



Peel Park

Primary School
and Nursery

The Path to Success

ADMINISTRATION OF MEDICATION IN SCHOOL

September 2025

Review date: September 2026

Administration of Medication in School

Although regular school attendance is expected, if a child is ill they should remain at home until well enough to cope with the demands of the learning environment. Some children however who have a long-term illness/physical condition may require medication to be administered in school.

The Governors and staff of Peel Park Primary School ensure that pupils with medical needs receive care and support in school. Pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips and extra-curricular activities.

Parents are generally encouraged to schedule their child's medication out of school hours. For example: a child who is taking antibiotics three times a day can usually take all three doses out of school hours.

If a child does need to take medication during the school day, then the following guidelines should be followed:

- Only prescription medications should be brought into school. This includes antibiotics, inhalers, auto-adrenaline injectors, insulin pumps for example;
- Medications must be brought into school in their original container as dispensed by a pharmacist and labelled with the child's name. They must include information regarding dosage, storage, instructions for administration as well as possible side effects
- Written permission must be provided by the parent, using the appropriate form in Appendix 1.
- Medication must be in date.
- Medication should be kept in a secure place such as a locked cabinet or a sealed box in a fridge according to storage instructions. Children will know where their medication is kept. Medications, which need to be accessed quickly in an emergency, should not be locked away – these include asthma inhalers and AAls.
- Aspirin will not be permitted or administered unless there is written authorisation from a medical professional for this to be administered.
- The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a pupil's needs, the Headteacher, or senior member of school staff, should seek advice from the school nurse or doctor, the child's GP or other medical adviser.
- Where a pupil travels on school transport with an escort parents/carers should inform the escort of any medication sent with the pupil or should hand the medication to the escort for transporting to the school.
- Each item of medication must be clearly labelled by the parent with the following information:
 - Pupil's name
 - Pupil's date of birth
 - Name of Medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if necessary)
 - Expiry date
- Where appropriate pupils will be encouraged to self-administer their own medication under staff supervision. Parent/carers of pupils under 16 will be asked to confirm in writing their consent to this. The Headteacher must approve pupils carrying and administering their own medicine. In deciding whether to permit this, the Headteacher will take into account the nature of the medication, the age of the pupil and the safety of other pupils.

- Where pupils require medication to be administered, schools should seek a view from the Nursing Service as to whether there are alternative approaches to the administration of medication as well as to seek clarification from the Nursing Service of the care plan which is prepared for school staff undertaking the pupils' care.
- Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with Health professionals.
- The Headteacher or a senior member of school staff will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.
- The school member of staff administering the medication must record details of each occasion when medicine is administered to a pupil.
- If pupils refuse to take medication, the school staff should not force them to do so. The school should inform the child's parents as a matter of urgency, and may need to call the emergency services.
- Parents/carers should be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.
- The procedures to be followed to implement this Policy are set out in the Procedures below and **the appendices**.

Procedures

1. Parents and carers are responsible for supplying school with all necessary information regarding their child's condition and medication. This should be provided in conjunction with the GP or other medical professional as appropriate. This information should be recorded on a standard form which records the request of the parent to the administration of medication which should be updated regularly – **Appendix 1**. A signed copy of this form should be kept in an accessible place near to the medicine, a copy on the pupil's file and a copy given to parents.
2. There is an additional form to be completed by parents where pupils require several medications – **Appendix 2**. Parents should also sign this form to confirm that the combined medications have been administered to the pupils without any adverse effect and that approval has been obtained for their combined administration from a medical practitioner.
3. If the Headteacher/Assistant Headteacher for SEND agrees, she will confirm in writing to the parent that a named member of staff (authorised by the Headteacher) will administer medicine to the pupil. The named member of staff will also confirm in writing that they will supervise the pupil whilst they take their medication – **Appendix 3**.
4. Medication can only be administered to pupils where parents **provide** such medication to the school and parents must specifically **request in writing** that the school administers it.
5. All items of medication should be delivered to a named member of school staff by parents, carers or escorts employed by the authority. The name of that member of staff must be recorded on **Appendix 1**.
6. Where a parent/carer of a child under 16 requests that the pupil carries and administers his/her medication they should complete **Appendix 4**. The Headteacher/ SENDCo will decide whether to grant this request taking into account the pupil's age, understanding, the nature of the medication and the safety of other pupils. If s/he decides to approve this arrangement **Appendix 3** must be completed and returned to the parent(s).

7. Parents/carers should be asked to make it clear whether medication needs to be kept in school, and the storage instructions i.e. fridge, or if it will be collected at the end of the day and for how long the medication needs to be taken.
8. It is parental/carer responsibility to know the expiry date of the medicine in school and replace it as necessary.
9. Unless otherwise indicated, all inhalers, epipens and emollient creams to be administered will be kept in a safe place in the classroom, which can be quickly accessed by a responsible adult. All other medication will be stored in the main office in a locked cupboard which can be quickly accessed by a first aider. This will be in a clear box with the child's name on.
10. Each container should be clearly labelled with the following:
 - Name of medication
 - Pupil's name
 - Pupil's date of birth
 - Dosage
 - Dosage frequency
 - Date of dispensing
 - Storage requirements (if applicable)
11. Children are supervised by a responsible adult when they help themselves to their own medication.
12. If we feel that the child is for example using an inhaler more often than normal, we would alert the parents to this in line with their Asthma Plan.

Documentation

Appendix 1	Request Form and Instructions
Appendix 2	Additional Form where several medications are required
Appendix 3	Confirmation to parents of Headteacher's agreement
Appendix 4	Request for pupil to carry and administer own medication
Appendix 5	Record of Medication Given
Appendix 6	Staff Training Record

APPENDIX 1

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School

Example request form for parents/carers to complete if they wish the school to administer medication.

The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF PUPIL

Surname	
Forename(s)	
Address	M/F
	DATE OF BIRTH
	CLASS/FORM
Condition or Illness	
Medication	
Name/type of medication (as described on container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instructions (explain if medicine should remain in school or return home daily)	
Special precautions	
Side effects	

Self administration

Action to be taken if pupil refuses to take the medication

Procedures to take in an emergency

CONTACT DETAILS

Name

Daytime Telephone No

Relationship to Pupil

Address

I understand that I must deliver the medication personally to (agreed member of staff) and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.

I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.

I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.

Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.

APPENDIX 2

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School

For parents/carers to complete for pupils who require several medications

Pupil's name:

Pupil's date of Birth:

I confirm that the combined medications listed below have been administered to my child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

Signed

Dated.....

Relationship to child.....

Date Information Supplied	Name of Medication	Type	Dose	When Given	Method of Administration	Start Date (as applicable)	End Date (as applicable)	Special Precautions	Side Effects	Emergency Procedures

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School

CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO REQUEST TO ADMINISTER MEDICATION

Letter for school to complete and send to parent/carer if school agrees to parents/carers request to administer medication to a named child.

Dear *(name of parent/carer)*

I agree that *(name of child)* will receive *(quantity and name of medication)* every day at *(time medication to be administered eg lunchtime or afternoon break)* as you have requested

(Name of child) will be supervised whilst he/she takes their medication by *(name of member of staff)*. This arrangement will continue until *(either end of course of medication or until instructed by parents)*.

Each item of medication must be clearly labelled by the parent with the following information:

- Pupil's name
- Date of Birth
- Address
- Name of Medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if necessary)
- Expiry date

The school will not accept medication which is in unlabelled containers.

You have already supplied to us the information in the attached form giving details of your child's medication.

Where your child requires several medications you have confirmed that the combined medication has been administered to your child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

Can I remind you that it is your responsibility to ensure the school is informed in writing of any changes in your child's medication. The school should also be informed of any other circumstances that may affect the administration of medicine or your child's reaction to that medicine.

Signed:(Headteacher)

I confirm that I will supervise *(name of child)* whilst he/she takes their medication.

Signed:

(Name of member of staff)

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School

REQUEST FOR PUPIL TO CARRY AND ADMINISTER OWN MEDICATION

Form for parents/carers to complete if they wish their child to carry his/her own medication.

This form must be completed by parents/carers.

Pupil's Name: Class:

Address:

..... Date of Birth.....

Condition or Illness:

.....

Name of medication:

Procedures to be taken in an emergency:

.....

.....

CONTACT INFORMATION

Name:

Daytime Telephone No:

Relationship to child:

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

I confirm that s/he may administer his/her own medicine

or

I confirm that s/he may administer his/her own medicine but will require supervision

Signed: Date:

Full Name (in capitals)

Relationship to child:

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE

Form for recording training for staff

Name:

Type of training received and medication covered:

.....

Date training completed:

Training provided by:

I confirm that has received the training detailed above and is competent to carry out any necessary administration of medication.

Trainer's signature: Date:

Suggested Review Date:

I confirm that I have received the training detailed above:

Staff signature: Date:

Headteacher's signature: Date: