



# Administration of Medicines Policy

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Date: Autumn 2024

Review: Autumn 2026

# Ferndale Primary School

## Supporting Pupils at School with Medical Conditions and Needs

*Local Authorities, schools and governing bodies are responsible for the health and safety of pupils in their care. Health authorities also have legal responsibilities for the health of residents in their area. The legal framework for schools dealing with the health and safety of all their pupils is based in health and safety legislation. The law imposes duties on employers.*

*As of 1st September 2014, the DfE statutory guidance 'Supporting pupils at school with medical conditions' required **'governing bodies to ensure that all schools develop a policy for supporting pupils with medical conditions, one that is reviewed regularly and is readily accessible to parents and school staff. Governing bodies must follow their duty to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.***

*Key Points - 'Supporting pupils at school with medical conditions' (DfE, Dec 2015)*

- *Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.*
- *Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.*
- *Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported*

*'The guidelines within,*

### ***Management of children with medical needs in schools 2016-2019***

*are in line with the statutory guidance and provide additional advice on the management of children with medical needs. This is important in order to ensure such children are able to access the curriculum when in school, and are not excluded unnecessarily.*

## Policy Aims

- ❖ *To enable the school to make quality provision for pupils on role who have medical conditions and needs, as set out in the Managing Medicines in Schools and Early Years Settings (Date of issue March 2005, ref 1448-2005DCL-EN) and in 'Supporting pupils at school with Medical Conditions' DfE Statutory guidance for governing bodies of maintained schools and proprietors of academies in England first published 1<sup>st</sup> September 2014 and updated December 2015.*
- ❖ *To enable the school to make quality provision for pupils on role who have medical conditions and needs, as set out in **Management of children with medical needs in schools***

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- ❖ To list procedures to ensure that the medical needs of pupils at Ferndale Primary School are met.

## Objectives

- ❖ Pupils with medical needs will be integrated as fully as possible into full-time mainstream education.
- ❖ Pupils and parents will know the named person who has responsibility for ensuring that medical needs are monitored and met wherever possible. This will be the head teacher, and in her absence, will be a member of senior staff.
- ❖ A record will be up-to-date of the pupil's attendance to ensure that a pupil's educational needs are being met.
- ❖ There will be a partnership between home, school and medical professionals to ensure that a pupil's needs are being met.
- ❖ The school will be fully informed of a pupil's medical needs in order to make provision for them and in order to ensure their educational needs are met.

In the case of an Individual Healthcare Plan (IHP) being required, these should be written and reviewed in consultation with the parents, a member of school staff and a healthcare professional involved in providing care to the child. IHPs should include:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupils needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues.
- The level of support needed, including in emergencies. If a child is self-medicating this should be clearly stated with arrangements for monitoring and recording.
- Who will provide the support for the child, their training needs and the expectations of their role. (Cover arrangements for when they are unavailable should also be included).

## Procedures

Medicines should only be taken at school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Ferndale Primary School **will only accept medicines that have been prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless in particular exceptional or emergency circumstances as outlined in the policy.

If a child has a short-term medical need which necessitates absence from school, the parents/carers should inform the school.

If a child has a longer term medical need which necessitates a longer period of absence from school, the school will communicate with outside agencies and parents/carers to ensure there is a continuity of education at the appropriate level for the child.

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If a child has a medical need which does not prevent their attendance in school but may affect day to day routines or emergency procedures, it is the responsibility of parents/carers to inform the school in as much detail as possible so that the school can make appropriate provision on a day to day or emergency basis. This should be done through the medical information forms sent home annually for updating and/or through consultation with a senior member of staff. The class teacher and registered First Aiders will also be informed of details on a need-to know basis.

No pupil will be excluded from a school or from curricular or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary; in this case, every effort will be made to adapt an opportunity for the child's needs. It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

If a child needs to take medicine on a daily basis, parents/carers are asked to inform the school on the Green Forms updated annually. If medicine is required to be taken in the daytime or any other medical intervention required during the school day, this is the responsibility of the parent/carer; drugs and medicines with the exception of inhalers and epi-pens are not usually allowed on school premises for the health and safety of other pupils. Should this cause problems, parents/carers are invited to discuss the matter with the DSL, Head teacher or SLT. Should a mutual agreement be reached about the administration of medicine, the forms in Appendices 1 & 2 should be completed.

While every effort will be made by office staff, teachers and support staff to remind the children to go for their medicine, the children will need to remember themselves to go and receive it. Therefore, it will be suggested that the medicine is taken at a memorable time e.g. at lunchtime.

As a school we believe that it is crucial to receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

## **Receiving Medication in School**

No medication should be accepted into school unless it is prescribed by a doctor, dentist, nurse prescriber or pharmacist provider and clearly labelled with:

- ❖ The child's name
- ❖ The name and strength of the medication.
- ❖ The dosage and when the medication should be given
- ❖ The expiry date
- ❖ Any special storage arrangements

It will be suggested to parents that where possible, medicines are taken outside of school hours (e.g. before school, after school and at bedtime).

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All medication must come into school in the original, labelled, child proof container from the chemist. **It is important that the actual medication as well as the medication box is labelled.**

When a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to the child's class teacher.

A few medicines may be needed by the pupils at short notice e.g. asthma inhalers. In most cases pupils must have access to inhalers within their own class green first aid box. Any medication taken by a child (inhalers etc.) should be recorded on the child's green Medical Administration Record (MAR)

## **Storage of Medication**

Any medication received into school, will be securely stored and accessible to staff. A secure cabinet is located in the first aid room (middle building). Some medication may need to be stored at low temperatures and must therefore be kept e.g. in the fridge located in the first aid room. The school's first aid room has a secure entry (known to staff). Epi-pens and inhalers will be safely stored in classrooms - in Green Medical boxes.

- ❖ Medicines should be taken on all off-site activities involving the children, if administration is required while off site. Medicines must be labelled with the child's name (prescription label). The first aider will carry the medicine and the child will be placed in the group with the first aider.

## **Administering Medication (also see Appendix 3)**

Teachers', support staff and office staff conditions of employment do not include the administering of medication or the supervision of pupils who administer their own medication. However, **staff may volunteer** to administer medication. Any staff willing to accept this responsibility will receive proper training and guidance, if appropriate (e.g. Emergency Virtual Response and Epi-pen training) and parents will be asked to make staff aware of the possible side effects of the medication where these occur. In order to administer medication, **a green, fully completed parental written consent form is required and this needs to be countersigned by a member of the SLT.** Any medication administered needs to be recorded on the green form and two staff signatures are required.

See additional guidance *Management of children with medical needs in schools 2016-2019.*

## **Emergency Medicines**

This type of medication must be readily available in an emergency. A copy of the Individual Health Plan (issued by the NHS) must be kept with the medication and must include clear, precise details of the action to be taken. The green 'Request for School to Administer Medication Form' must also be kept with the medication and the Pupil's Medical Administration Record (MAR) – which needs to be completed for each dose administered. **(See Appendix 1 and 2)**

The school's Senior Leadership Team conduct regular emergency medication drills and medicines are checked for expiry dates. It is also the responsibility of parents/carers to

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ensure that school is provided with medication that is in date and the relevant completed green forms – one per medication.

## Asthma Medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.

- ❖ Inhalers should be taken on all off site activities involving the children. Inhalers must be labelled with the child's name by the parent/carer. The children will carry their own inhalers during off site activities (see above conditions).
- ❖ School staff are not required to administer asthma medicines to pupils (except in an emergency)
- ❖ All school staff will let pupils take their own medicines when they need to.

## Adrenaline Auto Injectors (Epi pens)

Adrenaline auto injectors and emergency allergy medicines should be clearly labelled and kept in the classrooms for immediate emergency access. All staff will receive regular updated training and be aware of children with Individual Health Plans, which are stored with the adrenaline auto injectors.

- ❖ Adrenaline auto injectors and emergency allergy medicines should be taken on all off site activities involving the children. Adrenaline auto injectors and emergency allergy medicines must be labelled with the child's name by the parent/carer or with the prescription label. The first aider will carry the adrenaline auto injectors and the child will be placed in the group with the first aider.

## Epilepsy – Buccal midazolam

Buccal midazolam is an emergency rescue **medication** used to stop a **seizure** if one occurs in a child with **epilepsy**. This should be clearly labelled and kept securely in the classroom for immediate emergency access. Specific staff will receive annual Emergency Virtual Response Training and be aware of children with Individual Health Plans.

Where children need to have access to emergency medication, i.e. asthma inhalers, adrenaline auto injectors (Epi pens), allergy medicines, epilepsy medicines - the following has been put in place:

All **asthma inhalers, epi pens**, emergency allergy and epilepsy medicines are kept in classrooms and clearly marked with children's names. These are taken wherever the child is, in the green First Aid Box, e.g. For PE, trips, daily mile etc. and specifically the epi-pen boxes that follow each child for out of class activities. These boxes include the Individual Health Plan, green consent to administer form from parents and green MAR. Epi pens for Reception - Year 2 are taken to the hall at lunch and designated staff keep these near to children until returned back to class. Year 3 – Year 6 are kept in the main office area over

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lunch for easy access to all site. Clubs after school to follow the same procedures. The Senior Leadership Team carry out regular emergency drills to ensure that procedures, policies and staff response times are effective.

Each classroom contains detailed information per child in receipt of such medication that is protected by GDPR, but also available to any staff in the classroom. A medication map of needs is updated by the Inclusion Manager.

Designated staff have received the appropriate training for administering medicines. Any children that are deemed responsible to administer their own asthma medication will have this agreed by parents and staff in school. In these circumstances children will be able to carry and administer their own medication. This will be subject to regular review. Emergency reliever inhalers will also be available in an emergency subject to parental consent, kept in the school office.

## **Emergencies requiring an Ambulance**

A member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

## **Contacting Emergency Services**

Where pupils require emergency services staff will make sure that they have all the relevant information. **(see appendix 4)**

## **Analgesia (Pain Killers)**

Where pupils regularly require analgesia (e.g. for migraine), advice will be sought from the school health nurse and children will have an Individual Health Plan, if appropriate, detailing under what circumstances they may take analgesics. A small, individual supply of their medication should be kept in school in a locked cupboard, parental consent obtained and a record kept on the administration of these medicines.

**School aged children should never be given aspirin or any medicines containing aspirin.**

## **Over the counter medicine and homeopathic remedies**

**School staff are only permitted to administer medication to pupils if subscribed and clearly labelled by medical professionals.**

Over the counter medicine and homeopathic remedies (non-prescription) should only be administered in exceptional circumstances, and be treated in the same way as prescribed medication. Parents/carers can be called into school to administer non-prescription medication to their child in exceptional circumstances.

## **Controlled medication for ADHD**

Where Ritalin and other similar controlled drugs are prescribed for children with attention-deficit hyperactivity disorder (ADHD), it will often need a dose at lunchtime in school. The medication will be kept in a locked cupboard, consent forms agreed with parents and administration will be logged. Only small amounts of the medication will be kept in school.

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## **Long term absences due to medical issues**

If a child has a lengthy absence from school because of a medical need, a case conference involving home, school and medical professionals may be required to discuss the child's reintegration into school. Strategies for reintegration may include a reduced timetable, provision to stay indoors at break times and pupil/staff buddies.

## **Medical Conditions - SEMH and Well-Being**

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

With this in mind, as a school we ensure that reintegration back into school is supported so that our children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), are also effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

## **Special Educational Needs and Disabilities (SEND)**

Pupils with medical needs may at times need to be entered on the Special Needs register. This should be done with the full consent of parents/carers and in consultation with outside agencies. Some pupils with medical needs may have SEND, some may have an Education, Health and Care Plan (EHCP), medical and health care needs and conditions are reviewed as part of the graduated approach in line with the SEND code of practice and parents/carers are requested to provide up to date information to support the process.

## **Impaired Mobility**

If a child is required to wear a plaster cast or use crutches for a period of time, a risk assessment will be completed, school health nurse and the Local Authority consulted (if appropriate) and a decision made on an individual basis as to whether that child can attend school.

Restrictions will be necessary on games or practical work to protect the child. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instruction and indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey.

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## **Confidentiality**

Medical details provided should be treated as confidential and only shared with others with the parents/carers' consent on a need-to-know basis.

## **SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN**

Section 175 of the Education Act 2002 places a duty on local authorities and the governors of maintained schools to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children.

Section 157 of the same act and the Education (Independent Schools Standards) (England) Regulations 2003 require proprietors of independent schools (including academies) to have arrangements to safeguarding and promote the welfare of children who are pupils at the school. "Keeping Children Safe in Education" was issued to schools in 2016, placing a duty on schools to promote the welfare of children. This has since been re-issued (2018) and subsequently revised (2019 -2024). In March 2013, the definition of safeguarding children was revised in the document "Working Together to Safeguard Children" to the following:

- Protecting children from maltreatment
- Preventing impairment of children's' health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Safeguarding children is consequently more than contributing to the protection of individual children and the school is committed to the development of policy and practice that supports children and their families to be safe, healthy, enjoy and achieve, contribute positively and achieve economic wellbeing

Ferndale Primary School strives to promote the welfare of our pupils by:

1. Creating and maintaining a safe learning environment.
2. Identifying child well-being and welfare concerns and taking appropriate action.
3. Using the curriculum to enable our children to develop keep safe strategies
4. Creating a listening culture to hear the child's voice
5. Operating safe recruitment and selection procedures to prevent unsuitable people working with our children.

The school has a suite of policies designed to meet these needs and are available on request or via the school website.

This policy applies mostly to points 1, 2, 3, 4 and 5 above and reflects current legislation, accepted best practice and complies with Government guidance: *Working together to*

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*Safeguard Children (July 2018) and Keeping Children Safe in Education 2020 and subsequent KCSIE updates (latest update September 2024).*

**Linked documents:**

***‘Supporting pupils at school with medical conditions’ – first published 1<sup>st</sup> Sept 2014, updated 11th December 2015 to include clarifying the distinction between statutory and non-statutory guidance and references to the SEND code of practice, last updated 16th August 2017.***

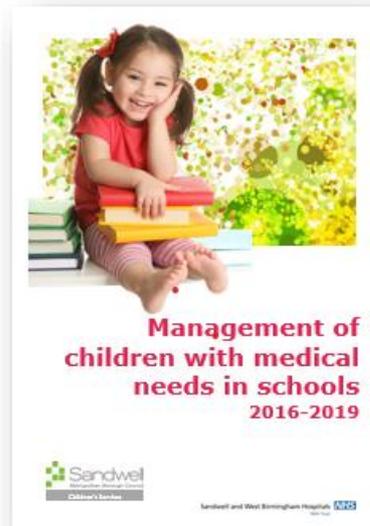
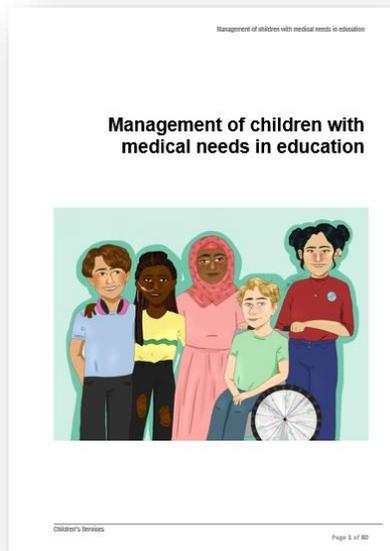
***First Aid Policy***

***Working Together to Safeguard Children (July 2018)***

***KCSIE September 2024***

***Management of children with medical needs in schools 2020 (available on school website) and 2016-2019***

***Section 100 of the Children and Families Act 2014***



Policy adopted: Autumn 2016

Policy Reviewed: Autumn 2024 (by C Sykes)

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## Appendix 1



### Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer medication.

#### PUPIL DETAILS

Surname:	<input type="text"/>		
Forename(s):	<input type="text"/>		
Date of Birth:	<input type="text"/>	NHS No: <input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>
Address:	<input type="text"/>		
Post Code:	<input type="text"/>		
Year/Class:	<input type="text"/>	Teacher's Name:	<input type="text"/>
GP Contact:	Name: <input type="text"/>	Tel: <input type="text"/>	
Condition/Illness:	<input type="text"/>		

#### MEDICATION

Name/Type of medication (as per dispensary label): <input type="text"/>
--

Is this medication linked to an <b>Individual Health Plan (IHP)</b> that has been shared with staff? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
--

Is this medication to be administered in response to a specific incident and not necessarily regularly? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, what is the trigger to this? E.g. seizure, rash
--

For how long will your child take this medication? <input type="text"/>
--

Date dispensed: <input type="text"/>	Expiry date: <input type="text"/>
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Dosage (amount) and method of administration:

Is this medicine to be administered for a specific time?

Yes  No  (please tick)

Time(s) to be given:

Special precautions (if any):

Known side effects:

Self-administration:

Yes

No

Procedures to take in any emergency:

## Parental Agreement:

I understand that I must deliver the medicine personally to Ferndale Primary School and accept that this is a service - which the school is not obliged to undertake.

I have updated the school with details of **two emergency contacts**.

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

If more than one medicine is to be given I understand that a separate green form should be completed for each one. To be reviewed termly for ongoing medications.

Signature:

Date:

Name (print):

Relationship to Pupil:

Ferndale's Senior Leadership Official Sign off: **To be checked completed by a member of SLT – without completion this form will be returned and no medication can be given.**

SLT

Signature:

Date:

# Ferndale Primary School

SLT  
Name:

Role:

**Appendix 2**



# FERNDALE

## PRIMARY SCHOOL

Ferndale Primary School  
Ferndale Avenue  
Great Barr  
B43 5QF

Phone: 0121 357 3326  
Email: [admin@ferndale.sandwell.sch.uk](mailto:admin@ferndale.sandwell.sch.uk)  
Website: [ferndaleprimary.co.uk](http://ferndaleprimary.co.uk)  
Twitter: @FerndalePrimary

**Pupil Medicine Administration Record (MAR)**

Name:

Class and Teacher:

Date of Birth/NHS No

Medicine name and strength

Dosage and Method of administration:

Timing

			I have checked the child's forename and surname, date of birth, address, class details and medication details, including the dosage. I can confirm that this medication is for the child named above.		
Date:	Time:	Dose	Administered by:	Witnessed by:	Comments/ Parent Signature





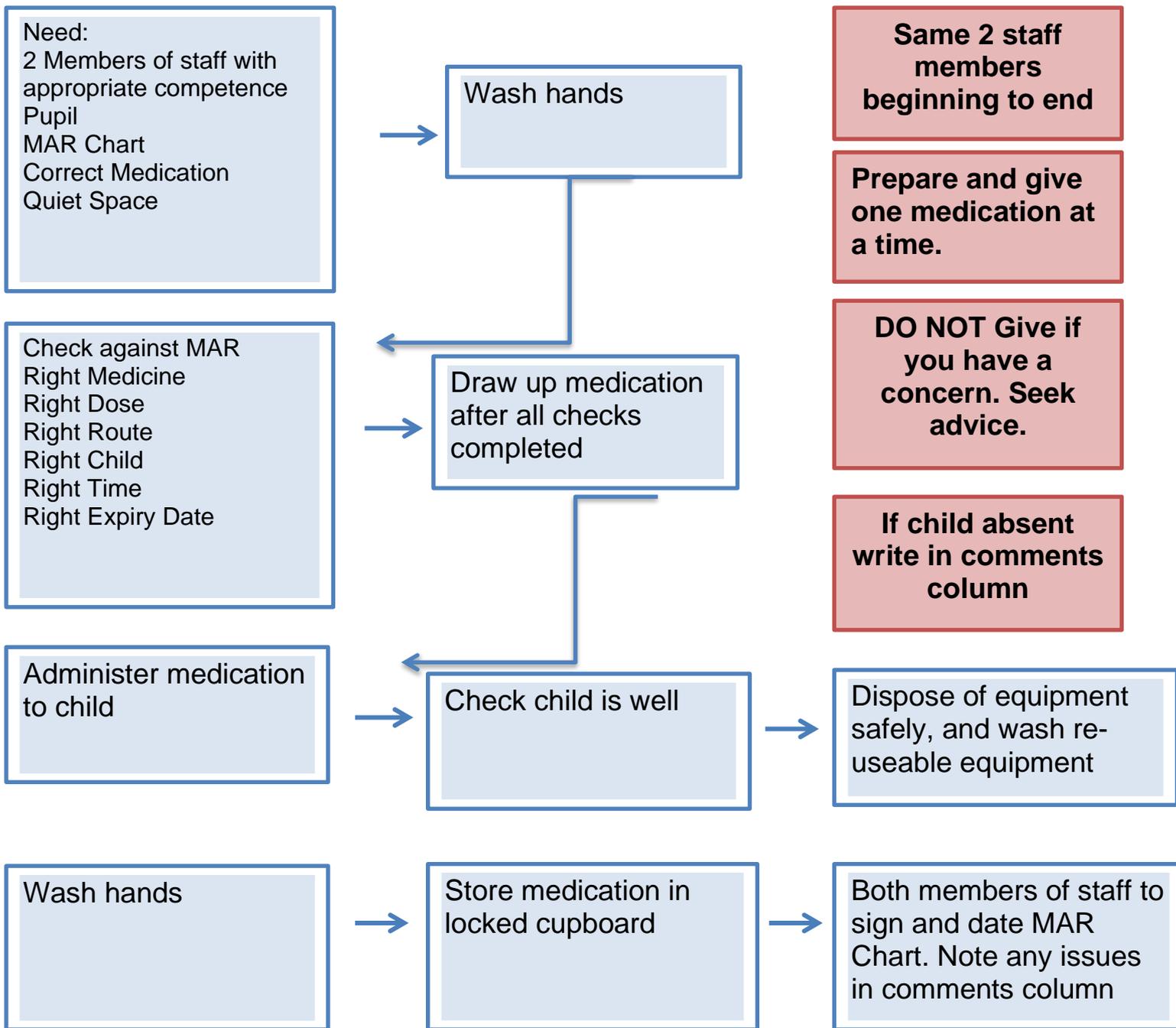
### **Additional Guidance for Administration of Medicine**

- One green form is required per medication
- Ensure all details are completed on the green form, signed and dated
- Form checked and to be signed and dated by a senior member of staff prior to administration of medication
- Each time medication is to be administered, administrator to check form – name of child and class, date of birth and address matched to packaging, including: medication name, dosage, expiration date,
- Double signature required to have checked as above.
- No deviation from signed forms. Any new parental requests need to be signed and dated by a parent and resubmitted for authorisation by a member of SLT prior to any changes. Should dosage differ from prescription/label, this will be clarified with parent and if necessary, the GP/hospital/issuing pharmacist.
- Training for administration as required is to be provided by school nurses.
- Follow information from
- Individual Health Plan (IHP) if there is one

Appendix 3

**Administering**

**Medication Pathway**



- DON'T**
- × **Pour Medication into the lid of bottle**
  - × **Repeat if child vomits or spits it out**
  - × **Prepare medication to give later**
  - × **Leave medication in reach of pupils**
  - × **Get the MAR Chart covered in medication or water – it is a LEGAL document**



# FERNDALE

## PRIMARY SCHOOL

Ferndale Primary School  
Ferndale Avenue  
Great Barr  
B43 5QF

Phone: 0121 357 3326  
Email: [admin@ferndale.sandwell.sch.uk](mailto:admin@ferndale.sandwell.sch.uk)  
Website: [ferndaleprimary.co.uk](http://ferndaleprimary.co.uk)  
Twitter: @FerndalePrimary

### Contacting Emergency Services

Dial 999, ask for ambulance and be ready with the following information:  
speak clearly and slowly

1 Your telephone number:

School 0121 357 3326

2. Give your location as follows: **Insert school/offsite address and postcode**

Ferndale Primary School  
Ferndale Avenue  
Great Barr, Birmingham,

3. State your postal code

B43 5QF

4. Give exact location of the patient in the school:  
**Insert brief description**

5. Give your name:

6. Give name of child and a brief description of their symptoms:

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the patient

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**Please print off this information and leave in full view of staff in case of emergency.**