Saint Jérôme
Church of England
Bilingual School

Managing Medicines in School and Early Years Settings

Policy created:	2025 (exact date not recorded in the previous version)
Policy reviewed and updated:	September 2026
Date of next review:	September 2027
Review cycle:	Annually. The previous version had no stated review date at all.
Linked policies:	Allergy Safety Policy, Asthma Policy, Supporting Children with Medical Needs Policy, First Aid Policy, Educational Visits Procedures, Child Protection and Safeguarding Policy.

Version history

Date	Version	Summary of changes
2025	V1	Original policy. Named Revd D. R. Norris as Executive Headteacher, both on the policy itself and on the parental consent form at the end, now out of date. Had no stated review date, policy creation date, or version history at all. Listed a related 'Anaphylaxis Policy' which does not exist as a separate document on the current Policies page. Referred to prescribed adrenaline devices generically as 'epipens', a specific brand name rather than the generic term. Made no reference to the school's ability to hold spare, unprescribed emergency AAIs or asthma inhalers, both genuine options under current guidance.
September 2026	V2	Corrected the named Headteacher throughout, including the parental consent form: Kate Schutte. Added a full cover page and version history, since none previously existed. Replaced the reference to the non-existent 'Anaphylaxis Policy' with the new Allergy Safety Policy, and added a cross-reference to the updated Asthma Policy, since both now cover ground this document should point to rather than duplicate, including the school's spare AAI and spare inhaler provisions. Replaced 'epipens' with the generic term 'adrenaline auto-injector (AAI)'. Added a note on the KCSIE 2026 safeguarding link for medical incidents, consistent with the other medical policies updated this term. Changed the controlled drugs provisions, following a decision from the school: access to and administration of controlled drugs is now restricted to named, trained staff only, rather than all staff, in line with current good practice.

Headteacher: Kate Schutte

.....

(Kate Schutte)

Co-Chairs of Governors: Approved by Governors on 17th September 2026

.....

(Vas Lappas and Edward Stowell)

1. Introduction

We are committed to supporting children with medical needs and their fundamental right of access to education. The school takes this seriously and employs a member of staff specifically trained to manage medicines, first aid, and children who become unwell at school. This member of staff receives support and training from the school nursing service and asthma nurse.

2. Prescribed Medicines

Medicines should only be administered in school if essential. Where possible, we ask that medicines be prescribed twice or three times daily, so they can be administered outside the school day.

Medicines must be in their original container and include the prescriber's instructions. We will not accept medicines taken out of their original packaging, and will not administer anything other than the dose instructed on the container.

Where a pupil is prescribed an inhaler or an adrenaline auto-injector (AAI), we ask the prescriber to provide two devices: one for the medical room and one for the classroom. See our Allergy Safety Policy and Asthma Policy for our arrangements for spare, unprescribed emergency AAIs and inhalers, which the school may also hold under current guidance.

Ibuprofen can be administered subject to a signed Permission to Administer form and the parent providing the medicine.

3. Controlled Drugs

We are aware some children may be prescribed controlled drugs, for example methylphenidate for ADHD. Controlled drugs are administered only by named, trained staff, identified in the child's Health Care Plan, in accordance with the prescriber's instructions.

Controlled drugs are kept in a locked, non-portable container, accessible only to these named, trained staff, so that access remains rapid in an emergency. A record is kept for audit and safety purposes. As with all medicines, controlled drugs should be returned to the parent when no longer required, for safe disposal; if this is not possible, they are returned to the dispensing pharmacist. We encourage dosages to be prescribed so that administering a controlled drug in school is not necessary where possible.

4. Non-Prescription Medicines

Staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from parents, and it is deemed essential; non-prescribed medicines should not normally be administered.

For children attending breakfast and after-school clubs, parents are required to discuss administering medicine with the Welfare Officer or a member of the Senior Leadership Team. The only exception is residential school journeys, where specific parental consent is sought.

Aspirin should never be given. Where possible, we ask that medication be provided in sachets rather than a glass bottle, to reduce the quantity needed in school and for safety.

In all cases, we ask that a form is completed by the parent and handed directly to a member of staff. Blank forms are held at the school office and available on the website. The form documents the condition, name of medication, dosage, times to be given, length of course of treatment, and permission to give, and is signed by the parent.

5. Short-Term Medical Needs

Many children will need to take medicine during the school day for a short period, and allowing this minimises the time they need to be absent. Where possible, a medicine should only be given during the school day where it would be detrimental to the child's health not to do so.

6. Unforeseen Circumstances

If a child becomes unwell at school and medication is considered necessary, our Welfare Officer or an appropriate member of staff will telephone the parent and gain verbal consent before administering anything we do not already have written consent for.

7. Long-Term Medical Needs

We request sufficient information about a child's long-term medical condition, in the first instance from the parent, who may need to gather information from their GP or specialist to pass to the school.

We need to know about any particular medical needs before a child is admitted, or when a child first develops a medical need. We may need to make special arrangements for a child attending regular hospital appointments. We will write a Health Care Plan for the child, involving parents and relevant healthcare professionals, and will approach parents to write the plan together.

Where the school becomes aware, via a teacher or a prolonged absence, that a child has developed a new condition, parents will be approached to write a Health Care Plan. All Health Care Plans are updated yearly, or sooner if the child's health needs change. We ask parents with a child who has a Health Care Plan to keep us informed of any changes, and ask parents of each child new to the school to complete a form detailing allergies and medical conditions. We also advertise regularly, via the bulletin and letters, asking parents to keep us informed of any new medical conditions.

8. Administering Medicines

No child will be given medicine without their parent's written consent. In an emergency, we may need to obtain verbal permission to administer certain medications.

Any member of staff will check the child's name, prescribed dose, expiry date, and written instructions on the label or container before administering medicine. If in doubt, staff will check with the parent or a health professional.

School staff complete and sign a record each time they give medicine to a child. We strongly encourage meticulous record-keeping, particularly to demonstrate our commitment to a duty of care, and will confirm with the parent what medicine, dose and time was administered.

9. Self-Management

We encourage children, as they grow older, to participate in decisions about their medication and take responsibility for it. Where appropriate, we approve a child carrying and administering their own medication with staff supervision only, asking the child to inform the Welfare Officer, which is then recorded.

10. Refusing Medicine

If a child refuses medicine, staff will not force them to take it, but will note this in the records. Parents are informed of the refusal as soon as possible. If a refusal results in an emergency, emergency procedures are followed, for example calling emergency services or administering first aid.

11. Record Keeping

Parents must tell the school about the medicines their child needs to take, and provide details of any changes to the prescription or support required. Medicines must always be provided in the original container as dispensed by a pharmacist, with the prescriber's instructions.

We check: the child's name; the name of the medicine; the dose; method of administration; time and frequency of administration; any side effects; and the expiry date. Parents complete a form detailing medicines, and a record is kept of medicines given, which protects staff and demonstrates that procedures have been followed.

12. Educational Visits

We encourage children with medical needs to participate in safely managed visits, making adjustments where needed to enable full and safe participation. A risk assessment specific to the child's needs is carried out. Occasionally, it may be necessary for an additional supervisor to accompany the child. Arrangements for taking medication are considered in advance, staff are made aware of medical needs and emergency procedures, and a copy of the child's Health Care Plan is taken on the visit. Where a member of staff has concerns, they should seek parental views and medical advice. See also our Educational Visits Procedures.

13. Sporting Activities

Children have flexibility to participate in sporting activities appropriate to their abilities. Any restriction is recorded in the child's Health Care Plan. We maintain the privacy and dignity of children with specific medical needs at all times.

14. Dealing with Medicines Safely

Storing

We do not store large volumes of medicines. We only store, supervise and administer medicines prescribed for an individual child, stored at the correct temperature in the original container, clearly labelled with name, dose and frequency of administration. Staff do not transfer medicines from their original containers, and the medicine cupboard is locked at all times.

Children know where their medications are stored. Emergency medicines are readily available to the child and staff in both the classroom and the medical room. There is a locked fridge for medicines that need to be kept cool. If there is any doubt, we contact our local pharmacist for advice on storing medications.

Each classroom has a medical bag containing inhalers and AAIs, stored inside an unlocked, easily accessible cupboard. No child is left unsupervised in the classroom.

Access

We ensure children have immediate access to their medicines when required, and that medicines are only accessible to those for whom they are prescribed.

Disposal of Medicines

Medicines are kept while in date. When out of date, they are disposed of by a local pharmacy or sent home. Medicines are sent home with pupils leaving the school, and with Year 6 children at the end of their time here.

Hygiene and Infection Control

Staff have access to gloves and the means of disposing of dressings or equipment, with the receptacle clearly labelled.

15. Emergency Procedures

Staff must know where the First Aid Policy is kept, the names of staff with relevant qualifications, and where equipment is located. See our Asthma Policy for the procedure for an acute asthma attack, and our Child Protection and Safeguarding Policy for safeguarding procedures. Staff know who is responsible for what in an emergency.

A member of staff must accompany a child to hospital and stay until a parent arrives, taking a photocopy of the child's admission card, detailing pupil information and emergency contact numbers. Retrieval of the staff member is arranged by the school.

A medical incident does not, by itself, indicate a child is at greater safeguarding risk. A referral to local safeguarding partners is only required where the incident gives rise to concern that, because of their medical condition, the child may be at increased risk of neglect, abuse or exploitation. Where such a concern arises, staff follow our Child Protection and Safeguarding Policy and report it to the Designated Safeguarding Lead.

16. Confidentiality

Our records are kept confidential at all times and are not disclosed unless we have parental consent.

17. Related Documents

- Authority to Administer Medicines: Parental Consent (Appendix 1)
- Asthma Policy
- Allergy Safety Policy
- First Aid Policy
- Supporting Children with Medical Needs Policy

Appendix 1: Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form. Please refer to the Managing Medicines in School and Early Years Settings policy.

Name of child: _____ Year: _____

My child is suffering from: _____ and requires the following medication:

Name of medication: _____

Dosage to be taken: _____ Length of treatment: _____

Time(s) to be taken: _____ Medication was last given at home at:

_____

Before food: ☐ After food: ☐

I give permission to administer the above: ☐

I confirm the medication has not reached its expiry date: ☐

I take responsibility to ensure the medication is collected at home time: ☐

I take responsibility for the effects of this medication: ☐

My child will be attending after-school club: ☐

Signed: _____ Print name: _____

Emergency contact number: _____ Date: _____

Administration of Medicine

Please check the correct dosage.

Date	Time	Given by