



Faith is all around us.
 We have to have faith in ourselves in order to be the best that we can be.
 We are a small school, with big hearts and together we beat as one.
 Sowing seeds of knowledge and faith, with nurture and love
 We thrive, we grow.

Wistow Parochial C of E Primary School

Headteacher: Carla Cox

Administration of Medicines In School Policy

Document Status		
Date of Next Review	July 2026	Responsibility – Full Governing Body
Date of Policy Creation	February 2014	Responsible Governor Name
Date of Review and Ratification at FGB Meeting	July 2025	Allen Blake
Policy Publication/Communication <input checked="" type="checkbox"/> On the school website <input checked="" type="checkbox"/> Shared staff network drive <input checked="" type="checkbox"/> Updates to staff in staff meetings		<i>Signed off by the above named Governor during the full governing body meeting held on the date stated as ratified.</i>

RESPONSIBILITIES

Governing Body

The Governing Body recognises that students may need to take medication in school.

The school has a duty of care to students at school and will do all that is reasonably practicable to safeguard and promote welfare.

The Governing Body will take responsibility in principle for the administration of medicines during school time in accordance with the Government's and LA policies and guidelines.

Staff

The Headteacher will implement this policy and report as required to the Governing Body.

School staff have **no legal or contractual duty to administer medicines to pupils, or to supervise them taking medication.** For those who volunteer, the Governing Body fully indemnifies all staff against claims for any alleged negligence, provided they are acting within their conditions of service and following government guidelines.

Parents/ carers are given the opportunity to come in and administer the medication themselves during school hours. If this is not possible then staff will do their utmost

to ensure that children take or are given their medication as directed by the prescription label and per the instructions given by the parents and carers. If the dosage is late or missed, the parents/ carers will be notified immediately.

With regards dosage: If the medication is required three times per day, then this medication can be timetabled and managed outside of school hours. However, if the dosage is 4 times a day, then staff will administer one dose during the school day.

Qualified First Aiders/ Office Staff/ Teaching Staff and Teaching Assistants.

Specified staff, qualified First Aiders, office staff and teaching assistants who volunteer their services for specific duties, will be given authority/ training to administer medication.

All staff are given relevant training in areas where a learner has a specific illness, for example:

- Epi-pen administration
- Diabetes
- Epilepsy

Records

On admission of a learner to the school, all parents/ carers will be required to provide Information giving full details of:

- Medical conditions
- Allergies
- Regular medication
- Emergency contact numbers
- Name of Doctor
- Special requirements

Parents will be reminded to update records with at least one reminder letter home each academic year.

Administration of Medication

Any requests for medicine to be administered must come from the parent/ carer in writing by completing the necessary paperwork (Form Med 1)

Wherever possible we allow CYP to carry their on medicines and relevant devices and where CYP self-administer we will provide supervision as appropriate. Any requests for medicine to be administered must come from the parent/ carer in writing by completing the necessary paperwork (Form Med 1)

- We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a CYPs health.
- Where medication has been prescribed, this will only be accepted if prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are in-date, labelled and provided in the original container, as dispensed by

the pharmacist, and include instructions for administration, dosage and storage

- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- Non-prescribed medication can only be administered in a school/setting where it is absolutely essential to the child's health and where it cannot be taken out of the schools/settings hours.
- If the parent deems this is absolutely essential in the CYP welfare, initially school ask if the parent/carer are able to come into school to administer. If this is possible, then this is the route that we take.
- If this is not possible, then a conversation must be had with the Head Teacher or member of the SLT. The discussion will be to ensure that parents have considered if the children is well enough to come into school and if so, that it is the right thing to administer the medication to the child. If the Head Teacher authorises the request, then the relevant paperwork will need to be completed explaining why the administration of the medication must be done during the school day. Parents must also say how much the CYP has already had, when the next dose is required and the amount of medicine to be given. This will again be looked at by the senior member of school to ensure that it is in line with the recommended, safe dose. Medication will generally be administered during break times or at times specified (i.e. must be taken with food) unless unavoidable.
- When non-prescribed medicine is administered it must have prior written parental consent form and a record of administration form must be kept.
- The school/setting should ensure they treat the non-prescribed medication the same as if it were prescribed i.e. Checking the packaging, expiry date, dosage, administration instructions, correct storage etc.
- Non-prescribed medication should be provided by the parents. School do not hold stocks of any medication and therefore if medication is needed, it must be provided by the parent/carer.
- We will not give **Aspirin** to any CYP under 16 unless it is prescribed
- We only give medication when we have written parental permission to do so.
- Where appropriate, CYP are encouraged to carry and administer their own medication.
- Medication not carried by CYP is stored in the stock cupboard/first aid cupboard in their classroom.
- Controlled drugs are stored in the office first aid cupboard, which is locked at all times.
- CYP who do not carry and administer their own medication know where it is stored and how to readily access it.

Administration of medication – general

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a CYP taking medication unless they have been specifically contracted to do so or it is in their job description.

- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent.

Some medicines require staff to receive specific training on how to administer it from a registered health professional

Staff will make every effort to administer non-prescription medication at the prescribed times. However, there may be occasions when, due to unforeseen circumstances or workload demands, this may not be possible. In such instances, the school cannot be held liable for any missed doses. School will assure parents that every effort will be made to minimise such occurrences and to ensure the well-being of all students.

Self-Administration of Medication

Where children are deemed to be of such an age when they are able to self-administer their own medication, such as Asthma Inhalers / Insulin or Skin Creams a Self-Administration Form (From Med 3) must be completed by the parent/ carer giving permission and stating details of how and when the medication should be taken.

Medication for self-administration must be handed directly into the class teacher or office for safe keeping and must never be left in bags.

Long Term Medical Needs

Each case will be determined after discussion with the parent/ carer and a doctor. The Governing Body reserves the right to discuss the matter with School Health Practitioners.

Children with long term medical needs will have a School Health Care Plan completed jointly by parents/ carers/ school and medical practitioners.

Records

A file labelled "Administration of Medication to Pupils" will be kept in the school office along with all medication – unless it needs to be kept cool in a fridge in which case it will be stored in the staff room fridge or critical medication that will be stored in a lockable cabinet in the child's classroom.

The file will contain completed forms Med 1/ Med 2 and Med 3 which will detail:

- Name of learner
- Date/time of administration of medication
- Who supervised the administration
- Which medication was administered
- How much was given.

Medical Forms 1, 2 and 3 are attached below.



Request to Administer Medication (Form Med 1)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Parental request for medicine to be taken at school

School staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer certain medicines.

Childs name:		DOB:	
Medical condition/illness:		Class/form:	
Name/type of medicine (as described on the container)			
Medication Prescribed	YES	NO	Parental Request
Expiry date			
Dosage and method			
Times of day medicine is to be administered			
Date and time the most recent dose was given (school should not give the first dose of a medicine)			
Special precautions / instructions			
Are there any side effects that the school needs to know about?			
Procedures to take in an emergency			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the prescriber's instructions.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that, where medicine is not self-administered, it will be given by non-medically qualified staff.

I understand staff will make every effort to administer non-prescription medication at the prescribed times. However, there may be occasions when, due to unforeseen circumstances or workload demands, this may not be possible. In such instances, the school cannot be held liable for any missed doses. School will assure parents that every effort will be made to minimise such occurrences and to ensure the well-being of all students.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence.

I will abide by the school's policy and procedure for the delivery and return of medication.

I will ensure adequate supply of in date medication.

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

School Consent:

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

SignatureDate.....

NB: If more than 1 medication is to be administered then a separate form should be used for each one.

EACH TIME ANY MEDICATION IS ADMINSTERED OR SELF ADMINISTERED THE FORM Med 2 must be completed by the person administering the medication.



Administration of Medication Record (Form Med 2)

Sheet number.....

(In chronological order)

Name of Provision	Wistow Parochial CE Primary School		
Name of child/young person		DoB	Class or group
Name of GP and contact number			
Emergency name and contact number			

Name of medication	Any special instructions
Prescribed (circle the relevant) YES NO PARENTAL CONSENT	
Formula (e.g. tablets)	
Dosage and administering times	

Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising (<i>please print</i>)	Signature of person(s) administering / supervising	Additional information e.g. <ul style="list-style-type: none"> • Repeat prescription supplied • Medication returned to parent • Medication returned to pharmacy (Pharmacist signature required) • Parents signature (Early Years Children only)

Request for Child/Young Person to Self-Administer Medication (Form Med 3)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of Provision: Wistow Parochial CE Primary School

Child's/Young Person's Details

Name.....	DoB
Address	
Parent/carer name and contact	
GP's name and contact number	
Emergency contact name and number	
Emergency contact name and number	

Details of Medication

Medical condition/illness
Medication name and strength
Medication formula (e.g. tablets)
Dosage and frequency/time of administration.....
Details for storage.....
Administering instructions.....
Any known side effects

Action to be taken in an emergency

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Parental Request and Statement of Agreement

I (printed name of parent/carer)

- request that my child self-administer the above named medication
- confirm that the information given is accurate and up-to-date
- will inform the provision in writing of any changes to this information
- understand that the self-administering of the medication will be supervised by staff
- agree to not hold staff responsible for loss, damage or injury associated with my child self-administering their medication

Signature of parent/carerDate:.....

Provision Statement of Consent

Wistow Parochial CE Primary School agrees to allow

(Name of child/young person)..... to self-administer their named medication

Name of Headteacher/Manager (please print)

Signature of Headteacher/Manager Date.....

NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given

If more than one medication is to be self-administered then a separate form must be completed for each.