Berkswich CE Primary School	

Reference Number	Shared with Staff	Ratified by Governing Board	Review Date
S18b	September 2025	September 2025	September 2026

Policy Title	Administration of Medicines in School

Contents:

Statement of intent

"I have come that they may have life, and have it to the full." John 10:10

As a Church of England school, Berkswich CE Primary will ensure that children with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. In keeping with our school's distinctive Christian values, this includes the safe storage and administration of children' medication.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the child feel safe and valued as part of our caring Christian community whilst at school.

For the purposes of this policy, **"medication"** is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). **"Prescription medication"** is defined as any drug or device prescribed by a doctor. **"Controlled drug"** is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting children at school with medical conditions'
- DfE 'Early years foundation stage (EYFS) statutory framework'
- DfE (2025) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

This policy operates in conjunction with the following school policies:

- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Early Years Policy
- Supporting Children with Medical Conditions Policy
- First Aid Policy
- Records Management Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

2. Roles and responsibilities

The governing board is responsible for:

- Monitoring the implementation of this policy and procedures, and all corresponding procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
- Ensuring that there is a sufficient number of trained staff available within the school to administer medication based upon the school's risk assessments.
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who administer medication to children, or help children self-administer, are suitably trained and have access to information needed.
- Liaising with the headteacher and SENDco to monitor that relevant health and social care professionals are consulted in order to guarantee that children taking medication are properly supported.
- Managing any complaints or concerns regarding this policy, the support provided to children, or the administration of medication in line with the school's Complaints Procedures Policy.

The headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.

- Ensuring that appropriate training is undertaken by staff members administering medication.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

First Aid and Medication Lead is responsible for:

- Overseeing the storage of medication
- Maintaining the medication stored in school (i.e., ensuring that medication named in IHPs is in school, in date and sufficient remains for use).
- Liaising with the office staff to purchase school-held medications.

All staff are responsible for:

- Adhering to this policy and supporting children to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing an administering medication parental consent form (Appendix A) prior to them or their child bringing any medication into school.
- Discussing medication with their child prior to requesting that a staff member administers the medication.

It is both staff members' and children' responsibility to understand what action to take during a medical emergency, such as raising the alarm with a first aider or another member of staff. This may include staff administering medication to the child involved.

3. Training staff

Medication will usually be administered by the office staff or the first aid and medication lead. However, the headteacher will ensure that a sufficient number of staff members are suitably trained in administering medication. All staff will undergo basic training on the administering of medication to ensure that, if exceptional circumstances arise where there is no designated administrator of medication available, children can still receive their medication from a trained member of staff. The headteacher will also ensure that a sufficient number of staff members have been trained in administering medication in an emergency by a healthcare professional or by a recognised organisation.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to children, and that this is entirely voluntary, unless the supporting of children with medical conditions is central to their role within the school, e.g. the school nurse.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the child is necessary

Staff members will be made aware that if they administer medication to a child, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

Training for administering Adrenaline Auto-Injectors (AAIs)

The school will arrange specialist training for all staff on an annual basis where a child in the school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAIs will be appointed to administer this medication (the staff responsible for the class the child is in). However, all staff will receive the training needed to administer AAIs.

As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAIs in the case of an emergency.
- How the dosage correlates with the age of the child.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- How to administer an AAI safely and effectively.
- How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times and during school visits.

4. Receiving, storing and disposing of medication

Receiving prescribed medication from parents

The parents of children who need medication administered at school will be given an administering medication parental consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to children. A signed copy of the parental consent form will be kept with the child's medication and no medication will be administered if this consent form is not present. Consent obtained from parents whose children require medications on a long-term basis will be renewed annually.

The school will store a reasonable quantity of medication, (e.g. a maximum of four weeks' supply at any one time). Aspirin will not be administered to any child unless the school has evidence that it has been prescribed by a doctor.

Parents will be advised that they must keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing children' medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAIs, will be stored in a way that allows it to be readily accessible to children who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to children, e.g. a locked cupboard or a locked fridge.

Medication stored in the school will be:

- Kept in the original container alongside the instructions for use.
- Clearly labelled with:
    - The child's name (as added by the pharmacy and not by a parent when the medication is prescribed medication).
    - the name of the medication.
    - The correct dosage.
    - The frequency of administration.
    - Any likely side effects.
    - The expiry date.
- Stored alongside the accompanying administering medication parental consent form.

Medication that does not meet the above criteria will not be administered.

Disposing of children' medication

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned or refreshed, parents will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely, using a sharps disposal box.

5. Administering medication

Medication will only be administered at school if it would be detrimental to the child not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the child each time it is administered, as well as when the previous dose was taken.

Parental forms will be used to ensure that previous doses, where applicable, are known. Parents will be informed if unforeseen circumstances mean a delay in administration; they will know the times of the administration to ensure that the gaps between dosages is sufficient.

Medication will be administered in a private, comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be the medical room.

The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
- Available PPE for use where necessary

Before administering medication, the responsible member of staff should check:

- The child's identity.
- That the school possesses written consent from a parent.
- That the medication name, dosage and instructions for use match the details on the consent form.
- That the name on the medication label is the name of the child being given the medication.
- That the medication to be given is within its expiry date.
- That the child has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a child, the medication will not be administered and the school will consult with the child's parent or a healthcare professional, documenting any action taken.

If a child cannot receive medication in the method supplied (e.g. a capsule cannot be swallowed), written instructions on how to administer the medication must be provided by the child's parent, following advice from a healthcare professional.

Where appropriate, children will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a child refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.

The school will not be held responsible for any side effects that occur when medication is taken correctly. Parents will be contacted immediately if this is the case. Emergency procedures will be followed if necessary.

Written records will be kept of all medication administered to children, including the date and time that medication was administered and the name of the staff member responsible. Records will be stored in accordance with the Records Management Policy.

Non-prescription medicines

The school is aware that children may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that, in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school will work on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Children and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a child is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home. The NHS website - https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/ - will be used by school and parents to guide decisions made.

When planning for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child will be written on the container by an adult to help with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of two months; and tablets (including soluble tablets) from the age of six years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent of parents will be required in order to administer paracetamol to children.

- When a child is given medicine, the authorised member of staff will witness the child taking the paracetamol and make a record of it. This record will include:
  - Child's name.
  - The name of the medicine.
  - Dose given.
  - Date and time of administration.
  - Signature of the person administering.
- Only standard paracetamol will be given, not combination medicines which may contain other drugs.
- Children will only be given one 500mg dose of paracetamol during the school day; this will only be given to children after 12.30pm, or where a minimum of four hours has elapsed since the child arrived in school that day.
- If paracetamol does not alleviate symptoms, the child's parents will be contacted again.
- Paracetamol will not be given following a head injury, or where a child has taken paracetamol containing medicine within the last four hours.

- Children who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the school office; parents will be contacted by the office staff in these circumstances.

- If a child has a minor injury whilst at school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff (who may or may not be the first aider) following consultation and consent from parents.

6. Medical devices

Asthma inhalers

The school will allow children who are capable of administering their own inhalers to do so, provided that parental consent for this has been obtained. The school will ensure that spare inhalers for children are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

AAIs

If part of a child's IHP, the school will allow children who are capable of carrying their own AAIs to do so, provided that parental consent for this has been obtained. The school will ensure that spare AAIs for children are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency AAIs can be found at the following location:

- Medical room

The school will ensure that risk assessments regarding the use and storage of AAIs on the premises are conducted and up-to-date.

Medical authorisation and parental consent will be obtained from all children believed to be at risk of anaphylaxis for the use of spare AAIs in emergency situations. The spare AAIs will not be used on children who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the child's IHP.

Children' and spare AAIs will be obtained, stored and administered in line with the school's Allergen and Anaphylaxis Policy.

7. IHPs

For children with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the child, their parent, the headteacher, the SENDCO and any relevant medical professionals. When deciding what information should be recorded on an IHP, the following will be considered:

- The medical condition and its triggers, signs, symptoms and treatments

- The child's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements

- The specific support needed for the child's educational, social and emotional needs

- The level of support needed and whether the child will be able to take responsibility for their own health needs

- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role

- Which staff members need to be aware of the child's condition

- Arrangements for receiving parental consent to administer medication

- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

The governing board will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by the SENDCo and First Aid/medication lead.

8. Educational trips and visits

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and children. If part of a child's IHP, this may include children carrying their medication themselves, where appropriate, e.g. for asthma inhalers.

The medication will be carried by a designated staff member for the duration of the trip or activity in a medication box or bag.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which children with medical conditions will attend. Staff members will ensure that they are aware of any children who will need medication administered during the trip or visit, and will ensure that they know the correct procedure (e.g. timing and dosage, for administering their medication).

If the out-of-school trip or visit will be over an extended period of time, such as an overnight stay, a record will be kept of the frequency at which children need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication. When this information is to be held for the duration of the stay, by the site manager (i.e., at Laches Wood), then parents are informed prior to the stay.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the child, such as what to do if an epileptic child has a seizure.

9. Medical emergencies

Medical emergencies will be handled in line with the First Aid Policy.

For all emergency medication stored by the school, the school will ensure it is readily accessible to staff and the child who requires it, and is not locked away. For all emergency medication kept in the possession of a child, e.g. AAIs, the school will ensure that children are told to keep the appropriate instructions with the medication at all times. A spare copy of these instructions will be kept by the school in the medical room.

10. Monitoring and review

This policy will be reviewed annually by the governing board and headteacher.

Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made to this policy will be communicated to the relevant stakeholders, including children whose medication is stored at school and their parents.

Appendix A - Parental Agreement Form

Berkswich CE Primary

Medication Administration Parent Consent Form

Berkswich CE Primary will not give your child medicine unless you complete and sign this form or have provided this information by phone and given verbal consent.

If this form is being completed by a member of staff over the phone, then please state name/position:		
Name of child:		
Date of birth:		
Class and age:		
Medical condition/illness:		
Below, record medication/s administered within the previous four hours		
Medication/s:	Dose/s:	Time:
Any other medication that the child is taking (add details as necessary):		
Name/type of medicine (as described on the container) to be administered:		
Dosage, method and timing:		
Date dispensed:	Expiry date:	

Are there any allergies? If 'Yes', add full details below:
Special precautions:
Are there any side effects that the school needs to know about?
Self-administration: Yes/No (delete as appropriate)
Dosage, method and timing in school:
Agreed review date: Review to be initiated by:
Consent for medication given by*: _____(signed by parent/carer) Relationship to child: Date: _____ *If consent is given over the phone to a member of staff, then staff member to tick if verbal consent has been given. ☐ Staff member to complete this section to indicate who has given verbal consent. If emergency Calpol is to be administered by school, tick when the parent has been informed of the dose and has had the opportunity to be informed about any side effects stated on the packaging and information. ☐