



THE *sir*  
DONALD BAILEY ACADEMY

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| Date for Review          | November 2027   |
| Approving Body           | The Pupils, Performance and Strategic Development Committee |
| Signed Chair of Trustees |   |

## Administration of Medicines Policy

- 1.1 The staff of The Forge Trust wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility 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 and at least one of them has had appropriate training (this may simply be First Aid training where administration is straight forward). While the school will normally only issue prescribed medicines, with appropriate consent from parents, carers or guardians, school staff will administer appropriate over the counter medicines in line with parent directions, this will include antihistamine, paracetamol and ibuprofen. NB where the school has a concern about inappropriate medication, ambiguous or unclear directions or possible adverse consequences, staff will adopt a precautionary approach and not administer the medicine until they are satisfied, they have sufficient information to ensure the medication is safe for the child. If a member of staff has any safeguarding concerns in relation to a child's care, these should be discussed with the DSL in line with safeguarding policies and KCSiE. Medicines will only be administered when parent/carers complete the medicines form. Medicines must be in date.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

- 1.2 Parents are responsible for providing the Principal or trained member of staff with comprehensive information regarding the pupil's condition and medication on our CONSENT FORM, available at the academy office.
- 1.3 Prescribed or non-prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- 1.4 Only reasonable quantities of medication should be supplied to the school.
- 1.5 Each item of medication must be delivered to the school office, in normal circumstances by the parent, **in a secure and labelled container or bag.** 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 (if appropriate).
  - . Storage requirements (if important).
  - . Expiry date.

**The school will not accept items of medication in unlabelled containers. Medication will only be administered at lunchtime (12.15pm), unless there are exceptional circumstances.**

- 1.6 Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in the school office.
- 1.7 The school will keep records, which they will have available for parents.
- 1.8 If children 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.
- 1.9 It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- 1.10 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.
- 1.11 The school will not make changes to dosages on parental instructions, if this is not in line with the label.
- 1.12 School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- 1.13 For each pupil with long-term or complex medication needs, the school will ensure that an Individual Health Care plan is drawn up, in conjunction with the appropriate health professionals and staff will have training.
- 1.14 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the health practitioner.
- 1.15 Administering staff must be in pairs with at least one member of staff having had appropriate training (this may be specific to the medication or general First Aid Training in more straight forward cases. One member of staff must read aloud the bottle label and name to the receiving child before administering the medicine, both staff will sign the administration sheet.
- 1.16 The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required.
- 1.17 All staff will be made aware of the procedures to be followed in the event of an emergency.

## Appendix 1: Administering medicines in school

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The table below contains advice that members of staff can refer to when administering medicines to pupils in school. It is based on the Department for Education's [statutory guidance on supporting pupils at school with medical conditions](#).

### DO

Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so

Check the maximum dosage and when the previous dosage was taken before administering medicine

Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it

Inform parents if their child has received medicine or been unwell at school

Store medicine safely

Ensure that the child knows where his or her medicine is kept, and can access it immediately

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### DON'T

Give prescription medicines or undertake healthcare procedures without appropriate training

Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions

Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances

Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor

Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers

Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parent

## **Appendix 2**

### **Storing medicines: Additional Information**

The DfE Guidance States that:

- Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters, insulin and adrenaline pens should always be readily available to children and not locked away.

#### **Refrigeration of medicine**

Guidance from Public Health England (PHE) advises that medicine requiring refrigeration should always be kept in its own refrigerator. The refrigerator should have an uninterrupted power supply in a safe and secure location. If possible this fridge should be in the same location as other non-refrigerated medicines.

## Appendix 3: parental agreement for setting to administer medicine

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

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

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### Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

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**NB: Medicines must be in the original container as purchased or dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 4: record of medicine administered to an individual child

|                                  |  |
|----------------------------------|--|
| Name of school/setting           |  |
| 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 \_\_\_\_\_

Signature of parent \_\_\_\_\_



**C: Record of medicine administered to an individual child (Continued)**

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Name of observer        |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Name of observer        |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Name of observer        |  |  |  |
| Staff initials          |  |  |  |



## **Template F: contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone