



Administration of Medication

John Hampden and Tetsworth Schools' Federation

Policy Name	Administration of Medication
Medical Co-Ordinator	Julie Smith
Adopted	By: Full Governing Board Date: November 2025
Signed on behalf of the board	
Name	Dan Hayes
Review period	Annually
Date of next review	November 2026



Introduction

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should provide all necessary information about their child's medical needs to the school and provide the medicine where needed and in line with our policy.

DfE December 2015 – Supporting Pupils At School With Medical Conditions key points are:

- Pupils at school with medical conditions should be properly supported so that they can 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 effectively supported.

This policy may be superseded by a child's EHCP or Individual Care Plan (template A), or may be used in conjunction with them.

Staff Duties

School teachers have no legal obligation to administer medicines to pupils nor supervise them while they take medicine; unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance.

As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

Our named medical co-ordinator will check medicine expires termly however the ultimate responsibility falls to parents to ensure we have in-date medication. Parents must collect expired or unused medication as the school are not legally responsible to dispose of this.

Process for the Administration of Medicines in School – short term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

Accepted medications should be signed in using the template b document. Medication (non-controlled) administered at school will be documented on template C. Which will then be documented against the child's record.



The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that need to be administered in **excess** of 3 times per day
- Medicines that are in date
- Medicines in their original container, as dispensed by a pharmacist
- Containers with labelling identifying the child by name and with original instructions for administration, dosage and storage.

The school will not accept or administer:

- Medicines that are to be administered 3 times per day or less
- Non-prescription drugs

Exceptions:

→ Eye drops (in excess of three times a day) should be prescribed; however, this is not always possible. Therefore, it is acceptable for non-prescribed over-the-counter (OTC) drops to be given providing they are in their original container with the child's name on. The child's name can be written on by the parents/carers but this must be initialled by them. Parents must have signed an 'Administration of Medicines Form' (Template B) detailing the dose, which must correspond with the generic dose written on the bottle.

→ Cetirizine/Chlorphenamine (OTC anti-allergy medicines) – as above for eye drops. The child should have both a signed Template B and an Allergy Action Plan detailing the dose, which must correspond with the generic dose detailed on the bottle.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by member of school staff (template B) or to be self-administered (see below).

The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher.

For chronic or long term conditions and disabilities, an Individual Health Care Plan (IHCP) (template A) will be developed in liaison with the pupil, parents/carers, the Headteacher, SENCO and medical professionals. If a child has a medical condition which requires pain relief or other medication to be kept in school this must be prescribed by a doctor and supported by an IHCP or a letter from a doctor.

Inhalers

All children who have asthma will have immediate access to their reliever inhaler when they need them. All children should have at least **2** prescribed inhalers, and where possible should be encouraged to keep **1** in school.

Parents and carers will be asked to complete a medication administration form (Template B) when the inhaler is first brought into school and an annual review should be carried out by the child's doctor/asthma nurse and details brought into school.



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The school has an inhaler for emergency use and will be administered in the event of the loss or failure of the pupil's own inhaler. Parental permission for this is required on the medical administration form (Template B)

Epi-pens

Parents will be asked to supply **2 Epi-pens** to school should their child need one for possible anaphylaxis. We hold an emergency EpiPens at school to avoid delay in treatment due to defective pens or if child's EpiPens not available. Permission is given for this on the template B. They will be required to supply a copy of their 'Allergy Action Plan', drawn up in collaboration with their GP/School Nursing Team. This should be kept alongside the Epi-pens and a copy kept centrally with an anaphylaxis register. It is permissible for a copy of the plan to be kept on display in the child's classroom.

All staff are invited to complete the allergy and anaphylaxis training and have the opportunity to use a practice device. This is in line with the Anaphylaxis UK and MHRA guidance and advice from School Nurse Team.

Under no circumstances should a parent send a child to school with any medicines, eg throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves that the school refuses to administer, for reasons given above.

Process for the Administration of Medicines in School – long term medical needs

Where a child has long-term medical needs, a care plan must be written with the assistance of the school nurse and in the presence of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually.

It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.

The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned. There will also be regular/annual training for all staff on more generalised needs eg asthma awareness and epi-pen training, diabetes and epilepsy. The school is well supported by the School Nurse who provides staff with advice and any relevant training on request.

Controlled drugs (such as methylphenidate) must be signed in and signed out by two named staff using the template B document. A new document must be completed each time a new pack of medication is received in the school. This



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should be locked away centrally (not in a classroom) and administered by named personnel as detailed in the child's IHCP and documented on the Template D form.

With residential visits, and particularly for controlled drugs, the members of staff responsible should have completed an administering medications in school course.

Process for the Administration of Medicines during residential visits– all medical needs.

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Prescription and non-prescription medication may be administered by staff on residential trips. Parents will be asked to complete a form (template B) and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

In the case of higher levels of care eg intimate care, a named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

**Template A: Individual healthcare plan (IHCP)**

Add photo

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.



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Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when



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.

Signed by parent or guardian

Print name

Date

Review date

Copies to:

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**Template B: Parental agreement for setting 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. **(Note this is a two-page document)**

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	
Where prescribed an inhaler do you give permission for your child to use the emergency school inhaler? Yes/No	
Signed:	
Where prescribed an inhaler do you give permission for your child to use the emergency school inhaler? Yes/No	
Signed:	
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



Template C: Record of medicine administered to an individual child

Medication name:

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



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Template D: Controlled Drugs

Controlled Medicine List

Name of Class _____

Date of Birth _____

Name of child: _____

[illegible]