



Administering Medication Policy

Enquire Learning Trust
Ever Curious, Always Learning

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Date	Author	Version	Comment
June 2021	C. Story	V1	New policy
September 2023	C. Story	V1	Reviewed
February 2025	P Yates		Edits
March 2025	P Yates		Added info on inhalers and EpiPens
June 2025	A Brown		Reviewed and adapted. Shared with all staff.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

The named person with responsibility for implementing this policy is the Principal.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Principal

The Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide medical support to pupils with medical conditions, this includes the administration of medicines.

Those staff who take on the responsibility to administer medication will receive sufficient and suitable training if appropriate and will achieve the necessary level of competency before doing so. Any member of staff could be asked to be secondary person to sign

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHCP and may be involved in its drafting

- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs in an age appropriate way. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals

Our school nursing service should notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, should liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual healthcare plans

The Principal has overall responsibility for the development of IHCPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Principal will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any education, health and care plan (EHCP). If a pupil has SEND but does not have a statement or EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Principal and SENDCo will consider the following when deciding what information to record on IHCPs, in conjunction with parents and advice from medical professionals:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting 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, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions

- The level of support needed, including in emergencies.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours with staff supervision
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Medicine, both prescription and non prescription will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have a parent's written consent via a medical form obtained from the school office (see Appendix 1)

Unless a specified time to administer medication is stated on the form anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken by phoning parents/carers. If parent/Carers are unable to be contacted but child has medication in school this will only be able to be prescribed after the amount of time has lapse from potentially being administered the medication. For example if medication states 4 hourly medication can not be given before 1pm as the child could have taken it at 9am before entering the school. A medicine administration form will be completed and signed, witnessed by another member of staff.

Medication such as Paracetamol and Antihistamines do not need to be prescribed, however must be in its original packaging and unopened. It must be labelled with child's name and start/end date of course. Each case is individual and should be treated with understanding and support.

Creams, lotions and ointments should be prescribed where possible. It can be applied by the child if they are competent or by a member of staff. Staff must be applied with appropriate PPE I.E gloves

Anti biotics should only be administered in school if the daily dosage is 4 or more per day, any less, it can be administered at home

There are two exceptions to this:

Ventolin Inhalers (blue), which are often kept by and self administered by children. This should be done under adult supervision where needed based on the age and capability of the child. No record of the child using it is needed, however staff should report unusually high usage to parents as this may indicate further health issues.

Epi Pens. As these are used in an emergency there is no need to fill in paperwork at the time. This will be covered in the recording of providing first aid after the fact. These could be carried by the child, kept in a secure cupboard or in the office. This will be discussed with parents when they provide the medication and all relevant staff informed.

The school will only accept medicines that are:

- In-date
- Labelled with the child's name
- Provided in the original container and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely in either the medication cabinet or the medication fridge both situated in the main office. The admin team will inform the child's teachers that medicine is required via email, the teachers/teaching assistants are responsible in bringing children to the office for administration of medication. Pupils will be informed about where their emergency medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters if will always be readily available to pupils and not locked away. Adrenaline pens should kept locked away unless child is attending a school trip. This should then be with the member of staff allocated to that child. All staff should be notified of children who need adrenaline pens and where they are kept. There must always be one adrenaline pen in the child's class in a code locked safe and one in the main office in a locked cabinet.

Medicines will be returned to parents to arrange for safe disposal when no longer required or at the end of each term(not including inhalers). It is the parents responsibility to provide school each term with new forms and unopened medication.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard or fridge in the school office.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHCPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance or insured car.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHCPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We are a member of the Department for Education's Risk Protection Arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Principal in the first instance. If the Principal cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

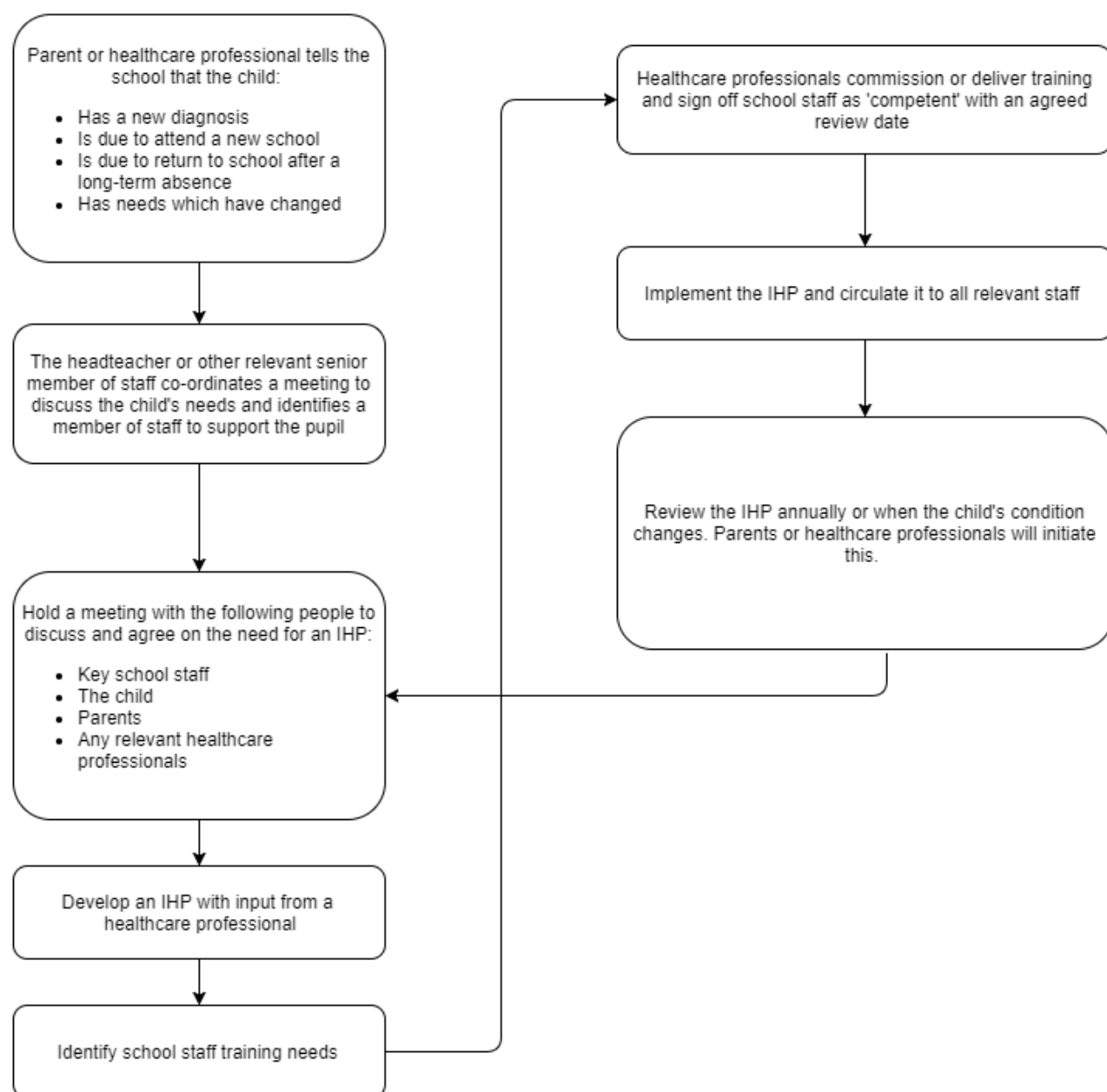
This policy will be reviewed and approved by the governing board every three years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- First aid
- Health and safety
- Safeguarding
- Special educational needs

Appendix 1: Being notified a child has a medical condition



Parental agreement for school to administer medicine

The school 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	Hardwick Green Primary Academy
Pupil Details	
Name of child	
Date of birth	
Class	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Reason for needing medication	
End date of needing medication	
Expiry date on medication	
Dosage and method	
Storage method	
Time of administration	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n. If for Ventolin inhalers this means the school will not record every use but will discuss with parents if the child's usage increases noticeably.	
Procedures to take in an emergency	
Emergency Parent/Carer Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
<p>Agreement</p> <p>I confirm that the medication supplied is in its original packaging, my child has already had at least one dose of the medication and has not suffered from any untoward reactions. I give consent for the school to administer the above medication at the stated dosage and frequency as detailed on the pharmacy label, or box (if not prescribed)</p> <p>I am aware all medication must be collected at the end of the course. Or if the medication is ongoing, it must be collected at the end of each term and returned to school on the first day back.</p> <p>I am aware if my child needs emergency medication such as inhalers or adrenaline pens, they will not be able to attend school without this medication.</p> <p>I understand that I must deliver/collect the medicine personally at the school office.</p> <p>I can confirm the above information is, to the best of my knowledge, accurate at the time of writing. 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.</p>	

Parents/Carer's Name _____

Signature_____

Relationship to child_____

Date_____

Office Checks – For office to check

Checked in by	
---------------	--

Class teacher informed via email (teacher name)	
---	--

Filed in office folder Y/N	
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Medication in cabinet/fridge and labelled Y/N	
---	--

Prescribed Medication

In original box	
-----------------	--

Has pharmacy Label	
--------------------	--

Has child's correct name	
--------------------------	--

Has child's date of birth	
---------------------------	--

Is the dose stated	
--------------------	--

Is medication in date	
-----------------------	--

Has open date labelled on medication	
--------------------------------------	--

Over the counter medication (Paracetamol)

Is it in the original box/bottle	
----------------------------------	--

Is it unopened	
----------------	--

Does it state the dosage	
--------------------------	--

Is medicine in date	
---------------------	--

End of course

All unused medication must be returned to parent/carers at the end of the course of medication or end of term.

Parents/Carer's Name _____

Signature_____

Relationship to child_____

Date_____

Staff Name_____

Record of medicine administered

Childs name_____ **Childs class**_____ **Date**_____

[illegible]

Parental agreement for Inhalers

To ensure the safety and well-being of all students, it is essential that any child who requires an inhaler during school hours has the appropriate documentation on file. This form must be completed and signed by a parent or carer before a child is allowed to bring and use an inhaler at school.

The information provided will help school staff support your child's health needs effectively and ensure that inhalers are used safely and appropriately. Please complete all sections of this form and return it to the school office as soon as possible.

If you have any questions or need assistance completing this form, please contact the school office.

Child's Name:	Date of Birth:
Address:	Medical condition/illness:
Emergency Contact:	Emergency Contact:
Relationship to Child	Relationship to Child:
I can confirm my child has been prescribed an inhaler	
My child has a working, in date inhaler, clearly labelled with their name, which is kept in school. (It is parent's responsibility to ensure that they regularly check that the inhaler is in date.)	
The triggers of an asthma attack are:	
My child can administer their own medication	
Dosage and frequency :	
Special precautions/other instructions	
Procedures in case of emergency	

Parent confirmations:

I confirm that the inhaler supplied is in the original container. I can confirm that my child has already had one dose of this inhaler and has not suffered any untoward reactions.

I give consent for my child to administer the above named inhaler, at the stated dosage and frequency as detailed on pharmacy label/form.

I am aware that my child will not be able to attend school without their emergency medication unless I state my child no longer needs to medication.

I will ensure that I will keep school updated with any changes in my child's medical condition and change in medication.

Parent/Carer Name _____

Parent/Carer Signature_____

Relationship to child_____

Date_____

Office checks

Check by	
Updated medical folder	
Class teacher	
Class teacher given copy of form and inhaler	
File in office folder	

Prescribed Medication

Original box	
Pharmacy label	
Child's correct name	
Child's date of birth	
Dose	
Medicine in date	