



Policy Document:	Administration of Medication in School (inc EYFS)
Schools Lead Member of Staff:	Head Teacher
Lead Governors (monitoring):	Full Govenber
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Chair of Governors signature:

A handwritten signature in black ink, appearing to read 'G. Milling', written in a cursive style.



ADMINISTRATION OF MEDICATION IN SCHOOL POLICY

1. Introduction

The Governors and staff of Christian Fellowship School seek to ensure that pupils with medical needs receive appropriate care and support at school, including the administration where necessary. The Head Teacher 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. There is no legal duty that requires school staff to administer medication; this is a voluntary role. The administration of medication to children is the responsibility of the parent or those with parental responsibility.

This policy applies to EYFS pupils as well and complies with the requirements outlined in the EYFS statutory framework.

2. Guidance and advice

This policy has regard to:

- DfE guidance: [Supporting pupils at school with medical conditions - GOV.UK](#)
- EYFS statutory framework para 3.53 – 3.54¹ [Statutory framework for the early years foundation stage for group and school providers](#) Dec 2023

3. Circumstances when medication can be administered in school

Parents should keep their children at home if acutely unwell or infectious in line with current school guidelines.

Where pupils (including EYFS pupils) are well enough to come to school but require medication to complete a course of treatment, or they require medication for a long-term condition, parents should request that GPs or hospital staff prescribe medication “in dose frequencies which enable it to be taken outside school hours e.g. medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime”. If this is not possible and it is absolutely essential for medication to be taken in school, the following protocols will be observed.

4. Parental provision of information and consent

Where a pupil has particular medical needs, this should be communicated to school as part of the admissions process or when the pupil first develops the medical need.

¹ 3.53 Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up to date. Staff must have training if the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.54 Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.



Parents are responsible for providing the School office with comprehensive information regarding the pupil's condition and instructions about the administration of necessary medication.

A consent form is sent to parents on an annual basis, which allows for the routine administration of short-term medications (eg. paracetamol but not aspirin) to pupils Y7-Y11 *only*. Younger pupils will only be given non-prescribed medication if supplied by the parents with written permission and clear instructions for administering. School staff will NEVER give non-prescribed medication to pupils unless there is specific prior written permission from parents. In some instances, pupils will be permitted to self-administer from a personally held supply, if parental permission has been gained. e.g. one day supply of non-prescribed pain killers for period pains, headaches, etc.

Before the school can administer prescribed medication to any pupil or non-prescribed medication to pupils in Y4 – Y6, parents will be required to complete and sign the *Request for the school to administer medication* form (AM2). (See appendix 1).

Each item of medication must be delivered to the School Office, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**.

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

- Pupil's name.
- Name of medication
- Dosage / frequency of administration.
- Date of dispensing
- Storage requirements (if important)
- Expiry date

The school cannot accept items of medication in unlabelled containers.

The school will not make changes to dosages on parental instructions.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Parents should notify the school in writing if the pupil's need for medication has ceased.

5. Administering Medication

YR -Y6 If the Form Teacher has volunteered to do so, the administration of medication will usually take place in the Form room or the staff room by the Form Teacher and another observing adult volunteer. Otherwise, if a member of the office staff has volunteered to do so, this will take place in the school office by the member of the office staff and another observing adult volunteer.

Y7-Y11 If a member of the office staff has volunteered to do so, this will take place in the school office or in the staff room by the member of the office staff and another observing adult volunteer.



6. Recording the Administering of Medication

The school will keep records of administering medication, which they will have available for parents.

Blank forms *Record of Medicine administered to an individual child (AM4)* will be available in the staff room and in the school office. The office will supply volunteering YR-Y6 Form Teachers with this form with the medication received from the parent. The volunteer staff member must complete this every time medication is administered. (This procedure replaces the yellow medical record book kept in the staff room). Completed forms must be returned to the office to be stored in a secure place (GDPR). If the medication is for more than one day then the form can be kept in the register, to be updated each day until the need for medication has ended.

Where non-prescribed medication is administered to a pupil on an ad hoc basis during the school, parents will be informed on the same day or as soon as reasonably practicable.

7. Secure Storage of Medicine

Non-emergency All non-emergency medication kept in school will be kept securely stored [e.g. lockable cupboard in school office, refrigerated meds kept in clearly labelled container within fridge in staffroom] with access strictly controlled. The office will advise teachers on how a pupil should access their medication. (e.g. R-Y6 will go to form teachers to receive their medication, others will need to go to the staff room or the office)

Emergency - Where children need to have immediate access to emergency medication i.e. asthma inhalers, epi-pen etc, they should keep this with them at all times and a spare will be kept in a medical box in the staffroom (next to the medical cupboard, and clearly labelled with the pupil's name). As part of regular health & safety training, staff are made aware of the procedures to be followed in the event of an emergency.

8. Disposal of Medication

School staff are not responsible for the disposal of medication. Medicines, which are in use and in date, should be collected by the parent at the end of each term, if needed during the holidays. Date-expired medicines or those no longer required for treatment will be returned to the parent for transfer to a community pharmacist for safe disposal.

9. Refusing Medication

If pupils refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

10. Self-Management

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision. If a parent would like their child to keep his/her medication on him/her for use as necessary then form AM3 *Request for pupil to carry his/her medication* will need to be completed by the parent.



11. Health Care Plans

For each pupil with long term medical need or complex medication needs, CFS will require that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals and parents. Parents will need to complete form AM1 *Medication plan for a pupil with medical needs*.

12. Staff Training

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

13. School Trips

The school makes every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, although additional arrangements might be required. In exceptional circumstances, if it is not possible to guarantee appropriate supervision, it may not be possible to include a pupil on a school trip. The school will seek professional medical advice before making a decision about whether it is safe to take a pupil dependent on medication on a trip, particularly if this is a residential or overseas trip.



INDIVIDUAL HEALTH PLAN (AM1)

Name of school

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc



Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



ADMINISTRATION OF MEDICATION REQUEST (AM2)

The school will authorise staff to administer medication in line with the school's Administration of Medication policy. The school will not give your child medicine unless you complete and sign this form.

Name of pupil

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Date of dispensing

Expiry date

Dosage & method **(NB Dosage can only be changed on a doctor's instructions)**

Frequency/timing

Special precautions/storage instructions

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

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy and in date.

Contact Details

Name

Relationship to child

Daytime telephone no.

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s)

Date



REQUEST FOR PERMISSION TO CARRY MEDICATION (AM3)

This form must be completed by parents/carers

Surname	
Forename (s)	
Date of Birth	
Class	
Condition or illness	
Name and strength of medicine <i>Parents must ensure that in-date, properly labelled medication is supplied</i>	
Dose and frequency of medicine	
Procedures to be taken in an emergency	

Contact Details

Parent name	
Contact phone numbers	
Relationship to child	

I would like my child to keep his/her medication on him/her for use as necessary.

Signed		Date	
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Agreement of Head Teacher or Head of School with delegated authority.

I agree that _____ (name of child) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until _____ (either end date of course of medication or until instructed by parents).

Signed

Date

Role:

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication



RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD (AM4)

Surname	
Forename (s)	
Date of Birth	
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff signature _____

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			



FORM AM4 (Continued)

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			