

**BROOKSIDE PRIMARY SCHOOL**

**POLICY FOR THE ADMINISTRATION OF  
MEDICATION IN SCHOOL**



**Updated March 2025**

## Administration of Medication in School Policy

A few children, whilst fit to attend school, may require medication during school hours. In addition, it may be necessary for children with long term complaints or chronic illness such as asthma or diabetes to receive medication. The following guidelines are designed to give direction as to the procedures and arrangements which should be observed when dealing with this subject.

### Parent/Carer's Responsibility

Wherever possible the parent/carer should make arrangements to administer medicines at home. However, when a pupil needs to take medication at school a written consent form must be completed authorising school personnel to administer the medication.

Prescriptive medication should be brought into school in the original labeled container clearly showing the pupil's name and dosage to be given. Details of any possible side effects should be clearly stated. A young person under the age of 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor.

### Prescribed Medicines

Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration. **Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.** Medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime so do not need to be administered in school. Medicines that need to be taken four times a day can be administered once during the school day and must be spaced as evenly as possible over a 24-hour period.

### Non- Prescribed Medicines

Staff should never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents and accompanied by a doctor's (or Health Professional's) note for medicine to be administered during school hours

However during an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the '**Parent/Guardian Consent for an Educational Visit**' form which is available in Appendix 6 of the Educational Visits and Overnight Stays' guidance note. **A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor. Medication, eg, for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be consulted.**

### Storage of Medicines

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips. Records of medicines administered to children will be kept in an individual log book.

Herbal, holistic, homeopathic and/or natural products must be given at home.

It is the responsibility of the parent/carer to collect any medications from school either at the end of the school year or when the pupil is no longer taking that particular medication. If it is not collected medicines will be destroyed.

It is important that a parent/carer provides an up-to-date record of home and work contact numbers in case of emergency.

### **School's Responsibility**

The Head Teacher has overall responsibility for the administration of medicines. Medication will only be given once the parental consent form has been completed; consent forms will then be stored with the medication. A copy will be given to the class teacher on the day medication is to be administered.

Medication needed for emergency situations will be readily accessible. Inhalers should be kept in class and should be clearly marked with the pupil's name.

Medication must not, in any circumstances be given to a pupil if the medicine is not accompanied with a consent form and a medication record sheet.

A medication record log must be completed every time a medicine is administered, and witnessed by a second member of staff.

## Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

# Brookside School – Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witnessed by			
Witness initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witnessed by			
Witness initials			

# Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number: **0151 558 1123**
2. your name:
3. location: **Brookside Primary School, Rostherne Ave, Great Sutton, Cheshire**
4. state what the postcode is – **CH66 2EE**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

# HEALTH CARE PLAN

Name:

Date of Birth:

Condition:

Year:

Date:

School:



## Contact Information

### Family Contact 1:

Name:

Phone:

Relationship:

### Family Contact 2:

Name:

Phone:

Relationship:

### Clinic/Hospital contact:

### G.P

Name:

Number:

Name:

Number:

## Describe condition and give details of pupil's individual symptoms:

## Name of Medication, dose, method of administration (by self, with/without supervision), when to be taken, side effects, contra-indications.

## Daily care requirements:

## Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

## Follow up care:

## Who is responsible in an Emergency?

Parent/Carer signature \_\_\_\_\_

Date: \_\_\_\_\_

. Brookside Primary School  
Asthma Health Care Plan

Date Sent.....

Child's name	
Class	
Date of birth	
Child's Address	
Date Asthma diagnosed	

**G.P**

Name	
Phone No.	

**Clinic/Hospital Contact**

Name & address	
Phone No.	

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers'

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Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose. (e.g. once or twice daily, just when they have asthma symptoms, before sport)

Describe what an asthma attack looks like for your child and the actions to be taken if this occurs.

## **Advice for Parents/Guardians**

Remember:

- It is your responsibility to tell the school about any changes in your child’s asthma and/or their asthma medication.
- It is your responsibility to ensure that your child has their ‘relieving’ medication and a ‘spacer’ with them in school and that it is clearly labeled with their name/class.
- It is your responsibility to ensure that your child’s asthma medication has not expired.
- Your child should not be exposed to cigarette smoke.

**I consent that I am happy that the above information has been passed onto First Aid staff in the event of an emergency during school hours or during after school activities.**

**Parent/Guardian**

**Signature.....Date.....**

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**Name of Parent/guardian**

**(printed).....**