

ADMINISTRATION OF MEDICINES POLICY

This Aldborough Primary Policy applies to all stakeholders.

DATE OF GOVERNOR APPROVAL	January 2026
REVIEW FREQUENCY	Annually
REVIEW DUE	January 2027
STATUTORY REQUIREMENT	NO

AMENDMENTS

Date	Summary of Amendment/s
January 2022	Updated in line with current staff roles
January 2023	Update to staff involved with administration

Medication for children

If a child requires medication during the school day their parent / carer must complete a form (available from the office) before it can be administered.

Once the form has been completed, and agreed by Mrs Knight, the medication may be stored in the staffroom fridge for administration during the school day.

Mrs Knight will liaise with staff to arrange for the administration of the medicine in line with the written instructions from the parent on the school 'Administration of Medicines Form'.

Classroom staff should not give medication to a child in school unless requested to do so by Mrs Knight. Staff may refuse. If staff do give medicine it must be in line with the written instructions from the parent.

Thank you.

January 2026 To be reviewed January 2027

THE ADMINISTRATION OF MEDICINES IN SCHOOL.

1. INTRODUCTION

1.1 The administration of medicines to children is the responsibility of parents, and there is no requirement for the Headteacher or the school staff to undertake these responsibilities. However this School Policy Statement has been prepared to clarify for parents, staff and others concerned with the welfare of pupils, the school's policy should a request for the administration of medicine be received from parents.

1.2 There are two main sets of circumstances in which requests may be made to school staff to deal with the administration of prescribed medicines to children at school.
A) Any medication requiring a Medical or Dental Practitioner's prescription. E.g. Cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy.
B) Cases where pupils recovering from a short-term illness and are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.

(Further guidance and procedures are listed in Education Department Health and Safety Manual, The Administration of Medication in School 'What is Meant by Medication? This document is on the NCC website

1.3 Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for parents to seek and obtain such advice as is necessary.

1.4 Very few courses of medication are likely to require medicine to be taken during school hours. When dosage does indicate the need for medicine to be taken at times when the child is at school, the Headteacher will be asked to liaise with the parent about the alternative medication where this is possible.

1.5 However the school recognises that if a child does need to take medicine this may not be sufficient reason for that child to be deprived of a period of schooling, however short.

2. THE HEADTEACHER'S RESPONSIBILITY.

2.1 The Headteacher and the school staff cannot be required to administer, but as persons in loco parentis they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.

2.2 When a parent requests that medicine be administrated to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.

2.3 The Headteacher will ensure all staff are aware of the school's policy and practice with respect to the administration of medicines. In the case of pupils with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the

procedure for coping with an emergency. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

2.4 Where medicines are to be administered at the school, the Headteacher will ensure that she and a named person is responsible for medicines, as at 9/1/26, that is Mrs Diane Knight .

2.5 A clear statement of the school's organisation and arrangements for the administration of medicines will be given to parents, who request such information, including a statement of their responsibilities and how to make a request for medicines to be given at school.

2.6 Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will make the final decision in consultation with relevant medical and caring agencies.

3. THE PARENTS' RESPONSIBILITY

3.1 It is preferable that parents administer or supervise the self-administration of medicine to their children but parents may make a request for medicine to be administered to their child in the school. Where such a request is made to the school by parents, it should be in writing and to the effect that the child's doctor considers it is necessary for the child to take medicines during school hours. Parents should then complete the form which the office staff will provide.

3.2 If the parents refuse to sign an indemnity, the Headteacher will make it clear to the parents, in writing, that the school is acting in *loco parentis* and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them.

3.3 The medicine, in the smallest practical amount, should be delivered to school, wherever possible by a parent, and should be handed personally to the office staff.
Parents should ensure the container, the chemist's original container, is clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the Headteacher and person responsible for medicines.

3.4 Parents should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medicine under adult supervision.

3.5 In cases where children require medication over long periods of time, any change in dosage or other arrangements must be notified by parents, in writing to the Headteacher.

4. GUIDELINES

4.1 Long time illness, such as epilepsy or asthma, will be recorded on Pupil Asset, together with appropriate instructions.

4.2 Medicines will be kept in a secure place in the staffroom or School Office. Under no circumstances will medicines be kept in first aid boxes.

4.3 A written record of the dates and times of administration of medicine will be made on the Form– Record of Medicines Administered to all Children kept by the Office Staff in the office on top of the filing cabinet.

4.4 Whichever member of staff undertakes the duties concerned with the administration of medicine in the school, within the terms of their jobs description, the Headteacher will ensure that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medicines within the school.

4.5 Where pupils might need to use an inhaler in school, this follows the guidelines set out for individual children and consented to by parents.

4.6 Staff are aware of the need for asthmatics to have medication in their classroom, or teachers to take appropriate action when, for example, participating in outdoor education.

4.7 Where a number of pupils may be taking regular medication at any one time, a suitably trained member of staff will be appointed as a drug administration co-ordinator to monitor and record routines. A chart for the administration of medications will be kept in the school office, and advice in appropriate procedures will be sought from the Headteacher.

4.8 Where a pupil's case makes it necessary, emergency supplies of medicines will be stored in the school, but only on a single dose named patient basis. In these cases specific training on how and when to administer will be sought from the Health Authority.

4.9 Medicines no longer required will not be allowed to accumulate at the school. They will be returned to the parent in person for disposal.

4.10 The review and monitoring of individual long term cases, and any necessary liaison with General Practitioners, will be under taken by the Headteacher.

5. CIRCUMSTANCES REQUIRING SPECIAL CAUTION

5.1 Some children require treatment which school staff may feel reluctant to provide, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheostomies. There is no requirement for the Headteacher or staff to undertake these responsibilities. However, the number of such cases will be very small and early identification and careful planning by the relevant Health Authority will result in detailed discussion with the school and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.

5.2 Only those who are both willing and appropriately trained will administer such treatment. Such administration will be in accordance with instructions issued by a doctor. Training in invasive procedures will be conducted by qualified medical personnel.

5.3 For the protection of both staff and children, a second member of staff will be present while the more intimate procedures are being followed, and appropriate personal protection (eg disposable gloves) will be worn.

5.4 Injections may only be administrated by a qualified nurse or doctor, or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt to administer an injection.

5.5 Pupils who may experience an extreme reaction to, for example, food stuffs or wasp stings may require an individual care plan (kept in the office and a copy is on the staff notice board). This will include immediate contact with the Emergency Services and/or the local medical practice and the administration of drugs as previously agreed. When guidance is required on dealing with potential cases of anaphylactic shock the school will approach the child's parent. In both of these incidences the child will be known to all staff via Child of Concern at Briefings and a notice on the permanent notice board in the staffroom.

6. ADMINISTRATION OF ANALGESICS TO PUPILS

6.1 In circumstances when pupils suffer headaches, menstrual pains or toothache, the Headteacher or another member of staff may be asked to provide a mild analgesic, eg paracetamol, to relieve pain.

6.2 Analgesics will only be given to pupils under the age of sixteen when parents have given prior permission and give the appropriate analgesics to the Headteacher or Office staff. Circumstances under which it might be appropriate for the Headteacher to seek such permission from parents would include residential visits organised by the school.

6.3 In such cases, specific members of staff will be authorised to issue tablets and they will keep a record of issues including name of pupil, time, dose given and the reason.

6.4 On no account will aspirin, or preparations containing aspirin, be given to pupils. This is particularly important where pupils under 12 years of age are concerned.

6.5 In order to avoid the risk of improper use, pupils should not bring their own supplies of analgesics to school.

7. PARENTAL CONSENT FOR TREATMENT

7.1 A pupil who is over 16 years of age may give consent to any surgical, medical or dental treatment. For younger pupils, obtaining parental consent does not constitute a difficulty; normally the parent will make that decision. However the problem may be urgent or the parent cannot be contacted, for example when the pupil is abroad on a school journey.

7.2 If a child is being taken on a school journey where medical treatment may be needed, and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school may decide that the pupil should not go on the journey.

7.3 Parents who belong to religious bodies which reject medical treatment should make their views and wishes known to the school so that the implications of their beliefs can be discussed and, if possible, accommodated.

7.4 The channels of healing desired by the parent may not be available and it is a proper and responsible decision for the Headteacher, acting in loco parentis, to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary. However, the Headteacher will not seek to override parental wishes and if agreements cannot be reached on this issue the pupil will not be taken on the journey.

8. INFORMATION ABOUT THIS POLICY STATEMENT

8.1 The Headteacher will upload this policy to the website and copies of the policy will be on the staff notice board.