

ADMINISTRATION OF MEDICINES POLICY



Approved by:	Local Governing Body	Date: July 2025
Last reviewed on:	July 2025	
Next review due by:	July 2026	

POLICY FOR THE ADMINISTRATION OF MEDICINES

NATIONAL CONTEXT

All schools and all early years' settings and their employers are expected to develop policies on managing medicines, and to put in place effective management systems to support individual children with medical needs.

Positive responses by schools and settings to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers.

SCHOOL CONTEXT

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in our school and to provide clear guidance for staff and foster parent on the administration of medicines. This policy statement must be considered in conjunction with other relevant policies, for example Health and Safety.

Contents

1. Roles and Responsibilities: School Staff	4
2. Roles and Responsibilities: Parents / Foster parents	4
3. Pupils Information.....	5
4. Administering Medication	5
5. Carrying Medication	6
6. Storage.....	6
7. Records.....	6
8. Refusing Medication.....	6
9. Training	6
10. Health Care Plan	7
11. Intimate or Invasive Treatment.....	7
12. Educational Visits	7
13. Residential Visits	7
14. Emergency Procedures.....	7
15. Staff Medication.....	7

1. ROLES AND RESPONSIBILITIES: SCHOOL STAFF

All members of staff have a duty to maintain professional standards of care and to ensure that children and young people are safe. Our school will monitor and review individual needs and administer medicines in order to meet the all-round needs of the child. There is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.

In response to the Disability Discrimination Act (DDA) 1995, we are making reasonable adjustments for disabled children, including those with medical needs, and we are planning strategically to improve access over time. We are also making reasonable adjustments to enable children with medical needs to participate fully in all areas of school life including educational visits and sporting activities.

The Head Teacher, in consultation with the Governing Body, staff, parents, foster parent, health professionals and the local authority will decide whether our school can assist a child with medical needs. The Head teacher is responsible for:

- Implementing the policy on a daily basis;
- Ensuring that the procedures are understood and implemented;
- Ensuring appropriate training is provided;
- Making sure that there is effective communication with parents/foster parent, pupils, staff and all relevant health professionals concerning pupils' health needs.

Staff, including supply staff, will be informed of any pupil's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff, parents and pupils will be informed of the designated person with responsibility for medical care.

2. ROLES AND RESPONSIBILITIES: Parent/Foster parent

It is the responsibility of parent/foster parent to:

- Inform the school of their child's medical needs
- Provide any medication in a container clearly labelled with the following:
- Collect and dispose of any medications held in school at the end of each term
- Ensure that medicines have NOT passed the expiry date.
 - The child's name
 - Name of medicine
 - Dose and frequency of medication
 - Any special storage arrangements

3. PUPIL INFORMATION

At the start of each school year, parents/foster parent should give the following information about their child's long term medical needs. THE INFORMATION MUST BE UPDATED AS AND WHEN REQUIRED AND AT LEAST ANNUALLY.

- Details of pupil's medical needs;
- Medication including any side effects;
- Allergies;
- Name of GP/Consultants;
- Special requirements e.g. dietary needs, pre-activity precautions;
- What to do and who to contact in an emergency;
- Cultural and religious views regarding medical care.

4. ADMINISTERING MEDICATION

We expect parent/foster parent to administer medication to their children at home as the spacing between doses usually allows for administering at breakfast time, after school and before bedtime. No medication will be administered without prior written permission from the parent/foster parent including written medical authority if the medicine needs to be altered (e.g. crushing of tablets).

A Request to Administer Medication Form must be completed. Staff members are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role.

The Head teacher will determine if medication is to be administered in school, and by whom, following consultation with staff. All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Any member of staff, giving medicine to a pupil, should check on each occasion;

- Name of pupil;
- Written instructions provided by the parent/foster parent or doctor;
- Prescribed dose;
- Expiry date.

Written permission from parent/foster parent will be required for pupils to self-administer medicine(s). A 'Request to Self- Administer Medication Form' must be completed.

5. CARRYING MEDICINES

For safety reasons, pupils are not allowed to carry medication, as agreed on an individual basis. Such arrangements will only be agreed after completion of a parent/foster parent written confirmation. All other medicines must be handed into reception on entry to the school premises.

6. STORAGE

All medicine, in the care of the school, will be kept locked in the medicine cabinet. Any medication that the school hold should be regularly checked for expiry dates and when these have run out they are returned to parents/foster parents to be replaced.

All medicine will be logged onto the schools' file. Reception staff may store pupil's inhalers which must be labelled with the pupil's name. Inhalers and other medicines must be labelled with the required dosage and must be returned to parent/foster parent when they run out of date. The school have two Epi-pens in the medical cabinet for emergency use. All staff have had training as to how they should be administered.

7. RECORDS

Each time medication is given to a child, a member of staff, will complete and sign a record sheet, kept in reception. These sheets record the following:

- Name of pupil;
- Date and time of administration;
- Who supervised the administration;
- Name of medication;
- Dosage;
- A note of any side effects;
- If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so;

8. REFUSING MEDICATION

If a child refuses to take their medication, no member of staff will force them to do so. Parent/foster parent will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal and any action then taken by the staff member will also be recorded. If concerns are raised regarding any refusal to take medication, then this should be referred to the parents/foster parent. If Parents/foster parent are not available, then the NHS 111 service should be utilised for advice.

9. TRAINING

Training and advice will be accessed from health professions for staff involved in the administration of medicines. Training for all staff will be accessed on a range of

medical needs, including any resultant learning needs as and when appropriate. Details of all training will be recorded.

10. HEALTH CARE PLAN

When appropriate a personal Health Care Plan, will be drawn up in consultation with school, parents/foster parent and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed at least annually.

11. INTIMATE OR INVASIVE TREATMENT

Intimate or Invasive treatment will only take place at the discretion of the Head teacher with written permission from the parents/foster parent and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an annual basis. All such treatments will be recorded. Governors will be informed at least annually of any intimate or invasive treatment carried out by school staff.

12. EDUCATIONAL VISITS

To enable, as far as possible all pupils to have access to all activities and areas of school life, a risk assessment will be undertaken to ensure the safety of all participants in educational visits. No decision about a child with medical needs attending/ not attending a school visit will be taken without prior consultation with parents/foster parent.

13. RESIDENTIAL VISITS

Sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities e.g. swimming, we may request the assistance of the parent/foster parent.

14. EMERGENCY PROCEDURES

The Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs.

15. STAFF MEDICATION

In order to safeguard children from accessing medication on the school grounds.

All medication must be stored within the medicine cabinet via reception. All medication including over the counter drugs such as paracetamol should not be taken into school classrooms. Should a staff member require privacy to administer e.g insulin etc, then permission should be sought from Head Teacher to use the first aid room.

All medication should be self-labelled including non-prescription, and collected back at the end of the day.

1	Policy created
2	Reviewed January 2021
3	Reviewed July 2022
4	Reviewed July 2024
5	Reviewed July 2025