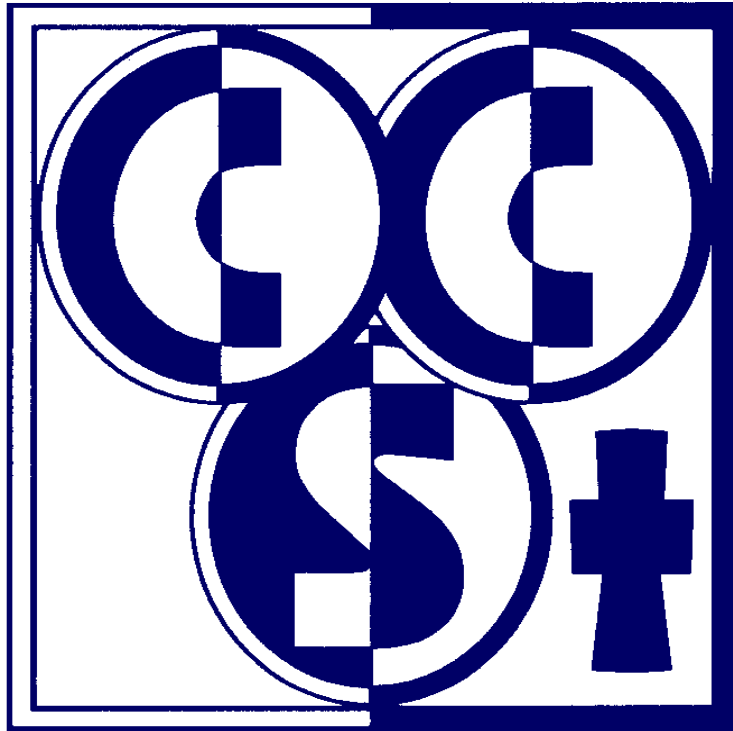


Christ Church
Church of England
Primary School



**Policy for the
Administration of
Medicine in School**

February 2026

Introduction

The Governors and staff of Christ Church CE Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher (Lead Adult) will accept responsibility, in principle, for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so. This document outlines the formal systems and procedures in place at the school to support this.

Parents are reminded that school staff should not, as a general rule, administer medication without first receiving appropriate information and/or training. First Aiders are not trained generally as part of their first aid training to administer medication. It is each parent's responsibility to ensure that their child is fit to attend school and any medication required whilst the child is at school should, ideally, be administered by the parent.

Parents should discuss with the Headteacher (lead adult) their child's medical needs if treatment or special care is needed. They should, jointly with the lead adult, reach agreement on the setting's role in supporting their child's medical needs in accordance with this policy. The Lead Adult should, ideally, seek parental agreement before passing on information about their child's health to other staff. However, parents should be aware that sharing information is important if staff and parents are to ensure the best care for a child.

Medication:

The current legal guidance (updated October 2017) allows school to give over the counter medication such as pain and fever relief. However, this must only be administered when written permission from the parent has been given beforehand.

Procedures for Managing Medication to be taken during the school day:

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

Where it is necessary for school to administer medication:

- Parents **MUST** supply school with adequate information regarding their child's condition and medication. This **MUST** be in writing, signed and current so that procedures for each individual child are known. **(Form 3 should be used for this purpose)**. The information **MUST** be updated at least annually or earlier if it is altered by the child's GP or Consultant.
- All items of medication must be delivered to the school office by a responsible adult.
- It is the parent's responsibility to inform the Headteacher (lead adult) in writing when the medication or dosage is changed or no longer required.
- After first receipt of medication **additional medication** of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified, in writing, to the Headteacher.
- **'As Required' medication** (for example inhalers) will only be accepted if the above procedures have been followed **(Form 7 should be completed)**.
- All medication must be delivered to the school office **in a secure and labelled container as originally dispensed**. Any items of medication in unlabelled containers will not be accepted. Each item of medication must contain the following information:

1. Pupil's name
2. Name of medication
3. Dosage
4. Method of administration
5. Time/Frequency of administration
6. Date of dispensing
7. Storage requirements (if important)
8. Expiry Date

Administration of Medicine and Supervising the Administration of Medicine:

School staff should not, as a general rule, administer medication without first receiving appropriate information and/or training (e.g. Support Staff may have specific duties to provide medical assistance as part of their contract and will have received appropriate training); whilst Section 3(5) of the Children's Act provides protection to teachers acting reasonably in emergency situations. First Aiders are not trained generally as part of their training to administer medication.

Any member of staff giving medicine to a child should check:

1. The child's name on the medicine (if prescribed) or label on container
2. Dosage
3. Expiry date
4. Written instructions provided by the prescriber on the label or container and within medicine packaging.

Where medicine has been administered the member of staff concerned should:

1. Sign a record each time the medicine is administered (**Form 5**)

If in doubt about any procedure staff should not administer the medicine but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child the issue should be discussed with the parent, if appropriate, or with the school nurse.

Refusing Medicine:

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed as written down in the child's personal care plan (where appropriate).

Storing Medicines:

Medicines will be stored in accordance with product instructions and in the original container in which dispensed. The container should be clearly labelled with the child's name, name of the medicine, dose and frequency of administration. Children should know who holds their medicine. The Lead Adult is responsible for ensuring that medicine is stored safely.

All emergency medicines, such as asthma inhalers and adrenaline pens should be readily available and should not be locked away. **These are kept in the Group Room in the main school building / KS2 Building.**

Other non-emergency medicines should be kept in a secure place and not accessible to children (either the school office or staff room). **Where medicine needs to be refrigerated they will be stored in the airtight medicines container in the large fridge in the group room in the main school building.**

Requesting Children Carry and Take Medicine Themselves:

Children at Christ Church will only be allowed to carry and administer medicine to themselves with written parental consent (**Form 7**).

If a child can take medicines themselves, staff may only need to supervise.

As a school, bearing in mind the safety of other children, we would recommend that all medication be kept centrally in the school office. Only in *exceptional* circumstances, where it would be detrimental to the child's own health, will we allow children to carry their own medication. Where permission is granted a risk assessment should be completed.

Assisting Children with Complex or Long Term Medical Needs:

The parent is responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child and young person's condition and medication are known. A **Healthcare Plan (Form 2)** should be completed and held in school. In addition, where appropriate, **Form 3** should be completed in order that the school can administer medicine. Where **rectal diazepam** needs to be administered **Form 9** should also be completed.

The above information should be updated annually at an agreed time or earlier if medication is altered by the GP or consultant.

Staff Training:

A Health Care Plan (**Form 2**) may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. When staff agree to assist a child with specific medical needs appropriate training will be provided (usually through the School Nurse). They will be able to advise on further training needs.

Record Keeping:

- **Form 1:** Details on contacting Emergency Services
- **Form 2:** Health Care Plan – this may be used for children with long term medical needs.
- **Form 3:** Parental Agreement to administer prescribed medicine(s)
- **Form 4:** Confirmation of the school's agreement to administer medication
- **Form 5:** Record of Administered Medicine Log (**all Early Years Settings MUST keep records of all medicines administered to children, and make sure that parents sign the record book to acknowledge the entry**).
- **Form 6:** Whole School Medicine Log
- **Form 7:** Request for child to carry own medicine
- **Form 8:** Staff Training Record – Administration of Medicines
- **Form 9:** Authorisation for the administration of Rectal Diazepam

Disability/Medical Needs & Educational Visits:

The Governing Body at Christ Church CE Primary School have adopted the Lancashire County Council Educational Visits Policy and Guidelines. The document, the accompanying Forms and Appendices, sets out the safety policy for off-site educational visits, participation in adventurous outdoor activities, and the arrangements for the implementation of the Policy. Where staff have concerns regarding the safety and well-being of individual children due to disabilities/medical needs advice should first be sought from the school's own Educational Visits Coordinator (EVC) (Mr Peers) or from Local Authority EVC technical advisers. In addition, we should seek parent views and medical advice from the School Nurse or child's GP (where appropriate) in order that we can make informed decisions.

When planning a visit staff will therefore take all reasonable steps and will undertake reasonable adjustments to try and ensure that the visit is accessible to children with disabilities and medical needs. The school will ensure that when included in an outdoor visit a child is not put at substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

Sporting Activities:

Most children with medical conditions can participate in physical activities and extra-curricular sport. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children. They should also be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures. **It is the Parent's responsibility to provide the school with this information.**

Emergency Procedures:

In a medical emergency First Aid staff in school must be informed along with Headteacher (or in his absence the Assistant Headteacher or other Designated Senior Person).

An ambulance should be called – see **Form 1** for guidance on doing this.

Parents must be informed of the situation.

A member of staff will accompany a child taken to hospital by ambulance and must stay with the child until the parent arrives. It is important that relevant information appertaining to the child is taken to hospital – this can be obtained from the school office. It may also be necessary to take the child's Health Care Plan.

At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. The National Standards require Early Years Settings to ensure that contingency arrangements are in place to cover such emergencies.

Individual Health Care Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground.

Review Date:

February 2027

Signed _____ (Headteacher) _____ (Chair of Govs)

Date:

FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number: **01282 865398**
2. Give your location as follows: (insert setting address):

Bent Lane, Colne, Lancashire

3. State that the postcode is: **BB8 7AA**
4. Give exact location in the setting (insert brief description):

Off Keighley Road, Opposite Christ Church

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms:

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone so that it is easily accessible in case of an emergency.

FORM 2 - Healthcare Plan

Name of Setting: **Christ Church CE Primary School**

Child's name: _____

Group/Class/Form: _____

Date of Birth: _____

Child's Address: _____

Medical Diagnosis or Condition: _____

Date: _____ Review date: _____

CONTACT INFORMATION

Family contact 1

Name: _____

Phone No: (work) _____

(home) _____

(mobile) _____

Family contact 2

Name: _____

Phone No:(work) _____

(home) _____

(mobile) _____

Clinic/Hospital contact:

Name: _____

Phone No: _____

GP:

Name: _____

Phone No: _____

Describe medical needs and give details of symptoms:

Daily care requirements: (eg before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (state if different for off-site activities)

Form copied to:

FORM 3

Parental agreement for setting to administer prescribed medicine

The setting will not give your child medicine unless you complete and sign this form, and the setting has a policy that staff can administer medicine

Name of Setting: **Christ Church CE Primary School**

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name the medicine is prescribed to on the container: _____

Name /Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by: _____
[name of member of staff]:

Dosage and method eg Oral, inhaled: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the setting needs to know about? _____

Self Administration (self administration YES/NO *(delete as appropriate)* form to be completed if yes):

Procedures to take in an Emergency: _____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the setting staff administering medicine in accordance with the setting policy. I will inform the setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the setting is not obliged to undertake.

Signature(s): _____

Date: _____

Relationship to child: _____

If more than one medicine is to be given a separate form should be completed for each one

FORM 4

Confirmation of the Adult with a Duty of Care's agreement to administer medicine

Name of Setting: **Christ Church CE Primary School**

It is agreed that _____ *[name of child]* will receive _____ *[quantity and name of medicine]* every day at _____ *[time medicine to be administered eg Lunchtime or afternoon break]*.

_____ *[name of child]* will be given/supervised whilst he/she takes their medication by _____ *[name of member of staff]*.

This arrangement will continue until _____ *[either end date of course of medicine or until instructed by parents]*.

Signed: _____

Date: _____

[The Head of Setting/Named Member of Staff]

FORM 5

Record of medicine administered to an individual child

Name of Setting: **Christ Church CE Primary School**

Name of Child: _____

Date medicine provided by parent: _____

Group/class/form: _____

Quantity received: _____

Name and strength of medicine: _____

Expiry date: _____

Quantity returned: _____

Dose and frequency of medicine: _____

Staff signature: _____

Parent signature: _____

Date: _____

Time Given: _____

Dose Given: _____

Name of member
of staff: _____

Staff initials: _____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

FORM 6

Record of medicines administered in school/setting to all children

Name of Setting: Christ Church CE Primary School					
Child's Name:					
Date:					
Name of Medicine:					
Dose given:					
Time:					
Any Reactions:					
Other comments: (eg refusal of medicine)					
Print Name:					
Signature of Staff:					

Child's Name:					
Date:					
Name of Medicine:					
Dose given:					
Time:					
Any Reactions:					
Other comments: (eg refusal of medicine)					
Print Name:					
Signature of Staff:					

FORM 7

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS

If staff have any concerns discuss request with the appropriate healthcare professionals

Name of Setting: **Christ Church CE Primary School**

Child's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

If more than one medicine is to be given a separate form should be completed for each one

FORM 8

Staff training record - administration of medicines

Name of Setting: **Christ Church CE Primary School**

Name: _____

Type of training received: _____

Date of training completed: _____

Training provided by: _____

Profession and title: _____

I confirm that _____ *[name of member of staff]*
has received the training detailed above and is competent within the area of training
given on this occasion. I recommend that the training is updated (please state how
often).

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested Review Date: _____

FORM 9

Authorisation for the administration of rectal diazepam

Name of Setting: **Christ Church CE Primary School**

Child's name: _____

Date of birth: _____

Home address: _____

GP: _____

Hospital consultant: _____

_____ *[name of child]* should be given Rectal
Diazepam _____ mg if he/she has a *prolonged epileptic seizure lasting over
_____ minutes.

OR

*serial seizures lasting over _____ minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after _____ minutes.

(*please delete as appropriate)

Doctor's signature: _____

Parent's signature: _____

Print Name: _____

Date: _____