Administration of Medicines Policy

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Person(s) responsible for review and role:

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Aim of policy:

The purpose of this policy is to outline the procedures and arrangements for the administration, storage and recording of medicines in school and on school educational visits and offsite activities. The aim is to ensure that the processes are safe, lawful and effective, in order to safeguard and promote the welfare of pupils. In line with the Independent School Standards and informed by relevant DfE statutory guidance and good practice, the School will support pupils with medical conditions to access education, trips, physical activity and wider school life, while ensuring medicines are administered only with appropriate consent, by suitably trained staff, and in partnership with parents, pupils and relevant healthcare professionals. This policy promotes pupils' physical and mental health and emotional wellbeing, including through individual healthcare plans and reasonable adjustments where appropriate, so that pupils can remain healthy, included and able to participate fully and safely in school life.

Related Guidance and School Policies

This policy outlines the procedures and arrangements for the administration, storage and recording of medicines in school and on school educational visits and offsite activities, but is not exhaustive in its scope and should be used in conjunction with the following policies, statutory guidance and advice:

Policies:

- *Accessibility Plan*
- *Animals on Site Policy*
- *Attendance Policy*
- *Catering Policy*
- *Controlled Medicines Policy*
- *Drug, Alcohol & Tobacco Misuse Policy*
- *Educational Visits & Offsite Activities Policy*
- *First Aid Policy*
- *Health & Safety Policy*
- *Infection Control & Illness Policy*
- *Low Level Concern Policy*
- *Parent Code of Conduct*
- *Parental Engagement & Communication Policy*
- *Pupil Privacy Notice*
- *Risk Assessment Policy*
- *Safeguarding & Child Protection Policy*
- *Special Educational Needs & Disabilities Policy*
- *Supervision of Pupils Policy*
- *Visitors, Contractors & Site Security Policy*
- Whistleblowing Policy

Statutory & Regulatory Guidance:

- *KCSIE 2026*
- *Supporting pupils at school with medical conditions – DfE – Last updated: 16 August 2017*
- *Supporting pupils with medical conditions: templates – DfE – Last updated: 16 August 2017*
- *First aid in schools, early years and colleges – DfE – Published: 14 February 2022*
- *Health and safety: responsibilities and duties for schools – DfE – Last updated: 5 April 2022*
- *Health and safety on educational visits – DfE – Published: 26 November 2018*
- *Early years foundation stage statutory framework (group and school-based providers) – DfE – Effective: 1 September 2025 (published 14 July 2025)*
- *The Independent School Standards: Guidance for Independent Schools – DfE – April 2026*
- *SEND Code of Practice: 0 to 25 years – DfE / DHSC – January 2015 (last updated 12 September 2024)*
- *Equality Act 2010: Advice for Schools – DfE – Last updated: 28 June 2018*
- *Health protection in children and young people settings – UKHSA – Current version (ongoing updates)*
- *Guidance on the use of emergency salbutamol inhalers in schools – DHSC – 4 September 2014*
- *Guidance on the use of adrenaline auto-injectors in schools – DHSC – 20 September 2017*
- *Clarification of adrenaline auto-injector guidance for schools – MHRA – 6 April 2023*
- *Automated external defibrillators (AEDs) in schools – DfE – Last updated: 24 January 2025*
- *The Education (Independent School Standards) Regulations 2014 (SI 2014/3283) – UK Government – Consolidated version: 19 August 2024 (with updates reflected in April 2026 guidance)*

Parental Consent

Before any medication can be administered parental consent must be given in writing, this should include a clear written name of the medication, the dosage, and the time between doses. Where this is a prescription medication this should include the original packaging with the child's name, dosage and pharmacy dispensary or doctors signature present.

Where medicines are for an ongoing, long term or chronic illness there should be a termly meeting at minimum between the medical officer and parents to confirm there are no changes to the medication or dosage. Where the child requires an inhaler or EpiPen these will be checked regularly by the Medical Officer to ensure they are in date and undamaged, where these are coming up to expiry it is the parents responsibility to source a new item as required. Similarly these should include the original packaging with the child's name, dosage and pharmacy dispensary or doctors signature present.

Parents should review and update their consent forms at least annually and for each trip or visit undertaken by the child as medications typically taken regularly at home may then become necessary on a residential or late leaving / returning trip.

For non-prescription medicines parental consent is still required on file, before the administration of any medication that is not prescribed staff should always seek permission from the parent stating the name of the medication, dose, and rationale for administration. Where consent is on file that states the name of the medication and dose, following approval from the parent given the rationale the medicine can be administered by a trained member of staff, and ideally where possible in the presence of another member of school staff. Before the child leaves the staff should be satisfied that the child has consumed or otherwise taken the medication in a manner in which they cannot pass this to another pupil.

Where consent is not on file that explicitly states the name of the medication and dose parents must send written agreement also stating the name of the medication and dose before any medication can be administered. Where uncertain staff should always seek medical advice before the administration of any medication through the Medical Officer or by calling 111. In an emergency or in any situation where the child is at immediate risk of further harm staff should always call 999 or the equivalent if overseas. Clear procedures for medical emergencies should be considered in any overseas trip planning. In the EYFS all staff should hold an in date paediatric first aid certificate.

Records

Whenever medication is administered to a pupil a written record must be taken, this must include:

- The date
- Exact time the child consumed, injected, inhaled or otherwise specifically took the medication
- The exact dosage given and taken (to avoid any discrepancies should there be a spillage for example, and account for missing medications)
- The signature of the staff administering the medication
- The full name of the pupil as it appears in their record, not just their preferred name

In line with the controlled medications policy where the substance is classed as a controlled substance medication the administering staff member should have controlled medications training, a secondary member of staff must witness the administration, collection and return to storage of the medication and signatures from both members of staff are required.

Medical information is confidential and is stored electronically securely within the MIS, this is only shared with other staff or agencies on a need to know basis.

Records should be reviewed on a termly basis with the safeguarding team to ensure there are no patterns or wider concerns emerging. Where a member of staff has a more immediate concern they should always record this as a concern and escalate to the safeguarding team in order that this can be acted upon in a timely manner.

Storage

All medication should be stored in a securely locked cupboard or locked fridge where required. Where this is not considered or classed as emergency medication, (advice from the prescribing healthcare official should always be sought where there is uncertainty with the outcome in writing), then this will

be stored in the child's orange emergency bag which is easily accessed in classrooms. Included in the emergency bag with be the child's healthcare plan and emergency medication/allergy plan. Where these are required on a trip or offsite activity it is the responsibility of the trip leader to ensure that the student has the emergency medication with them in a readily accessible manner at all times with any supervising staff trained in the administration of and aware of the pupils needs in addition to the standard first aid kit.

In line with the controlled medicines policy any controlled substance must be stored in a secure non-portable container, with a clear register showing dates this has been checked, amounts administered and taken with any discrepancies noted. This should also have two separate signatures, one of whom must have controlled medicines training, showing both staff witnessed the collection, administration and return of the medication and agree of the amount given and administered to the child.

Training

There should always be an adequate number of staff trained to respond to the needs of the pupils both whilst in school and whilst on any educational visits or offsite activities. This includes the administration of prescription and non-prescription medication, EpiPens, monitoring and administration of Insulin, Inhalers for the prevention and treatment of asthma but is not exhaustive. Trip leaders for any trip should meet with the Medical Officer well ahead of a trip or offsite activity in order to ensure that the medical needs of all attendees can be suitably met. Where this is not the case a meeting between the trip leader, Medical Officer and parents should be arranged to identify the risks and discuss potential alternative options or mitigations with the aim to support the child in remaining included within the activity or trip.

Refusal of Medications

Where a child refuses to take a medication of any form a member of the safeguarding team should be contacted in addition to parents being informed immediately. The school can then assess the immediate risk to the child, should there be any doubt or uncertainty the school should call 111 or if there is any belief that the child may therefore be at risk of immediate harm call 999.

The process of escalation should be made clear to the child, first listen calmly to the rationale from the child as to why they do not wish to take the medication, inform them that the result in any case of not taking the medication is to immediately call the parents to discuss and that should anyone feel they are at immediate risk of harm the school has a duty to call the emergency services. Unless at immediate risk of harm or further harm the child should be given the opportunity to express their reluctance and understand the escalation procedures. In all cases this event should also be recorded as a concern in the schools safeguarding software and reviewed as part of the weekly review by the safeguarding team to ensure it is not part of a wider concern or trend.

Disposal

Medications should not be disposed of through the normal refuse methods or recycling methods. Where this is a prescription medication this should be returned to the parent or pharmacy. This

includes any expired medications. Where these are non-prescription medications advice should be sought from the local pharmacy as to the most appropriate disposal method for the medication. Where the substance is classed as a controlled substance the procedure for delivery and disposal should be set out in writing with agreement from the parents and prescribing physician and strictly adhered to, controlled substances should never be handled by any staff who are not controlled substance trained.

Individual Healthcare Plans

All students with a chronic or complex medical condition should have an up to date IHP outlining the specific needs and relevant reasonable adaptations made for the child. These should be reviewed with trip leaders as part of the preparation for any trip or offsite activity.