

# Administration of Medicine in Schools

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## **Section 1 – Policy Statement**

### **The Administration of Medicine in School**

The Governing Body is committed to safeguarding and promoting the welfare of children and expects all staff, volunteers and visitors to share this commitment.

It must be noted that **“medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.”**  
*DFE Publication: Supporting Pupils at School with Medical Conditions. April 2014*

**The school will not administer to children any medicines that have not been prescribed by a GP or consultant or labelled by a pharmacist. All medicines MUST be in the original packaging with the pharmacist’s label attached stating the dosage instructions. The school will only administer the dose accordance with the instructions on the pharmacist’s label. All the necessary paperwork must be completed by the parent before school will accept any medication into school. The medication could be prescribed by an appropriate prescriber or an over the counter medication labelled by a pharmacist.**

**Our nearest Pharmacy is...**

**Silverwood Pharmacy, 90 Flanderwell Lane, Sunnyside, Rotherham. S66 3QT**

**An up to date list of Pharmacies participating in the ‘over the counter labelling medication scheme can be found at...**

<https://rotherham.communitypharmacy.org.uk/local-services/rotherham-cgc-commissioned-services/over-the-counter-labelling-medication-scheme/>

#### **Policy aims:**

- To ensure the safe administration/supervision of medication to children where necessary to help support attendance.
- To ensure the on-going care and support of children with long term medical needs via a health care plan.
- To explain the roles and responsibilities of school staff in relation to medication. -To clarify the roles and responsibilities of parents in supporting the school adhere to the policy.
- To outline to parents and staff the safe procedure for medication storage.
- To outline the safe procedure for managing medicines on school visits.
- To ensure that over the counter medications labelled by a pharmacist are able to be administered by the school if necessary.



## **Roles and Responsibilities:**

### **Headteacher**

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice.
- To ensure that there are sufficient staff to adhere to this policy.
- To ensure that staff receive appropriate training and support. This will be recorded on **FORM 1 (STR)** which will be kept in their personnel file.
- To ensure that the parents are aware of the school's medicine policy. -
- To ensure that this policy is revised annually.

### **Staff**

- To follow the procedures outlined in this policy using the appropriate forms. -To be fully aware of health care plans written by relevant health care professionals for children with complex or long-term medical needs.
- To share medical information where necessary to ensure the safety of a child.
- To retain confidentiality where possible.
- To take complete any training relevant to the administration of medicines in school
- To complete the relevant paperwork as outlined in this policy when administering medicines
- To take all reasonable precautions to ensure the safe administration of medicines.
- To contact parents with any concerns or refused dose of medication without delay.

### **Parents/Carers**

- To give the school adequate information about their children's medical needs prior to starting school or as they arise.
- To ensure medication is in date and labelled with the appropriate pharmacist dispensing label containing dosage instructions.
- Ensure inhalers are in date and have sufficient medication left in them. -To notify the school of any changes to the medication/dose. This must be supported by either a letter from G.P or medication labelled with new dosage instructions on.
- To follow schools procedures for bringing medication into school.
- To take any long term medication (e.g. inhalers) home at the end of each academic year.
- To keep the child off school if they are acutely unwell or have a contagious condition. (Recommendations from the Health Protection Agency are used by school)



## **Non-prescribed Medication**

The school will not be able to store or give medication that has not been prescribed by a prescriber or labelled under the community pharmacy labelling of medication scheme, for a child. This is because the medication will not have a dispensing label on the container providing all the relevant information required.

## **Missed Dose**

If a child refuses a dose of medication, the child will not be forced to take the dose. The parent/carer will be contacted that day. The missed dose and parental comments will be recorded in the 'missed dose section' of the appropriate form.

## **Spillages**

Any spillages (including broken / dropped tablets) will be recorded and parents will be informed.

**This will be recorded on FORM 7 (SP)**

## **Medication Procedures**

The school expects medication to be given at home. Where medication is specifically prescribed to be given during school hours, school would ask that wherever possible, parents or an adult authorised by the parent, come into school to give their child the medication.

**This will be recorded on FORM 2 (PA)**

Short term medication should only be brought into school if it is detrimental to the child's health not to have the medication during the school day. In the case of antibiotics, those prescribed or labelled by the pharmacist for a dosage of FOUR times per day will be given at school.

**It will be recorded on FORM 3 (PC) if school staff are administering this.**



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**The school will not accept medication that has been taken out of the container as originally dispensed, nor make changes to the prescribed dose.**

**Medicines should always be provided in the original container as dispensed by the pharmacist and must include the prescriber's /pharmacists instructions for administration.**

In all cases this should include:

Name of the Child

Name of Medication

Dose

Time/Frequency of Administration

Expiry date (This is on the medication. Eye drops must be discarded 28 days after opening. Antibiotics that have been reconstituted by pharmacist before dispensing will often have a short shelf life of between 7 and 14 days)

Parents / Carers should wherever possible confirm that the medication has been taken for a period of 24 hours at home with no side effects prior to being brought into school. It is the parent / carers responsibility to monitor any side effects.

.....

The parent/carer must present the medication to the school. It must never be sent with the child.

Where possible the school will support the children to self- administer medication.

Prior written consent must be given by the parents/carers for any medication to be given to a child. **This will be recorded on FORM 3 (PC)**

Where there are long term medical needs for a child, a Health Care Plan should be completed by relevant Health Care Professionals in consultation with the child's parent / carer. This will be recorded on the relevant Care Plan as provided by Health Care professionals. **FORM 5 (HCP) outlines examples of information found in an individual Child's Health Care Plan.**



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Long term medication will be recorded on **FORM 3 (PC)**

The child should have had at least the first 24 hours of any new medication at home before it is brought into school.

The parent/carer will be responsible for collecting the medication at frequent intervals in order to review expiry dates and quantity of remaining medication. Any medication that is no longer required must be returned to the pharmacy by the parent/carer for destruction.

## **Timings**

Medication will be given at approximately 11.00am – 11.30am or 12.30pm – 1.00pm in Foundation Stage and 11.30am – 12.00pm or 1.00pm – 1.30pm in Key Stage 1. If a medication has to be given at a critical time outside the above hours this will need to be supported by a letter from G.P/ consultant or stated on the prescribers label.

The above times will be timetabled in school. There will be two members of staff present at all times when any medication is administered. Staff will not be interrupted or approached to perform other duties whilst administering medication.

## **Controlled Drugs**

Some medication prescribed for children is controlled under the Misuse of Drugs Act. These can be given to children in accordance with the prescriber's instructions. The school will keep the controlled drugs in a non-portable container which will be kept locked. Only named staff will have access to the controlled drug container. The Headteacher must be aware of any controlled drug on the school premises.

Controlled drugs must be stored in the original packaging with a pharmacist's label attached stating GP/Consultant's dosage instructions.

The school requests that large quantities of controlled drugs are not kept at school. Controlled drug administration will be recorded on **FORM 4 (CD)**

## **Storage of Medication – Foundation Stage**

Medication will be stored in accordance with the product instructions.

Inhalers/ Epipens for Foundation Stage will be kept in a safe place in the classroom so staff can access them readily if children require them. They will however, be kept out of the reach of children for safety. Medication needing refrigeration will be stored in the staff fridge in the kitchen in a separate lockable airtight container or lockable medicine fridge.

Foundation Stage children who stay at school over the lunch time period will need an inhaler/Epipen to be kept in the staff room as well as in the classroom. This is because it is a long distance to retrieve an inhaler from the classroom should a child need it in an emergency.





## **Storage of Medication – Key Stage 1**

Children's inhalers will be kept in classrooms as it is easily accessible for all children. EpiPens will be kept with the child in the classroom and taken outside by staff at break times and lunchtimes. The cupboard in the staff room will be out of the reach of children but will not be locked in case access is needed in an emergency.

Any medication requiring refrigeration will be stored in a lockable air tight container in the staff fridge in Foundation Stage or lockable medicine fridge in the staff room. Children will be informed where their medication is kept.

## **Medication on School Visits**

Medication needed by children will be taken on school educational visits. The child will be informed where their medication is kept and who to ask if they require it.

Any children requiring medication on a school visit will be recorded on a log prior to leaving.

**This will be recorded on Form 6.1 (EV) Educational Visits: Log of children needing medication.**

A copy of any relevant health care plan will also be taken on the visit.

Any medication given on a school educational visit will be recorded on **FORM 6.2 (EV) Educational Visits: Record of Medicines administered to all children.**

## **Emergency Treatment**

The school will call for urgent assistance if there is a medical emergency and **FORM 7 (ME)** will be used to support staff in calling for assistance.

Copies of Form 7 (ME) are displayed next to telephones in school. Any medical information school holds for a child (e.g. details of medication administered, care plans etc) will be given to the emergency services.

**This policy will be reviewed annually.**

## **Section 2 – Appendices**

## FORM 1 (STR) Staff Training Record

Staff Training Record – Administrations of Medicines	
Name of school / setting	<b>Bramley Sunnyside Infant School</b>
Name	
Type of Training received	
Date of Training Completed	
Training provided by	
Profession and Title	
<p>I confirm that the member of staff named above has received the training and is competent to carry out any necessary treatment covered in this training.</p> <p>Signed:</p> <p>I recommend that this training is updated (please state how often).....</p>	
<p><b>I confirm that I have received the training detailed above.</b></p>	
Staff Signature	
Date	
Suggested Review Date	



## FORM 2 (PA) Parental Administration of Medicine during school hours (page 1 of 2)

**This form is to enable (1) a parent or (2) other adult authorised by the parent to administer medication to a child during the school day.** The medicine must comply with the standards set out in the Administration of Medicines Policy (ie prescribed by authorised prescriber/pharmacist and labelled correctly.) This consent form needs to be completed by a parent or legal guardian.

(1) I ..... (parent / carer) confirm that I will administer medicine to my child during school hours according to the School's administration of medicines policy and complete the necessary information as outlined below.

(2) I .....(parent / carer)

give consent for .....(Relationship to

the child ..... ) to give the following medication to

.....  
(Child's name and class)

Medication	
Strength	
Dose	
Time 11.00-11.30am/ 12.45 – 1.00pm Foundation Stage. 11.30-12.00 / 1.15-1.30pm Key Stage 1 unless a GP/Consultant letter states an alternative time)	
Expiry Date	
Medicine has been taken at home for a period of 24 hours before being brought into school	
Any Side Effects Yes / No	



## FORM 2 (PA) Parental Administration of Medicine during school hours (page 2 of 2)

This consent is only for the following dates \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

to \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ inclusive.

I will personally ensure that the medication is labelled in accordance with the school medicine policy and that the product is in date.

Signed: .....

Date: .....

Relationship to the child: .....(Parent / Legal Guardian)

Date	Child's name and Class	Medication, strength and dose	Signed by person giving medication	Initialled by staff members to say they have witnessed the dose.	

## Form 3 (PC) Parental Consent & Record of Medicine administered to an individual child by staff in school. (Page 1 of 3)

Reason for parent not administering medicine to the child

.....

Name of School/Setting	Bramley Sunnyside Infant School
Name of Child	
Date of Birth	__ / __ / ____
Group / Class/ Form	
Medical condition or illness	
Name/Type of medicine (as described on the container)	
Date dispensed	__ / __ / ____
Expiry Date	__ / __ / ____
Dosage and method	
Timing (11.00-11.30 or 12.45-1.15pm Foundation Stage .11.30-12.00 or 1.15-1.45pm Key Stage 1 unless a GP/Consultant letter states an alternative time)	
Special Precautions	
Has the child taken the medicine for a period of 24 hours at home prior to it being brought into school?	YES / NO
Are there any side effects that the school needs to know about? YES / NO	If Yes, please state
Self Administration	YES / NO (delete as appropriate)



**Form 3 (PC) Parental Consent & Record of Medicine administered  
to an individual child by staff in school.  
(Page 2 of 3)**

**Contact Details**

Name	
Daytime telephone Number	
Relationship to Child	
Address	

**I understand that I must deliver the medicine personally to a member of school staff.**

**I accept that this is a service that the school is not obliged to undertake.**

**I understand that I must notify the school of any changes in writing.**

**I accept that it is my responsibility to collect any unused medicine and return to the pharmacy for destruction.**

**Signature of Parent: .....**

**Name (Print) .....**

**Date:**

## Form 3 (PC) Parental Consent & Record of Medicine administered to an individual child by staff in school. (Page 3 of 3)

Child's Name:								
Date	__/__/__		__/__/__		__/__/__		__/__/__	
Time Given								
Dose Given								
Names of staff								
Staff Initials								

Child's Name:								
Date	__/__/__		__/__/__		__/__/__		__/__/__	
Time Given								
Dose Given								
Names of staff								
Staff Initials								

Dose refused Date:	Name of Parent contacted:	Time:



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	<p>Parent Comment:</p>
--	------------------------





## FORM 4 (CD) Controlled Drug Record

**Name of Child:** .....**D.O.B:** .....

**Class:** .....

Date & Time	Medication In	Medication out	Running Balance	Initials of staff members	

Dose refused	Name of Parent contacted:	Time:
Date:		
	Parent Comment:	



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## **Form 5 (HCP) Health Care Plan (page 1 of 2)**

Name of School	Bramley Sunnyside Infant School
Child's Name	
Class	
Date of Birth	__ / __ / ____
Child's Address	
Medical Diagnosis / Condition	
Date	__ / __ / ____
Review Date	__ / __ / ____

## Family Contact Information

Name	
Phone No (work)	
(home)	
(mobile)	

Name	
Phone No (work)	
(home)	
(mobile)	

## Clinic / Hospital Contact

## G.P.

Name:	Name:
Phone No:	Phone No:



## **Form 5 (HCP) Health Care Plan (page 2 of 2)**

Describe medical needs and give details of child's symptoms

Daily Care Requirements

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

Follow up care

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

Form copied to.....





## FORM 6.2 (EV) Educational Visits

### Record of medicines administered to all children

Name of School: Bramley Sunnyside Infant School

Date	Child's name	Time	Name of medicine	Dose Given	Any reactions	Signatures of staff	Staff Names
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Date:	Name of Parent contacted:	Time:
Child's Name:		
Dose refused:	Parent Comment:	

## **Form 7 (ME) Medical Emergency - Contacting the Emergency Services**



**Request for an ambulance.**

**Dial 999, ask for an ambulance and be ready with the following information.**

1. Your telephone number	01709 543061
2. Give your location	Bramley Sunnyside Infant School, Flanderwell Lane, Bramley, Rotherham. S66 3QW  For Foundation Stage: entrance to car park is off Linden Avenue, S66 2NX
3. State that the post code is	S66 2NX (Foundation Stage) S66 3QW (Main school reception)
4. Give exact location in the school	
5. Give your name	
6. Give Name of child and a brief description of the child's symptoms	
7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the child.	

**Speak clearly and slowly and be ready to repeat information if asked**

**Keep a completed copy of this form by the telephone**

## **FORM 8 (SP) Spillages of Medicines**

<b>Name of Child</b>	
<b>Class</b>	
<b>Date</b>	
<b>Medication</b>	
<b>Amount Spilled</b>	
<b>Parent / Carer informed</b>	
<b>Staff Name</b>	
<b>Staff Signature</b>	
<b>Staff Name</b>	
<b>Staff Signature</b>	