St Benedict's Catholic Primary School

ADMINISTRATION OF MEDICINE IN SCHOOL POLICY

Date last reviewed	May 2026
Reviewed by	Governing Body
Date of next review	May 2027

Monitoring and Review

The Headteacher will be responsible for monitoring the implementation of this policy and will ensure its content is reported annually to the governing body, or specified sub-committee group.

Administration of Medication

The school expects that normally parents will administer medication to their children.

In certain circumstances, in agreement with School Health representatives, certain requests for administering medicine will be considered and agreed. This is subject to specified staff agreeing to carry out these tasks and the requirement for the medication to be taken on a regular basis, over a considerable period of time.

Any requests for medicine to be administered must come from a parent in writing on the school's *Request for the School to give Medication* Form. Each request will be considered on an individual basis.

The medical care form will include:

- name and address of parent and contact number;
- name of child and class;
- date of birth
- name of medicine;
- name of doctor who prescribed it, and contact details;
- how much to give;
- how it should be kept and stored;
- how it is to be administered;
- when to be given;
- any other instructions

The form will also contain consent statements declaring that the medication has been prescribed by the family or hospital doctor (Health professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL. Parents must deliver the medicine personally to the office and accept that this is a service that the school/setting is not obliged to undertake and that they must notify the school/setting of any changes in writing.

A separate form must be completed for each medicine to be administered.

Parents will be expected to notify any requests for the regular administration of medicines, including changes of dosages, at the earliest opportunity and to discuss with the Head, and the school nurse what can be done in school, before the Head makes a decision, (see the DCSF guidance *Managing Medicines in Schools and Early Years Settings*).

The Headteacher will decide whether any medication will be administered in school, and by whom, (usually a qualified first aider). In appropriate cases the SENDCO and parents in consultation with the school nurse (and anyone else the Head deems necessary) will draw up a healthcare plan.

Medication must **only** be administered to the child for whom it's prescribed.

On receipt of the medicine, the label should be checked against the consent form.

The medication must be in its original container as prescribed by the doctor and dispensed by a chemist, with the child's name, date of birth and instructions for administration printed clearly on the label.

Medication will be kept in a locked cupboard or drawer in the school office unless other arrangements are made with the parents (i.e. fridge). A copy of all the medical forms will be kept with the medicine.

Normally the administration of medication will only be done at the following times:

- immediately before school
- lunchtimes

Inhalers for asthma and Epi-pens will be available as required. These will be kept in the relevant classrooms in a labelled medical box. Epi-pens will be kept with an adult at lunchtimes and break times. All other medicine will be kept in the office (including staff emergency prescription drugs). All Medical/Health Care Plans are kept in a folder in the staff room. The school nurse will train staff on epilepsy and asthma, including how to administer epi-pen medication and how to support children with their asthma pumps. All staff and pupils with emergency medical needs and medicine, are red card holders at school. Staff will carry these will them and children have theirs kept in the first aid bags. In the event of an emergency, the red card will be taken to the office to indicate the need for medical assistance.

The school will not allow in any circumstances the administration of non- prescription medicines in school. This includes cough sweets and lozenges, creams and painkillers.

Non-prescribed paracetamol cannot be administered by school staff with the exception of residential trips, when consent has already been gained by the parents.

Regular use of medicines administered in school

If it has been agreed, with health professionals and parents and carers, that medication will be administered on a regular basis i.e. daily over a prolonged period of time, a registration monitoring sheet needs to be completed for every administration. This needs to be recorded with the following information completed: The name of the pupil, date of birth and the medication, the dose given, the dose remaining and the route. Each administration needs to be dated, timed and the dose given must be signed off. If there are any occasions when the dose is not administered then the agreed code must be entered onto the log sheet and parents need to be informed.

Occasional Medication Record Card

If the school has agreed to administer medicine for occasional use a school's *Medical Record Card* must be completed.

General

The governing body recognises that pupils may need to take medication at school. While parents retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

Responsibilities

The governing body takes responsibility for the administration of medicines during school time in accordance with the Government's and LA's policies and guidelines.

The Headteacher will implement this policy and report as required to the governing body.

Medication will normally be administered by specially trained staff e.g. first aiders.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The governing body does not require staff to administer medication. (Supporting Pupils with Medical Needs).

However, some specified staff (e.g. staff taking educational visits, including residential trips) that volunteer their services, will be given advice and/or training to administer first aid and/or medication to pupils.

Staff Indemnity

The LA (governing body) fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The LA / governing body will meet any claims in these circumstances.

Appendices

- Medical Alert form
- Pupil's Medical Health Care Plan (general form)
- Parent Request for Administration of Medication (short-term medication use in school)
- Administration of POM Declaration and Consent Form (long-term medication)
- Pupil's Medical Health Care Plan (long-term use of POM in school)
- POM (Prescription Only Medicine) Register Form
- Register for Administration of POM
- Termly Review of POM (prescription only medication)

MEDICAL ALERT

Child's Name …….

Class ……

Condition: ……..

Details of Condition and Symptoms:

Advice/Action if child displaying symptoms:

1.

2.

3.

4.

Contact details for Parent/Carer: ……

……

GP details: ……

……

Medical Health Care Plan

Pupil Name: **Year Group:**

Medical condition:	**GP contact details:**
Emergency procedures:	**Specialist contact details:**
Symptoms:	**Home contact details:**
Treatment:	**Medication taken at school:** **Where is it stored?** **When is it to be administered and by whom?**
Known side effects to be aware of:	**Medication taken at home:**
Other support/provisions needed in school: **(i.e. in the classroom, during lunch, PE lessons, on the playground/field, toilets)**	

Signed: …… (Parent/Carer)

Signed: ……(Class Teacher)

NB A copy of all Medical Care Plans are stored in the Medical folders kept in the staff room for the easy accessibility for all staff members.

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

(for short-term medication use only)

Dear Headteacher,

I request that …… (full name of pupil)

be given the following medicine(s) while at school:

Date of Birth ..…… Class ……

Medical condition or illness ……..

Name/type of Medicine ……..
(as described on container)

Expiry date……. Duration of course…..……

Dosage and method …… Time(s) to be given……....

Other instructions ……..

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP ……

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Parent/ Carer signed ……..……Print Name ……

Date ……..

Daytime telephone number ……

Address ……..

Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.

1. Medicines must be in the original container as dispensed by the Pharmacy.
2. The agreement will be reviewed on a termly basis.
3. The Governors and Headteacher reserve the right to withdraw this service

Administration of POM (Prescription Only Medicine) Declaration and Consent Form

(long-term medication use only)

Dear Headteacher,

I request that …… (full name of pupil)

be given the following medicine(s) while at school:

……..

- I confirm that my child's prescribed medication is in the original container as dispensed by the pharmacy with: the child's name, the name of the medicine, the dose and frequency of administration, the expiry date of dispensing included on the pharmacy label.
- I confirm that the dose and frequency requested is in line with the prescription and manufactures instructions. **(A separate form is required for each medicine)**
- I give my permission for a member of school staff to administer the prescribed medication and release them from all further liability or responsibility for any consequent adverse effects, reactions or any unforeseen circumstances that may arise.
- I understand that staff will be acting voluntarily in administering medicine to my child and are not accountable in the event that the child refuses to accept the medication.
- I understand that it may be necessary for this medication to be administered during educational visits as well as on the school premises.
- I agree that I am responsible to maintain an in date supply of the prescribed medication and to inform the school if there is any change in use, dosage or frequency of the medication or if the medication is no longer needed.
- I undertake to collect all medicines from the school when they are no longer required, expired and at the end of each term.
- The agreement will be reviewed on a termly basis.
- The Governors and Headteacher reserve the right to withdraw this service.
- I have completed a school's Medical Care Plan form.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/Carer name:

Parent/Carer signature:

Date:

Medical Health Care Plan
(Long-term use of Prescription Only Medicine in school)

Child's name:	**D.O.B**
Medical condition/reason for medication	**Duration of medication**
Name of medicine	**Is the medication required to stay in school or to be sent home at the end of each day?**
Dose to be administered in school	**Time medication needs to be given**
Dose administered at home	**Other medication taken at home**
Known side effects to be aware of	**Contact details**
GP name and number	**Specialist name and number**
Support/provisions needed in school (e.g. in the classroom, during lunch, PE lessons, on the playground/field, toilets)	

Parent/Carer signature: ……Print name: …… Date: ……...

POM (Prescription Only Medicine) Registration Form

This register is to be completed every time a new supply of medicine is obtained.

Medication Obtained:……

Child's name: …….

Date of Supply	Name of Person Who Brought Medication in With Signature	Name of Medication	Amount Supplied	Prescription Leaflet Supplied?	Expiry Date	Dosage Regime	Received by & Counter Signed by
	…… ……						…….. ……..
	…… ……						…….. ……..

Register for Administration of POM (Prescription Only Medicine)

Name of Child: …….

Date	Medication	Amount given	Amount left	Time given	Administered by	Checked by	Comments / Actions / Side-effects?

CODE TO BE USED WHEN PRESCRIBED MEDICINES ARE NOT ADMINISTERED	
Child Absent from school	**A**
No medication in school	**N**
Medication handed to teacher accompanying child on school trip	**T**
Child vomiting or unable to take medication	**V**
Child refused medication	**R**

TERMLY REVIEW OF POM (Prescription Only Medication)

Name of pupil:	Year:
People Present:	Date:

Changes or side-effects

Home/Medical Perspective:

School Perspective:

Any other concerns or comments?

ANY ACTION TO BE TAKEN

By School:	**By Parents:**

Signed: ..... (Parent/Carers)

Signed: ..... (Senco/HT)

Copies to: HT __ CT __ SENCO __ Other __