and other protected characteristics.

Safeguarding priority

Any concern that may indicate abuse, neglect, exploitation, peer-on-peer harm, self-harm, significant vulnerability or risk of serious harm is referred immediately to the DSL. Policy processes must not delay emergency or safeguarding action.

Records and confidentiality

The responsible lead records the decision, evidence, action, communication, support, adjustment, owner and review date in the appropriate secure system. Information is shared on a lawful, necessary and proportionate basis and retained under the school's information-governance requirements.

Training and implementation

The policy owner identifies role-specific induction, refresher training, drills or competency checks. Leaders sample implementation and records, address inconsistency promptly and report material themes and risks to governors.

Review and continuous improvement

The policy is reviewed at least annually, and sooner after a serious incident, complaint, audit finding, statutory or guidance change, recurring pattern or evidence that controls are ineffective. Pupil, parent and staff voice is considered where relevant.

Medical Needs, Medicines and Allergy Policy, version 3.0, effective August 2026. This document supersedes the corresponding earlier policy drafts included within it. Previous files remain version-history records and must not be used as concurrent instructions.

Part 5 Putting the policy into practice

Individual healthcare plans and safe medicines systems

- Identify pupils needing an Individual Healthcare Plan, develop it with parents and appropriate clinicians, obtain authorisation and ensure relevant staff can access the current version.
- The plan specifies condition, triggers, symptoms, medication, dosage, administration, storage, adjustments, emergency response, contacts, trips and review arrangements.
- Receive, store, administer, record, return and dispose of medicines through a controlled process; investigate discrepancies immediately.
- A pupil may carry or self-administer only where assessed as competent and authorised, with an accessible back-up arrangement where clinically appropriate.

Allergy safety and anaphylaxis readiness

- Maintain an allergy register and risk-based IHPs; communicate food, activity, classroom, trip and cross-contact controls to everyone who needs them, including catering and temporary staff.
- Train all staff in allergy awareness and emergency action, with additional competency training for those expected to administer adrenaline auto-injectors.

- Keep prescribed AAIs rapidly accessible and consider lawful spare-AAI arrangements; call 999 after suspected anaphylaxis and follow the emergency plan even if symptoms improve.
- Record and review allergic reactions, medication errors and near misses, share learning and complete corrective actions.

2026 implementation assurance

- Although the July 2026 allergy guidance notes that independent-school requirements are being introduced through the regulatory framework, the school adopts its operational standards as best practice from August 2026.
- Termly assurance covers IHP currency, medication and AAI expiry, storage, training, trip plans, incidents, near misses and parent communication.
- Principal framework: Allergy Safety in Schools guidance (July 2026), Children's Wellbeing and Schools Act 2026, supporting pupils with medical conditions guidance, Human Medicines Regulations and KCSIE 2026.

Medication administration controls

- Accept medicine only with written authorisation and in the original labelled container unless a documented clinical or emergency arrangement requires otherwise.
- Check pupil, medicine, strength, dose, route, time, expiry and authorisation before administration; record immediately and obtain a second check where the plan or medicine requires it.
- For refusal, omission, error, loss or unexpected reaction, protect the pupil first, seek clinical or emergency advice, inform parents and leadership, record facts and review recurrence controls.
- Controlled drugs are stored, administered, counted, recorded and returned through an appropriately restricted process while remaining accessible in an emergency.

Trips, clubs and continuity of care

- Medical and allergy provision applies to trips, clubs, wraparound care and school-arranged transport; the activity leader confirms trained cover, medication, emergency plans and communication before the activity begins.
- Do not exclude a pupil from an activity because of medical need without assessing reasonable adjustments and seeking appropriate advice.
- Handover to temporary or supply staff identifies urgent needs and actions without disclosing more confidential information than necessary.

References and statutory guidance

Linked titles open the current published source. Check the source page for later updates when this policy is reviewed.

1. [Independent School Standards guidance](#) - Department for Education, April 2026.
2. [Keeping children safe in education 2026](#) - Department for Education; in force from 1 September 2026.
3. [Working together to safeguard children 2026](#) - HM Government, updated March 2026.

4. [Education inspection toolkits and supporting evidence](#) - Ofsted; September 2026 inspection materials.
5. [Allergy safety in schools](#) - Department for Education, 6 July 2026; strong practice for independent schools pending equivalent requirements.
6. [Supporting pupils with medical conditions at school](#) - Department for Education; current guidance pending the announced update.