Administration of Medicines Policy
VERSION: March 2026
NEXT REVIEW: March 2027

Aims

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We believe it is important that parents should not send a child to school if they are unwell. Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. It is crucial that parents inform the school about any particular medical needs before a child is admitted or when a child first develops a medical need.

Legal Position

Any staff who agree to administer medicines to pupils in school are First Aid trained but do so on an entirely voluntary basis. Ashby Hill Top Primary School acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.

Negligence

Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the school, which is vicariously liable for a breach of duty by the headteacher, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the school, then the school will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with any training received from and endorsed by the school.

Criminal Liability

In very rare circumstances criminal liability may arise if a member of staff were to be grossly negligent, and as a result of such gross negligence the pupil died. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk or serious injury or harm.

General

Non-Prescribed Medication

It is expected that parents will ensure that non-prescribed medication is administered, by parents, outside of school hours. However, in rare cases, a member of the senior leadership team may be able to administer Non-Prescribed Medication. The parent will need to complete the school's agreed pro forma(s) detailing the reasons for the medication and dose to be given. If the school has a concern about the frequency of individual children needing such medication in school, a senior leader will talk with the parents to make them aware of these concerns. If the senior

leader(s) have concerns about the welfare of a child being regularly given medication in school, the procedures in the school's Safeguarding Policy will be followed.

Prescribed Medication

If medicines such as antibiotics are prescribed and need to be taken up to 3 or 4 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

Parents should consider whether their child is well enough to be at school if they require medicine 4 times a day.

Prescribed medicine will NOT be administered by staff unless clear written instructions to do so have been provided from the child's parents or carers, using the form in Appendix A, and the school has indicated that it is able to comply with these. Support is available for the completion of the relevant form for parents who have literacy problems or where English is not their first language.

It must be understood that staff who are administering prescribed medicines are acting voluntarily. Medication will only be administered by staff who have received appropriate training.

The parents or carers must take responsibility for updating the school, in writing, with any changes in administration for routine or emergency medication and maintain an in-date supply.

All medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. They must be clearly labelled with:

Name of child;
Name of medicine;
Dose;
Method of administration;
Time/Frequency of administration;
Storage Expiry date.

All long term medicines must be collected by parents/carers by the end of each term. Short term medicines should be collected at the end of the administration period.

At the beginning of a new term, parents should ensure that any long term medication are provided to the school and a new administration form is completed with the office (Appendix A)

Some medicines (such as inhalers) are stored in green medical bags in each classroom, to ensure easy access for pupils and teachers. The school stores all medication appropriately.

All children who require medication to be given during school hours will be given clear instructions on where to report and who will be administering their medication, in order to prevent any error occurring. A strict recording system is in place for the administration of all non-emergency medication.

If a child refuses medication or treatment to be administered by school staff, then the school will:

NOT force the child to take the medicine / treatment;
If considered necessary, call an ambulance to get the child to hospital; Inform the child's parents / carers immediately.

Storage and Disposal of Medication

Storage
Emergency medication and reliever inhalers must follow the child at all times, including to the sports field, swimming pool, etc. Children may carry their own emergency treatment, but if this is not appropriate the medication will be kept by the teacher in charge. The school may hold spare emergency medication, if it is provided by the parents / carers, for use in the event that the child loses their medication. Until it becomes the emergency treatment the spare medication will be kept securely in accordance with the procedures for the storage of non-emergency medicines.

All other medicines except emergency medication and inhalers will be held stored in a locked cabinet or locked fridge, as necessary.

Disposal
Any unused or time expired medication will be handed back to the parents / carers of the child for disposal.

Long Term Medication
The school acknowledges that medicines in this category are largely preventative in nature and that it is essential they be given in accordance with instructions, otherwise the management of the medical condition is hindered.

The school may seek parents / carers permission to explain the use of medication to a number of pupils in their child's class so that peer support can be given. This will only occur where it is considered such action would be helpful and/or necessary.

Injections
There are certain conditions (e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders) which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, or the injections are required outside of the school day. Where this is not the case an individual **care plan** (see appendix B) will need to be developed *before* the child joins the school, and training provided to staff who agree to administer the injections. The care plan must include agreed back up procedures in the event of the absence of trained staff. Special arrangements may also need to be considered in the event of school trips.

Emergency Treatment
No emergency medication should be kept in school except that specified for use in an emergency for an individual child.

A care plan must be in place in all cases where a child has been prescribed emergency medication / treatment. Guidance and template documentation can be found in Appendix B.

Emergency medications must be clearly labelled with the child's name, action to be taken, delivery route, dosage and frequency.

In the event of the absence of all trained staff, parents / carers will be notified immediately, and agreement reached on the most appropriate course of action.

If it is necessary to give emergency treatment, a clear written account of the incident will be recorded and retained by the school: a copy will be given to the parents / carers of the child.

In all circumstances, if the school feels concerned, they will call an ambulance.

Educational Visits

Any medical problems must by highlighted by parent / carers prior to their child's participation in an educational visit.

Where insurance cover is obtained by or through the school, medical conditions must be disclosed, otherwise insurance cover may be refused or be invalid.

Where medication needs to be kept refrigerated, parents / carers may be asked to supply a cool box / bag and ice packs for use on educational visits. Care must be taken to ensure that the mediation does not come into direct contact with the ice packs.

Group leaders will carry pupil medication of pupils who are in their group such as inhalers or emergency treatment. The lead First Aider on the trip will be informed of who is carrying medication.

In the event that emergency medication or treatment is required whilst transporting a pupil, it may be deemed appropriate to stop and park the vehicle in the first instance, for safety reasons. A "999" call will then be made to summon emergency assistance.

Advice on Medical Conditions

The Community Paediatrician or Nurse may be asked to give advice regarding medical conditions to the school.

Parents / carers of children suffering for medical conditions, who require general information, are advised to seek advice from the GP, school health professionals (contact details available on request), or from the bodies detailed below. These bodies can also supply leaflets regarding the conditions listed.

School Illness Exclusions Guidelines

Parents / carers are asked to ensure their child knows how to wash his/her hands thoroughly to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.

Parents are expected to adhere to the following guidelines (based on DfE Guidance about how long children should be kept off school) in the event of their child contracting particular illnesses / conditions:

Chickenpox	At least 5 days from the onset of the rash and until all blisters have crusted over.
Conjunctivitis	Parents/carers expected to administer relevant creams. Once medication is administered, pupils may return to school.
Diarrhoea and / or vomiting	Exclude for 48 hours after last episode.
German measles / rubella	Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member.
Hand, foot and mouth disease	No requirement to exclude but advise school.
Head lice	No exclusion from school. Wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice. Advise school.
Impetigo	Exclusion from school until sores have crusted and healed, or 48 hours after starting antibiotics.
Measles	Exclude from school for 4 days after rash first appeared.
Mumps	Exclude from school for 5 days after swelling started.
Ringworm	Exclude until treatment has commenced.
Scabies	Exclude until first treatment has been administered.
Scarlet Fever	Exclude until 24 hours after starting antibiotics.
Slapped cheek	No exclusion but advise school immediately in case of a pregnant staff member.
Threadworms	No exclusion. Encourage handwashing including nail scrubbing.
Whooping cough	Exclude until 48 hours after starting antibiotics.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).
Tonsillitis	No requirement to exclude but advise school.
Glandular fever	No requirement to exclude but advise school.
Cold and flu-like illness (including Covid-19)	Until temperature is normal and feel well enough to attend. Follow national guidance if tested positive for Covid-19

Appendix A: Medicine Consent Form

Ashby Hill Top Primary School Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having *(condition)*	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time of dose:	
Method of administration: *(mouth, nose, in the ear, other: please provide details as appropriate)*	
With effect from [start date] until [end date]	
Emergency Procedure/medication (if relevant):	
Any known allergies: (please state)	
I consent for my child to take the medicine by him/herself. **I do not consent** for my child to self-administer medication and **request** that you arrange for the administration by a member of staff. *(Please delete as appropriate)*	
By signing this form, I confirm the following statements:	
I understand that my child will not carry medication, and this will be stored securely as appropriate in school for the duration required.	
• That my child is taking this medicine for the first time. • That my child has taken this medicine previously and has not suffered any adverse reactions. **(delete as appropriate)**	
• That I will update the school with any change in medication routine use or dosage	
• That I undertake to maintain an in -date supply of the medication	
• That I understand the school will supervise the use of self-administered medication, which will be stored securely at the school.	
• That I understand the school will keep a record of the quantity of medicine given and will keep me informed that this has happened.	
• That I understand staff will be acting in the best interests of my child whilst administering medication and this will be undertaken on a voluntary basis. • **The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately, in writing, if there is any change in medication routine use or dosage or if the medicine is stopped before the end date.**	
• Signed	

Name (please print)	
Contact Details	
Date	
Staff member signature	
Name (please print)	
Date	

FOR STAFF USE

****** PLEASE COMPLETE RECORD OF MEDICINE ADMINISTRATION OVERLEAF ******

Date	Dosage	Signature	Print name