



Department
for Education

Supporting pupils with medical conditions at school

Government consultation

Launch date 05 March 2026

Respond by 15 May 2026

Contents

Introduction	4
Who this is for	4
Issue date	5
Enquiries	5
Additional copies	5
The response	5
About this consultation	6
Respond online	6
Other ways to respond	6
Deadline	7
Respondents	7
Principles of the guidance	9
Inclusive education for children and young people with medical conditions	9
Wellbeing of children and young people with medical conditions	9
Medical conditions policy	11
Responsibility for medical condition policies	11
Review of medical condition policies	11
Scope of medical condition policies	11
Identifying children and young people with medical conditions	12
Staff training	13
Individual Healthcare Plans	14
Background	14
Who needs an Individual Healthcare Plan	14
Scope of Individual Healthcare Plans	15
Serious incidents and “near misses”	17
Background	17
Incident reporting	17
Allergy safety	19
Background	19
Responsibility for allergy safety policies	19

Review of allergy safety policies	20
Scope of allergy safety policies	20
Allergy awareness training	21
Adrenaline devices	22
Specific considerations arising from medical conditions and allergy	23
Background	23
Scope of the statutory duties	25
Background	25
Proposal and rationale	26

Introduction

The Department for Education (DfE) recognises that children and young people with medical conditions, including allergies, have the same right to education as their peers. They should be able to attend regularly, be safe, feel welcome and enjoy their life in their school, college or early years setting.

We are consulting on a draft of new statutory guidance issued under section 100 of the Children and Families Act 2014, setting out how LA-maintained schools, Academies and PRUs should fulfil their statutory duty to make arrangements for supporting pupils with medical conditions. This is intended to replace the current statutory guidance on [Supporting pupils with medical conditions at school](#), published in December 2015.

Who this is for

This will be **statutory** guidance for the following education providers (i.e. they must “have regard” to it in fulfilling their statutory duties):

- governing bodies of maintained schools, including special schools but excluding maintained nursery schools
- management committees of PRUs
- proprietors of academies, including free schools and alternative provision academies (but excluding 16–19 academies)

In addition to this being statutory guidance for maintained schools, it will also be of assistance to other education providers as they fulfil their wider statutory duties, including:

- early years settings
- FE colleges and post-16 institutions (including 16-19 academies)
- independent schools
- non-school alternative provision

This guidance is also provided to assist and guide:

- local authorities
- home to school transport providers
- children, young people and their parents/carers

- Integrated Care Boards (ICBs), including executive leads for SEND
- Designated clinical officers / designated medical officers
- Staff working for NHS providers
- School nursing teams delivering the Healthy Child Programme

Issue date

The consultation was issued on 05 March 2026.

Enquiries

If your enquiry is related to the policy content of the consultation you can contact the team via email on email:

MedicalandAllergy.CONSULTATION@education.gov.uk

If your enquiry is related to the DfE e-consultation website or the consultation process in general, you can contact the DfE Ministerial and Public Communications Division by email: coordinator.consultations@education.gov.uk, telephone: 0370 000 2288 or via the [DfE Contact us page](#).

Additional copies

Additional copies are available electronically and can be downloaded from [GOV.UK DfE consultations](#).

The response

The results of the consultation and the department's response will be [published on GOV.UK](#) in summer 2026.

About this consultation

We are seeking views on the following proposals to strengthen statutory guidance:

- Requiring every setting to have a **published medical conditions policy**, owned by a named senior leader and governor, reviewed at least annually.
- Strengthening the use, development, review and standardisation of **Individual Healthcare Plans** (IHPs).
- Introducing clear expectations on recording, reporting and learning from serious incidents and “near misses” relating to children and young people with medical conditions (including allergy).
- Introducing a new requirement for a **separate, published allergy safety policy**, owned by a named senior leader and governor, reviewed at least annually. The allergy safety policy will set out how the school, college or setting will minimise the risks of exposure to known allergens, ensure staff are **trained** in allergy awareness and emergency response and cover the use of adrenaline devices (both prescribed and “spare”).

In addition, we are seeking views on whether we should expand the scope of the duty under section 100 of the Children and Families Act 2014 for maintained schools, Academies and PRUs to “make arrangements for supporting pupils with medical conditions” to cover:

- FE colleges and post-16 institutions;
- Non-maintained special schools
- Independent schools.

We welcome views from all interested parties.

Respond online

To help us analyse the responses please use the online system wherever possible. Visit [DfE consultations on GOV.UK](https://www.gov.uk/consultations) to submit your response.

Other ways to respond

If for exceptional reasons, you are unable to use the online system, for example because you use specialist accessibility software that is not compatible with the system, you may request an alternative format of the form.

By email

MedicalandAllergy.CONULTATION@education.gov.uk

By post

Consultation Response
Medical Conditions at Schools Team
Department for Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

Deadline

The consultation closes on 01 May 2026.

Respondents

About respondent questions

1. Would you like us to keep your response confidential? [See the [Privacy information: members of the public](#) for more details].
 - a. Yes / No
2. What is your name?
3. What is your email address?
4. Which local authority area are you responding from?
5. Are you replying in an individual or organisational capacity?
 - a. Individual
 - b. Organisation
6. If applicable, what type of organisation are you from?

Early years, Primary, secondary, Post-16, local authority, healthcare body, professional association, medical condition and allergy stakeholder, Other

If Other, please specify:

7. What is the name of your organisation?
8. What is your role within the organisation?
9. If you are responding as an individual, in what capacity are you providing views to this consultation?
 - a. Parent or carer
 - b. Child or young person
 - c. Governor
 - d. Head or principal
 - e. Teacher
 - f. Teaching assistant
 - g. Healthcare professional
 - h. Interested member of the public
 - i. Other

If Other, please specify:

Principles of the guidance

Inclusive education for children and young people with medical conditions

The draft guidance sets out our vision that every child or young person attending a school, college or early years setting will be able to thrive and succeed, achieving well academically, receiving an effective preparation for adulthood and playing a full part in the life of the school, college or setting. Where a child or young person has a medical condition that presents a barrier to that, the school, college or setting – working as appropriate with its health and other partners – should seek to remove that barrier.

The draft guidance identifies key risks posed to children and young people with medical conditions:

- Risk to health and life
- Risk to learning
- Risk to wellbeing

Q10. Principles

Do you agree with the principles we have identified for including children and young people with medical conditions (including allergy) as fully as possible in education?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Wellbeing of children and young people with medical conditions

Children and young people with medical conditions are disproportionately likely to experience poor mental wellbeing. This can arise from anxiety over the support they will receive for their medical condition and the impact of poor care or serious incidents. It can arise from social isolation, where the medical condition means they cannot be fully included in the life of the school, college or setting or engage with their peers. Lack of understanding or sympathy from peers or staff, or active bullying on the basis of the medical condition is a particular concern.

The draft guidance proposes that the medical conditions policy should set out how the welfare of children and young people with medical conditions (including allergy) will be

supported. This should include arrangements to promote the mental health and wellbeing of children and young people and to prevent children and young people being bullied on account of their medical condition. The medical conditions policy should also set out measures to prevent and respond to bullying related to children and young people with medical conditions (including allergy).

Q11. Wellbeing

Do you agree with the proposals for promoting the wellbeing of children and young people with medical conditions (including allergy)?

- Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Medical conditions policy

Responsibility for medical condition policies

The draft statutory guidance proposes that schools, colleges and early years settings should set out their arrangements for supporting children and young people with medical conditions (including allergy) in a **medical conditions policy**, which should be published on the school, college or setting's website. It proposes that a named member of the governing body and a named senior leader should be responsible for the medical conditions policy.

Q12. Oversight of medical condition policies

Do you agree with the proposal that a named governor and named senior leader should be responsible for the medical conditions policy?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Review of medical condition policies

The draft statutory guidance proposes that the medical conditions policy should be reviewed at least annually and following any serious incident or "near miss".

Q13. Review of medical condition policies

Do you agree with the proposal that medical conditions policies should be reviewed at least annually, and after any serious incident or near miss, as described in the guidance?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Scope of medical condition policies

The medical conditions policy should set out:

- how the school, college or setting will ensure children and young people with medical conditions (including allergy) are **identified** and fully **included**, including in **visits and trips**;
- how **Individual Healthcare Plans** will be developed;
- how staff (whether teaching staff, support staff or supply staff) will be **trained** in awareness of medical conditions;
- how the school, college or setting will respond in an **emergency**;
- how the school, college or setting will put **reasonable adjustments** where a medical condition constitutes a disability;
- how **medication** will be managed;
- how **concerns** should be raised; and
- how the **wellbeing** of children and young people with medical conditions will be promoted.

Q14. Scope of medical condition policies

Do you agree with the proposed scope of medical conditions policies?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Identifying children and young people with medical conditions

The draft guidance proposes that the medical condition policy should cover any arrangements which need to be in place to support children and young people with medical conditions. Some medical conditions will have no effect on a child or young person's participation in the life of their school, college or setting and so do not require any additional arrangements. Similarly, short-term illnesses will have a limited impact and are unlikely to require additional arrangements. Examples of medical conditions which may impact on children and young people while in education are provided in the annex.

The draft guidance is clear that schools, colleges and early years settings should not wait for a formal diagnosis of a medical condition before providing support. Whenever it is clear that arrangements are needed to support a child or young person with a medical condition, they should be put in place to ensure they can engage effectively in education and be fully included in the life of the school, college or setting. Decisions should be

based on the child or young person's reported needs, available evidence and the potential risk of harm if support is not provided, with arrangements reviewed as further information becomes available.

Q15. Identification of children and young people with medical conditions

Do you agree with the medical conditions which we propose should be covered by medical condition policies?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Staff training

The draft guidance proposes that governing bodies should ensure that all staff are aware of the medical conditions policy and understand their role in implementing it. This includes staff or volunteers responsible for before-school provision, free breakfast clubs and afterschool clubs, whether delivered directly or through third-party providers operating on or in the vicinity of the school site.

Where children and young people have specific medical conditions, the governing body will need to consider what training and awareness may be needed by the members of staff likely to be involved in supporting them.

The medical conditions policy should set out arrangements for the training of staff whose role is intended to include providing support to a child or young person with specific medical needs. Training should be sufficient to ensure that staff are competent and confident to fulfil the requirements set out in Individual Healthcare Plans.

Q16. Staff training on medical conditions

Do you agree that our proposals set reasonable expectations for staff training on medical conditions?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Individual Healthcare Plans

Background

Individual Healthcare Plans are documents which a school, college or education provider produces and owns, setting out the support which a specific child or young person may require in respect of their medical condition, and the steps which the education provider will take to support them. They provide clarity about what needs to be done by the staff in a school, college or early years setting, how, when and by whom, to support a specific child or young person with a medical condition. They should be developed in collaboration with the child or young person and their parents and should take account of any advice received from healthcare professionals.

Individual Healthcare Plans are “owned” by the school, college or early years setting which the child or young person attends. While they may be informed by advice from healthcare professionals (and may incorporate care or action plans provided by healthcare professionals), they are not clinical documents. They describe the arrangements to support the specific child or young person at the specific school, college or setting. If the child or young person moves, their new school, college or setting will need to draw up a new Individual Healthcare Plan. While it might be very similar, it needs to reflect the arrangements the new school, college or setting will put in place.

Who needs an Individual Healthcare Plan

The draft statutory guidance proposes that a child or young person should have an Individual Healthcare Plan if it is clear that their medical condition will require the school, college or early years setting to put supportive arrangements in place. This includes children and young people whose medical conditions require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation). A child or young person would not require a formal diagnosis to have an Individual Healthcare Plan.

Individual Healthcare Plans will be particularly important in certain cases:

- Prescribed medication
- Personalised care plans
- Allergy
- “Reasonable adjustments”

Individual Healthcare Plans would not be needed in the case of medical conditions

which have little or no impact on the child or young person while they are at school, college or in an early years setting, or where they do not require individualised arrangements (i.e. they can be supported under the setting-wide medical conditions policy).

Q17. Who needs an Individual Healthcare Plan

Do you agree with the proposal for which children and young people will need an Individual Healthcare Plan?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Scope of Individual Healthcare Plans

The draft statutory guidance proposes that Individual Healthcare Plans should include:

- Details about the child or young person and their family
- Who needs to be aware of the medical condition and the support required
- A summary of the medical condition, its impact (including on wellbeing) and the child or young person's consequent needs
- The extent to which the child or young person can take responsibility for their own health needs
- Details of the specific support which will be put in place, including in the case of trips, visits and extracurricular activities
- Arrangements for maintaining educational progress where absence or missed learning occurs due to medical conditions
- Information about what to do in an emergency, including whom to contact
- A copy of any personalised care plan issued by a healthcare professional (for example an Allergy or Asthma Action Plan)
- Details of any medication which may need to be administered

Q18. Scope of Individual Healthcare Plans

Do you agree with the proposed scope of Individual Healthcare Plans?

- Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Serious incidents and “near misses”

Background

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A “**near miss**” is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different. They are as important as actual incidents, since they may highlight weaknesses in a school, college or early years setting’s policies, procedures, training or communication and arrangements which, if not addressed, might have serious consequences in the future.

Incident reporting

The draft statutory guidance proposes that any serious incident or “near miss” involving a child, young person, member of staff or visitor with a medical condition or allergy should be recorded as soon as is feasible. The report should be shared with the child’s parents, the young person or the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review.

The draft guidance proposes that the governor responsible for medical conditions and/or allergy will need to consider what lessons to learn and whether changes are required to the school, college or setting’s medical conditions and/or allergy safety policies. The designated governor and designated senior leader should consider:

- Could the school, college or setting reasonably have foreseen an incident of this nature?
- Did policies (for example a medical conditions policy, allergy safety policy or Individual Healthcare Plan) set out how to respond to an incident of this nature? If so, were they followed?
- Were the school, college or setting’s policies adequate? If not, what changes might be required?

- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken? Should the school, college or setting's policies be changed as a consequence?

Q19. Incident reporting

Do you agree with the proposed approach for recording, reporting and learning lessons from serious incidents and “near misses” relating to medical conditions and allergy?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Allergy safety

Background

Allergy is a medical condition in which the body reacts to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a serious and potentially fatal allergic reaction affecting the whole body – and in particular the Airway/Breathing/Circulation (“ABC”).

Therefore schools, colleges and early years settings should have a dedicated allergy safety policy, separate to their medical conditions policy, given the specific risk to life which anaphylaxis can pose. The school, college or early years setting’s medical conditions policy will also apply to children and young people with allergy.

Schools, colleges and settings must be proactive in mitigating the risk of exposure to allergens known to have the potential to cause anaphylaxis in any given person. However, it is not sufficient to organise allergy safety measures around children and young people with known allergies. Around one in five children and young people with allergies have their first allergic reaction while in their school, college or early years setting. Anaphylaxis is a medical emergency which can be fatal. All staff in schools, colleges and early years settings must therefore be able to recognise anaphylaxis and understand how to treat it. Schools, colleges and early years settings must also have robust plans to respond in an emergency i.e. administer adrenaline by autoinjector “pen” or equivalent device while awaiting the arrival of emergency services.

Responsibility for allergy safety policies

The draft statutory guidance proposes that schools, colleges and early years settings should have a dedicated **allergy safety policy**, separate to their medical conditions policy, given the specific risk to life which anaphylaxis can pose. This should be published on the school, college or setting’s website. It proposes that a named member of the governing body and a named senior leader should be responsible for the allergy safety policy.

Q20. Oversight of allergy safety policies

Do you agree with the proposal that a named governor and named senior leader should be responsible for the allergy safety policy?

- Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Review of allergy safety policies

The draft statutory guidance proposes that a named member of the governing body and a named senior leader should be responsible for the allergy safety policy. It proposes that the allergy safety policy should be reviewed at least annually and following any serious incident or “near miss”.

Q21. Review of allergy safety policies

Do you agree with the proposal that allergy safety policies should be reviewed at least annually, and after any serious incident or near miss, as described in the guidance?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Scope of allergy safety policies

The draft statutory guidance proposes that the allergy safety policy should set out:

- how the school, college or setting will **identify** children and young people staff with allergy
- how the school, college or setting will **minimise the risks of exposure** to known allergens, including **managing the risk of food allergy**;
- how staff will be **trained** in allergy awareness and emergency response;
- how individuals at risk of anaphylaxis will have **access** to their prescribed adrenaline devices, and how **“spare” adrenaline devices** will be stocked, managed and used;
- how children and young people with allergy will be able to participate in **visits and trips**;
- how **Individual Healthcare Plans** will capture specific arrangements (including any Allergy Action Plan and/or Asthma Plan); and
- how the **wellbeing** of children and young people with allergies will be promoted.

Q22. Scope of allergy safety policies

Do you agree with the proposed scope of allergy safety policies?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Allergy awareness training

The draft statutory guidance proposes that the allergy safety policy should set out arrangements for whole-school allergy awareness training, so that all staff receive regular (at least annual) allergy awareness training. This training should cover all staff, including teaching staff, support staff, catering staff and others who may oversee children and young people at breakfast or after school clubs.

Training should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease;
- Can identify the range of symptoms of allergic reactions and can recognise anaphylaxis;
- Know how to respond in an emergency, including training on how to use prescribed and “spare” adrenaline devices;
- Understand the impact which allergy can have on a child or young person’s wellbeing.

Q23. Allergy awareness training

Do you agree with the proposals for allergy awareness training for all staff?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Adrenaline devices

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Adrenaline devices (ADs) may be in the form of an adrenaline auto-injector (AAI) or a nasal adrenaline device.

The draft statutory guidance proposes that the allergy safety policy should set out how the school, college or setting will ensure that children and young people who are prescribed ADs have rapid access to their devices **at all times**.

The [Human Medicines \(Amendment\) Regulations 2017](#) permit schools in England to purchase “spare” AAI devices without a prescription for emergency use to treat anaphylaxis. **We expect that all schools will stock “spare” adrenaline devices for emergency situations.**

The draft statutory guidance proposes that a school’s allergy safety policy will set out:

- How and when “spare” ADs should be used (see above);
- How “spare” ADs will be stored, ensuring they are readily accessible (not locked away), not more than 5 minutes away from where they may be needed, stored in pairs (in the event a second dose is required or a device misfires);
- Arrangements for checking that “spare” ADs are in date;
- Processes for replacing “spare” ADs.

Q24. Adrenaline devices

Do you agree with the proposal that all schools should stock “spare” adrenaline devices for emergency use?

- Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Specific considerations arising from medical conditions and allergy

Background

The draft guidance includes information on a number of issues and considerations relevant to children and young people with medical conditions and allergy. This includes:

- admission,
- attendance,
- assessment and examinations,
- clean air,
- complaints,
- data protection,
- defibrillators,
- first aid,
- food provision,
- home to school transport,
- insurance and indemnity,
- managing infectious diseases,
- managing medicines,
- mental health and
- mobile phone policies.

Q25. Specific considerations

Do you agree that the information provided here is helpful?

- Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Scope of the statutory duties

Background

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions (excepting those who are “young children” from birth until the 1st of September following their fifth birthday and subject to the requirements of the EYFS). In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section.

In addition, a wider range of statutory duties is of relevance to children and young people with medical conditions (including allergy), including:

- The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
- The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#);
- The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.
- The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).
- The Early Years Foundation Stage (EYFS) statutory framework.

We therefore recommend that early years settings, post-16 institutions and independent schools should have policies for supporting children and young people with medical conditions and allergy safety to assist them in complying with these statutory duties. This guidance will therefore be of relevance to early years settings, post-16 institutions and independent schools.

Early years settings and schools which offer provision for “young children” (from birth until the 1st of September following their fifth birthday) should continue to apply the [Statutory Framework for the Early Years Foundation Stage](#).

Proposal and rationale

The draft statutory guidance which we intend to bring into force from September 2026 would be statutory for LA-maintained schools, Academies and PRUs. This reflects the scope of section 100 of the Children and Families Act 2014.

We also wish to seek views on whether in the longer term we should consider extending the scope of the primary legislation to cover:

- learners in statutory 16-19 education (including those up to 25 if they have an EHC Plan) FE colleges and post-16 institutions
- Non-maintained special schools
- Independent schools

Q26 FE colleges and post-16 institutions

Do you agree that FE colleges and post-16 institutions should be subject to a statutory duty to make arrangements for supporting learners in statutory 16-19 education (including those up to 25 if they have an EHC Plan) with medical conditions and allergy?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Q27. Non-maintained special schools

Do you agree that non-maintained special schools should be subject to a statutory duty to make arrangements for supporting pupils with medical conditions and allergy?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):

Q28. Independent schools

Do you agree that independent schools should be subject to a statutory duty to make arrangements for supporting pupils with medical conditions and allergy?

Strongly agree Agree Neutral Disagree Strongly disagree

Comments (optional):



Department
for Education

© Crown copyright 2026

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third-party copyright information, you will need to obtain permission from the copyright holders concerned.

About this publication:

enquiries <https://www.gov.uk/contact-dfe>

download www.gov.uk/government/publications

Follow us on X: [@educationgovuk](https://twitter.com/educationgovuk)

Connect with us on Facebook: facebook.com/educationgovuk