

'Nurtured We Flourish'



Harrietsham Church of England Primary School

Administering Medicines Policy

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Responsibility:	Inclusion Leader
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Harrietsham Church of England Primary School Administering Medicines Policy

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School Context:

Harrietsham CEP Vision Statement

We are a warm, welcoming, and inclusive school rooted in our rural community. Like the mustard seed we grew from tiny beginnings and our branches are now spread wide – providing support and taking our values beyond the school gates. All those in our community feel safe and nurtured - able to flourish and grow academically, spiritually, emotionally and physically to achieve their full God-given potential.

“Nurtured we flourish”

We are a nurturing school. As such we believe in, and follow, **The Six Principles of Nurture** in all of our practice.

1. Children’s learning is understood developmentally.
2. The classroom offers a safe base.
3. The importance of nurture for the development of wellbeing.
4. Language is a vital means of communication.
5. All behaviour is communication.
6. The importance of transition in children’s lives.

Our Values

The roots of our vision are in the parable of the Mustard Seed.

‘The kingdom of heaven is like a mustard seed, which a man took and planted in his field. Though it is the smallest of all seeds, yet when it grows, it is the largest of garden plants and becomes a tree, so that the birds come and perch in its branches’.

Matthew 13 31-32

In order to grow and reach our potential, everything that we do in school is driven by our vision and underpinned by our core Christian values of:

Love, Fellowship and Forgiveness

Introduction

Legally, schools are not required to administer medication to children, because of the risks involved and possible legal consequences. We will, wherever possible, assist children and parents/ carers by administering prescribed medicines in school time in line with the policy below.

This policy aligns with:

- DfE: Supporting Pupils with Medical Conditions at School (2015)
- Children and Families Act 2014 (IHP requirement)
- EYFS requirements

Policy Aims

- To safeguard against accidents arising from the transport, storage and administration of medicines.
- To remind parents that it is their responsibility to ensure correct administration of medicines.
- To protect the staff and school and minimise possibility of error.
- To avoid unnecessary exclusion of any child who is fit for school but who is completing a course of treatment.
- To help those children with longer term disorders (e.g. asthma) to take appropriate medicines so they can take as full a part as possible in all school activities.

Parents/ carers have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents/ carers should also provide all necessary information about their child's medical needs to the school.

This policy should be read in conjunction with the following school policies:

- SEND Policy
- Child Protection and Safeguarding Policy
- Intimate Care Policy
- Off-site Visits Policy
- Complaints Policy
- Supporting Pupils with Medical Needs Policy
- First Aid Policy

This policy was developed with local key stakeholders within both the school and health settings.

This policy will be reviewed annually.

Short term illness

When children are unwell, or have an infectious illness, they should not attend school. School follows the advice from the Public Health Agency when recommending to parents/ cares how long a child needs to be absent from school. Children who have recovered should return to school as soon as possible, including where they are completing a course of treatment.

Every effort should be made for medicines to be administered at home and not at school. For instance, a course of antibiotics which is to be taken 3 times a day can usually be given to the child: before leaving school in the morning; immediately upon returning home in the afternoon; before going to bed at night.

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If it is **essential** for a child to receive medication during the school day, the parent should bring the appropriate medicine to school at a suitable time (e.g. lunch time) and administer it to the child in the school office. After the dose has been administered, the parent must take any remaining medication with them when they leave the school premises.

Prescribed medicines requiring administration during the school day.

On occasions, when it is impossible for a parent to visit the school to administer a prescribed medicine, the parent may request that a member of school staff supervise the child taking the medicine during the school day.

For safeguarding purposes, the supervision will be overseen by a second member of the school staff.

The staff administering medicine will be two members of the office staff. If this is not possible, a member of the Pastoral and Inclusion team or Senior Leadership Team will administer the medicine.

The parent/ carer must complete a **Request to administer medicines form** (see appendix 1 for template) before the medicine will be accepted in school and handed into the school office.

If the school agrees, the medicine must be brought to school by the parent/ responsible adult, not the child, and delivered personally to the administrator in the school office. When parents deliver the medicines, school must already have, or be given, the **Request to administer medicines form**. Only when this form is signed, and the medicine is checked by both parties, will the medicines be received and stored at school.

The medicine must be stored in a plastic/ Tupperware box and clearly labelled with;

- The chemist dosage label which includes the child's name, name of the medication, the prescribed dose and the time of administration.
- The date of prescription (only medicines that are in date will be accepted by school).
- If required, a suitable medicine spoon should be included.
- Medicines will be kept in the fridge or locked medical cupboard within the school office.

If children are on a planned school trip, a joint decision with parents and school staff will be made as to if they are well enough to travel and take part in the activities and if the medicine should travel with them.

Non-prescription Medications

With parental written consent, if there is no reasonable alternative, we may administer non-prescription medicines (except aspirin or containing aspirin except prescribed by a doctor). Medication, eg for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents are contacted in these circumstances.

Long term illness

With certain long-term illnesses or allergies, e.g. asthma, it is important that children have their treatment at agreed times through the day, or available for use as needed.

If this is the case for your child please:

- Deliver the medication to the school office. (e.g. Inhaler with spacer/EpiPen/insulin. Note: Brown inhalers are not allowed in school as they contain a preventative drug which should be taken in the morning before school).
- The medication should be clearly marked with your child's full name (as detailed above).
- Inhalers and spacers will be stored in the class box within the teacher cupboard.
- EpiPen's will be stored above child reach on the board in front of the teacher desk.
- Diabetes medication will be stored within the fridge in the school office.
- Inhalers and EpiPen's are checked by teaching staff and the Inclusion Leader termly to check that they are in date and sent home at the end of each academic year - parents/carers are responsible for returning them in September.
- Every year, children's parents should complete an asthma 'health care plan' which should be sought from the nurse/GP and should state when their child might need to use their inhaler and how many puffs they should take.

The staff at Harrietsham Church of England Primary School have regular training on how to use an inhaler and EpiPen. If a child needs an EpiPen, it is stored above child's reach on the board in front of the teacher desk. This is to ensure the emergency medicine is available quickly when needed.

Key staff have training on administering diabetes medication. Diabetes medication will be stored within the fridge in the school office, to ensure it is available at all times and in an emergency situation.

Any medicine left at the end of the course must be collected by a parent/ responsible adult and disposed of.

If medicines are not collected within 10 days of a pupil leaving or the course ending, the school will follow local pharmacy disposal guidance.

Record keeping

Both members of staff giving medicine to a pupil should check the instructions provided by a doctor and record the date, time and dosage, writing their name and signing to say they have administered it on the child's **Request to administer medicines form** which is stored in the **Administration of Medication Records File**.

If a child refuses to take medicine as prescribed, the records must state this clearly and the parents/ carer must be informed immediately. Children/ young people will not be forced to receive medicine if they do not wish to do so. If a child or young person is ill/ injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents/ carers immediately and advise the Headteacher of their actions. If the child vomits or has diarrhea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

Self- medication

In some cases, it might be appropriate that children/ young people self-administer medicines, e.g. inhalers, EpiPen's, eczema cream. The school will encourage those with long term medical conditions to take responsibility for administering their own medication but will continue to ask staff to supervise.

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

Safe storage of medicines

Long-term emergency medicines (e.g., EpiPens) are kept in classrooms for quick access. All non-emergency medicines are stored in the office in a locked medicine cupboard.

Medicines will be stored in a locked medicine cupboard located in the school office or, in the case of inhalers, on a high shelf in the teacher cupboard. EpiPen's will be stored above child's reach on the board in front of the teacher desk. This is to ensure the emergency medicine is available quickly when needed.

Some medicines (insulin, liquid antibiotics) may need to be kept in a fridge but must not be frozen. These medicines must be placed in suitable additional sealed/ airtight container, such as a Tupperware box, and marked 'medicines'- they will be stored in the fridge in the staffroom or in the fridge in the office.

Some medicines, such as inhalers, need to be close at hand, and dependent on the age of the child, will be kept by the child or in an easily accessible place in the classroom. A note of children with medical conditions, along with information regarding the administration of the medicine, is kept in a class medical file with the medicine - to inform all staff.

A record of when a child has taken their inhaler is stored with the inhalers - if a child has had their inhaler more than 5 times in one day then the parents/ carers are contacted.

Sun cream

In warm weather it is advisable that a high factor, 8-hour, sun cream is applied at home in the morning.

Staff should not apply sun cream directly to pupils except where explicit parental consent exists.

Pupils should not apply cream to one another (to prevent skin-to-skin contact issues).

If sun cream is brought to school, the children must hand it into their teacher and reapply it to themselves - not other children.

Emergency arrangements

Care is taken to ensure that all children and young people are safe at school. The school currently has two 'Paediatric First Aid' qualified first aiders (there is a cycle of training to ensure as many staff as possible are first aid trained).

Children and young people with life threatening medical conditions, or with medical conditions that require close monitoring/ supervision will have Individual Healthcare Plans issued by Health professionals that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy.

Asthma can also be life threatening. All cases deemed 'complex' or 'serious' medical conditions have emergency contact details held in the school office.

Individual Healthcare Plans

Individual Healthcare Plans help to ensure that the school effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual Healthcare Plans may be initiated by a member of school staff, the Inclusion Leader or another healthcare professional involved in providing care to the child. Plans will be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.

Individual Healthcare Plans will be reviewed at least annually, or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the Individual Healthcare Plan should be linked to their EHC plan where they have one.

In identifying what information plans include, the following will be considered:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, 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 exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Decide who in the school needs to be aware of the child's condition and the support required.
- A completed **Request to administer medicines form** giving permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by individual pupils during school hours.

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- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements.

Off-site activities and trips arrangements

All arrangements for medicines, including the storage of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for any off-site activities or school trips.

A member of staff will be appointed to ensure there are suitable arrangements for storage and recording of the medicines when assessing any risks associated for the trip, particularly for those children and young people with long term or complex health conditions.

All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short- or long-term medical conditions before receiving approval to go ahead from the Headteacher/Governors.

Appendix 1: A request to administer medicines form

The school/setting will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Name of school adult receiving form	
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>	
Quantity of medicine handed to the school	
Expiry date of medicine	
Dosage and method of administration	
Timing of administration	
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 dated and in the original container as dispensed by the pharmacy

Contact Details

Name of parent / carer completing form	
Daytime telephone no.	
Relationship to child	
Address	

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.

Medicine handed in to school by:

Signature (parent / carer) _____ Date _____

Signature (school staff) _____ Date _____

Medicine handed back to parent / career:

Signature (parent / carer) _____ Date _____

Signature (school staff) _____ Date _____

Appendix 2: Record of medicine administered to an individual child

Name of school/setting
 Name of child
 Child's date of birth
 Child's class
 Quantity of medication received
 Name and strength of medicine
 Expiry date
 Dose and frequency of medicine

Date
 Time given
 Dose given
 Name of member of staff administrating
 Staff signature
 Name of member of staff witnessing
 Staff signature

Date
 Time given
 Dose given
 Name of member of staff administrating
 Staff signature
 Name of member of staff witnessing
 Staff signature

At end of medication course - Medicine handed back to parent / carer:

Signature (parent / carer) _____ Date _____

Signature (school staff) _____ Date _____

Appendix 4: Staff training record – administration of medicines and/or medical procedures

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

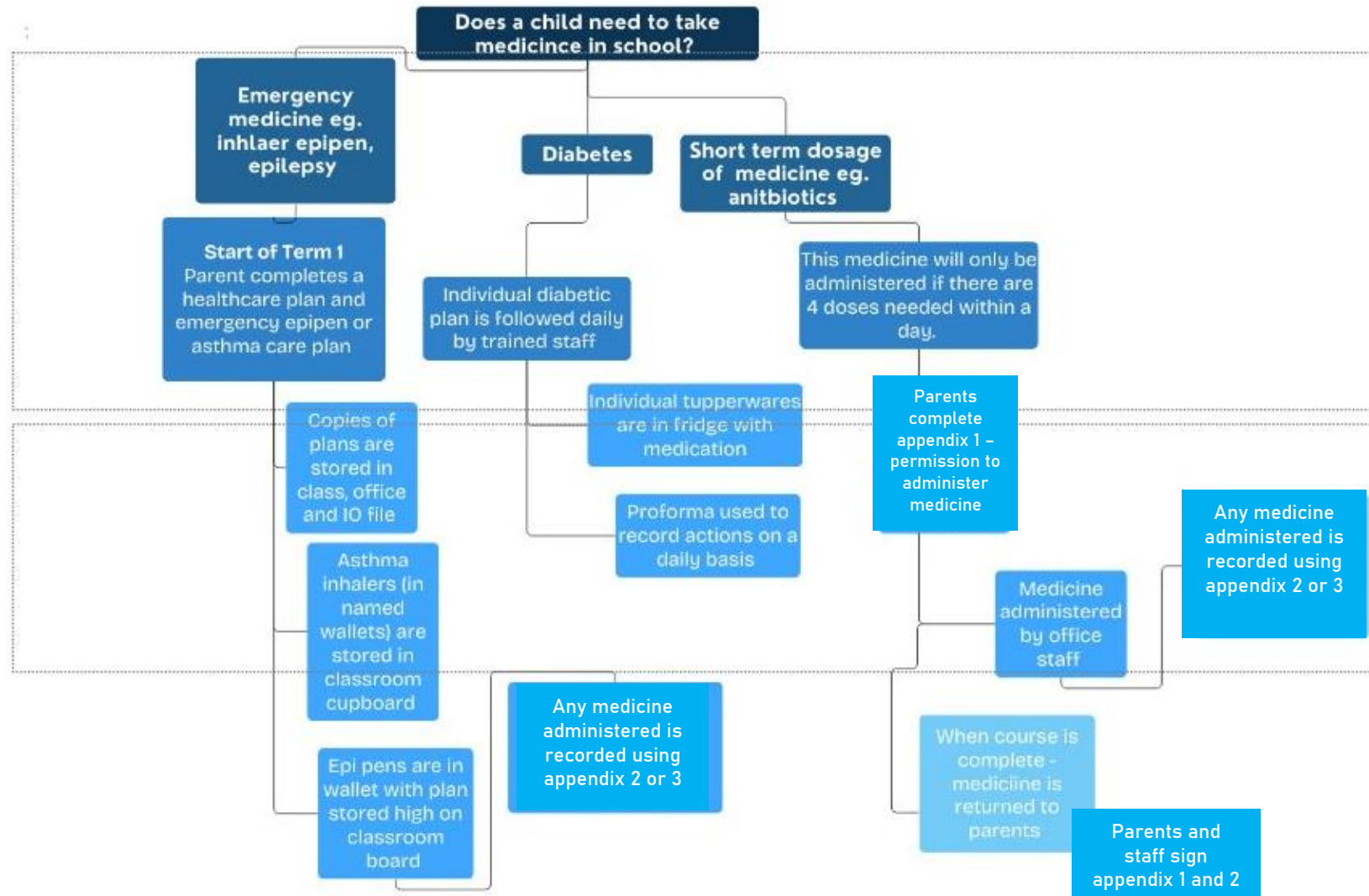
Staff signature _____

Date _____

Suggested review date _____

Appendix 5: Flow Diagram for Children Taking Medicines in School

Children Taking medicines in school



Appendix 6: Flow Diagram for Administering Medicine

