



ADMINISTRATION OF MEDICINES POLICY

HAMER COMMUNITY PRIMARY SCHOOL

PURPOSE

This policy sets out the circumstances in which we may administer medicines within school, and the procedures that we will follow.

Review Date	September 2026
Reviewed By	Danielle Smith
Next Review	September 2027
Summary of changes	AAIs now stored together in class first aid bag Use child's own spacer where possible as the school spacer must be replaced after use List of current first aiders

Approved By:

Head Teacher: V Terry

Date: September 2026

Chair of Governors: G Lowe

Date: Autumn FGB

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1. Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. Hamer Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

2. The Role of Parents/Carers

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming in to school at lunch time to administer the medication. However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and seek the help of a first aider to fill in the Administration of Medication Permission and Record form (Appendix 1). **Medication must not be given to the class teacher, or brought into school by the child themselves.**

3. Prescription Medication

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bed time.

Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

An Administration of Medicine Permission & Record form (Appendix 1) must be completed and signed by the parent / carer. No medication will be given without the parent's written consent. **A copy of the signed AoM form should be provided to the CWO to be kept on file.**

Prescribed medication, other than emergency medication, will be kept in a locked cupboard or in the refrigerator as appropriate. All emergency medicines (asthma inhalers, AAI's etc.) should be kept in the child's classroom and be readily available.

4. Long Term Medical Needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

5. Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

6. Non -Prescription Medication

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only. Such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

We may also administer non- prescription medicine whilst on school residentials, if relevant permissions have been signed (residentials may involve perhaps administering medication in order to finish a course of antibiotics, to apply a lotion or the administration of paracetamol for toothache or other pain).

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine Consent form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded. **A copy of the AoM form is to be provided to the CWO.**

In the event of Calpol or Piriton needing to be administered unexpectedly, school will first ask parents if they can come to school to administer this themselves. If this is not possible, parental permission to administer school held Calpol or Piriton will be gained via telephone (with 2 staff as witnesses to the permission). A note of witnesses, along with the date and time of permission being given will be made on relevant documentation. Medication administration will be recorded as usual and **parents will then be asked to sign the Administration of Medicines Form retrospectively when they collect.**

7. Administering Medicines (including creams)

Medicines will only be administered by class/office-based school first aiders, but in their absence another senior member of staff (SLT) may carry it out. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an epipen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of specific medicines will be maintained by the CWO. The CWO will maintain a record of staff trained in specialist medication for children with complex Health Care Plans.

When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used as necessary. Where a Health Care Plan is in place, this will be the point of reference.

8. Self Management

It is important that as children get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan/asthma plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the need for asthmatics to have easy access to their medication and children should know where their medicines are stored.

9. Emergency medication

All children in school have a spacer for their inhaler. If a child needs to use their inhaler, they will self-administer this. This must be overseen by a teacher or TA, who will then complete the record form which is held in the green bag which holds class inhalers. Parents will be informed that the inhaler has been used. When using the school's emergency inhaler, use child's own spacer where possible as the school spacer must be replaced after use.

In the event of an AAI needing to be administered, those staff who have received AAI training would administer in the first instance. In the event of an emergency however, should trained staff not be available for any reason, any staff member may administer.

10. Refusing medication

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

11. Offsite visits

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.

Travel Sickness - Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.

Residential visits – All medicines which a child needs to take should be handed to the teacher in charge of the visit. Asthma inhalers, should be easily accessible in case of emergencies. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix 3.

12. Disposal of Medicines

First Aiders will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles. If any child requires regular injections (eg. Insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.

13. First Aiders

Staff with a current first aid qualification:

SLT

Danielle	Smith
Tom	Nadin

LTO

Zanib	Khatoon
Pobetra	Arthy
Lisa	Flynn

EYFS

Louisa	Kershaw
Jaden	Smart
Aruge	Ashraf
Tracy	Thomas

KS1

Deb	Scott
Lucy	Williamson

KS2

Susan	Howarth
Tracy	Maher
Charlene	Mullane

All staff have received basic first aid training.

Appendix 1 - Administration of Medication Permission and Record

Hamer Community Primary School

Administration of Medication Permission and Record

Name of child: _____ Class: _____ Date: _____

Details of illness: _____

Medicine: _____

Times and dosage of medicine: _____

Relevant side effects to be observed if any: _____

Medicine to be administered from : _____ to: _____

Parent/Carer:

I hereby give permission that the above medication, ordered by the doctor/dentist/bought from the
pharmacy for my child _____ be administered
by school personnel.

I understand that I must supply the school with the prescribed medicine in the original container dispensed and
properly labelled by pharmacist and will provide no more than a 5 day supply of said medication.

I understand that non prescribed medication must be in the original container with dosage instructions clearly visible.

I understand that this medication will be destroyed if it is not picked up on the day this order terminates.

Signature: _____ Relationship to child: _____ Telephone: _____

Date	Time given	Dose given	Member of staff	Initials

Appendix 2 - Administration of Medication Continuation Sheet

Hamer Community Primary School

Administration of Medication Continuation Sheet

Sheet no. _____

Name of child: _____ Class: _____ Date: _____

[illegible]

Appendix 3 – Example Consent Form for Residential Visit

PARENTAL CONSENT FOR TRIP TO

Date of visit:

I AGREE TO _____ TAKING PART IN THE VISIT AND AM
HAPPY FOR THEM TO PARTICIPATE ON THE ACTIVITIES DESCRIBED. I ACKNOWLEDGE THE
NEED FOR MY CHILD TO BEHAVE.

MEDICAL

Has your child got any condition requiring medical treatment? YES/NO Please
list below:

Is your child allergic to any medication? YES/NO Please
list below:

I agree to my son/daughter receiving medication as instructed and any emergency, dental, medical or
surgical treatment considered necessary by the medical authorities present.

Signed: _____

CONTACT NUMBERS

Work: _____ Home: _____

Home address: _____

Name of family doctor: _____ Telephone no: _____

Address: _____

Alternative emergency contact:

Name: _____ Telephone no: _____

Address: _____

Signed (Parent/Carer): _____ Date: _____

CONSENT TO ADMINISTER MEDICINES

Name of child: _____

Address: _____

Date of birth: _____

Doctor's name: _____

Non-Prescribed Medicines (these will only be administered if deemed necessary at the time and a full record will be kept):

Paracetamol and Antihistamine (visit leaders will have emergency bottles of each of these whilst on the trip)

Other: _____

Prescribed medicines:

NAME OF MEDICINE	TIME TO BE TAKEN	HOW MUCH	ROUTE

I understand that I must supply the school with the prescribed medicine in the original container dispensed and properly labelled by pharmacist and will provide no more than a 5 day supply of said medication.

I understand that non prescribed medication must be in the original container with dosage instructions clearly visible.

Signed (Parent/Carer) _____ Dated: _____

Appendix 4

Asthma and Medication Protocol

It is the responsibility of **all staff** to make themselves aware and keep up to date with any children who have asthma or medical conditions in their class and unit.

First aiders to be aware of **all** children with a health plan and regularly remind themselves of these children and specific conditions/symptoms.

Asthma Bags

Inhalers and spacers to be kept together in a zipped bag within the main bag. Individual bags to be labelled with the child's name and expiry date of the inhaler.

Any children, who have an inhaler for the first time, must be seen by the CWO in the first instance. The CWO will check the expiry date and ensure the box and inhaler have matching details and the Asthma form completed.

Inhalers that are being replaced are to be checked by First Aiders. New expiry date information must be sent to the CWO. The old inhaler to be given back to the parent.

If an inhaler is removed from the bag (for a sport event etc.), it must be returned to main class bag on return to school. Staff to use a school rucksack on these occasions.

Inhaler Use

When an inhaler is used, this must be recorded. Each class has a log sheet to keep a record. Log sheets need to be kept in a known place for staff to complete – green bag.

At the end of the academic year, inhaler forms must be handed to the CWO, along with any medicine administration forms.

Inhaler use to be monitored and families informed if their child has not required their inhaler.

Medicines

First Aiders only, can complete medicine administration forms. These must be completed before any medicine is administered. In the event of school based Calpol being needed unexpectedly, verbal permission from the parent can be given but must be witnessed by 2 adults and noted. Usual records must be made and the adult must sign retrospectively - see policy.

During completion, staff must check the prescription labels to ensure medicine is for the correct child. **3-a-day courses should not be administered by school.**

CWO to be informed of any children starting a course of medicine along with relevant unit staff.

Any medicine and creams that are administered must be recorded. Record sheets to be handed to the CWO at the end of the academic year. Any unused medicine is to be returned to families at the end of the course of treatment.