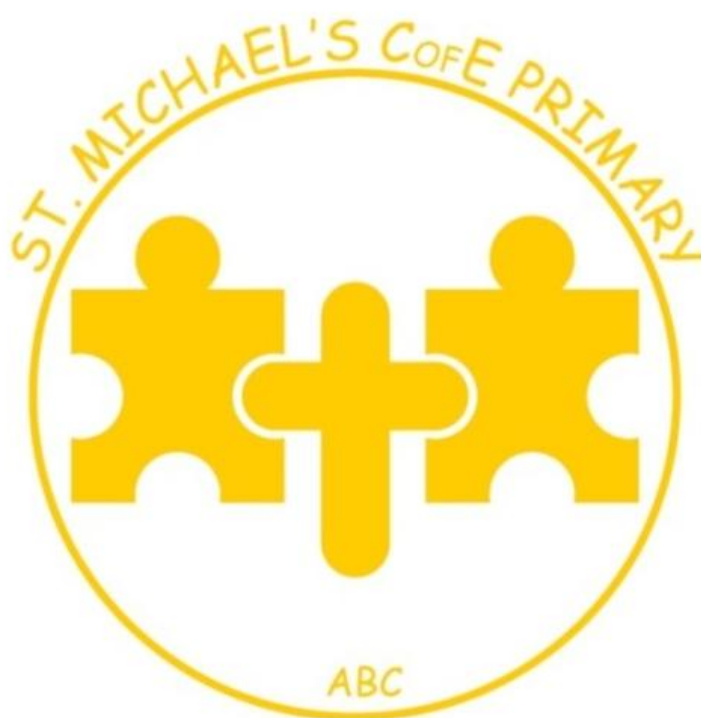


# **Rossington St Michael's C of E Primary School**

## **ADMINISTRATION OF MEDICINES POLICY 2025-2026**



Date of Policy: September 2025

Date of Review: September 2026

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## Section 1 – Policy Statement

### The Administration of Medicine in School

The school is committed to ensuring that all children have access to educational experiences and are not excluded due to medical needs. All children are welcome, feel valued, and as a result, achieve.

The Governing Body is committed to safeguarding and promoting the welfare of children and expects all staff, volunteers, and visitors to share this commitment.

*"Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so."*

DfE Publication: *Supporting Pupils at School with Medical Conditions*, April 2014

The school will not administer any medicine unless prescribed by a GP or consultant. All medicines **must** be in the original packaging with the pharmacist's label clearly stating the prescribing instructions. The school will only administer the dose as prescribed. Parents must complete the appropriate paperwork before any medication is accepted into school.

DfE Document: *Supporting Pupils at School with Medical Conditions*, December 2016

Parents may be concerned that their child's condition could deteriorate while at school. Pupils with long-term or complex conditions may require ongoing support, medication, or emergency intervention. Their health needs can change unpredictably, which may result in absences. Therefore, it is vital that schools provide effective support, ensuring pupils feel safe and included.

Decisions about support should involve partnerships with local health services and be based on advice from healthcare professionals. Schools must also listen to and value the views of both parents and pupils.

In addition to academic effects, medical conditions may lead to social and emotional challenges. Children may feel self-conscious, be bullied, or develop anxiety or depression. Long-term absences can hinder their academic and social development. Reintegration should be well-supported. Even short but frequent absences should be effectively managed to reduce impact on wellbeing and achievement.

Some children with medical conditions may be considered disabled under the Equality Act 2010. In such cases, the governing body must comply with its duties under that Act. If a child has Special Educational Needs (SEN), they may also have an Education, Health and Care (EHC) plan.

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### Policy Aims

- To ensure the safe administration and supervision of medication to support attendance.
- To support children with long-term medical needs via healthcare or emergency plans.
- To clarify staff roles and responsibilities in administering medicines.

- To clarify parents' roles in ensuring adherence to the policy.
  - To outline safe procedures for medication storage and school visit protocols.
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## **Roles and Responsibilities**

### **Governing Body**

- Support pupils with medical conditions in school.
- Develop and implement a supportive policy.
- Ensure sufficient, trained staff are available.
- Provide access to relevant information and training materials.

### **Headteacher**

- Oversee development and implementation of this policy.
- Communicate the policy to staff and parents.
- Ensure staff awareness of relevant conditions.
- Ensure sufficient trained staff are available for routine and emergency administration.
- Record staff training on Form 1 (STR).
- Monitor incidents via Medical Tracker.
- Review the policy annually.

### **Staff**

- Follow procedures and use appropriate forms.
- Be aware of healthcare plans.
- Share medical information when necessary while maintaining confidentiality.
- Complete relevant training.
- Inform parents of medical incidents via Medical Tracker or printed forms.
- Contact parents promptly if doses are missed or concerns arise.

### **Parents/Carers**

- Provide updated information about medical needs.
- Ensure medication is in-date and properly labelled.
- Notify the school of any medication/dose changes.
- Follow school medication procedures.

- Take long-term medication home annually.
  - Keep children home if unwell.
  - Provide up-to-date contact details.
- 

### Non-Prescribed Medication

School cannot store or administer over-the-counter or non-prescribed medication. Only GP- or consultant-prescribed medication with correct pharmacy labels will be accepted.

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### Missed Dose

If a child refuses a dose, they will not be forced. Parents will be contacted that day. Record on Form 3 (PC).

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### Spillages

All spillages, including broken or dropped tablets, will be recorded and parents notified. Use Form 9 (SP).

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### Medication Procedures

Medication should be administered at home where possible. If school administration is essential:

- Complete Form 2 (PA) for in-school administration.
- Antibiotics must be prescribed *four times daily* to be given at school.
- Use Form 3 (PC) for short- and long-term consent.
- No changes to prescribed doses are allowed.
- Medication must include:
  - Child's name
  - Medication name
  - Dose and timing
  - Confirmation that 24 hours of successful home dosing occurred
  - Expiry date
- Medication must be handed to school by a parent/carer.
- Children may self-administer if appropriate.

Healthcare plans and emergency plans must be completed by healthcare professionals with parent input. Use Form 4 (1HP).

Parents are responsible for collecting medication to check expiry dates and quantity.

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### **Timings**

Medication is administered between **11:30am and 12:30pm**. Critical exceptions must be supported by a GP/consultant letter. Two staff members must be present. Staff are not to be interrupted.

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### **Controlled Drugs**

Controlled drugs will be stored securely in a locked container, accessible only to named staff. The Headteacher will be informed of any such medications. Administered doses will be recorded on Form 6 (CD).

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### **Storage of Medication – Foundation Stage**

- Inhalers/Epipens stored safely in classrooms, out of reach.
- Medication needing refrigeration stored in office's medical fridge.
- Record use on Form 5.

### **Storage of Medication – Key Stage 1 / 2**

- Inhalers/Epipens stored in classrooms for easy access.
  - Medication for individual needs may be carried by the child.
  - Refrigerated items stored in office's lockable fridge.
  - Children informed where their medication is kept.
- 

### **Medication on School Visits**

- Relevant medication taken on all educational visits.
  - Child informed where it is and who holds it.
  - Use Form 7.1 (EV) for logging medication needs.
  - Bring relevant healthcare plans.
  - Record any administered medication on Form 7.2 (EV).
-

## Emergency Treatment

- Emergency assistance will be called using Form 8 (ME).
  - Forms displayed near school telephones.
  - Relevant care plans and medication details shared with emergency services.
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## Complaints

Concerns should be raised directly with the school. Unresolved issues may proceed through the formal complaints procedure outlined in the School Complaints Policy.

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*This policy will be reviewed annually.*

Version: 2025.1

Review Date: September 2026

Responsible: Headteacher / SENCO

## Section 2- Appendices

### FORM 1 (STR) Staff Training Record

<b>Staff Training Record- Administrations of Medicines</b>	
Name of school/setting	Rossington St Michael's C of E Primary School
Name	
Type of Training received	
Date of Training Completed	
Training provided by	
Profession and Title	
<b>I confirm that the member of staff named above has received the training and is competent to carry out any necessary treatment covered in this training.</b>	
<b>Signed:</b>	
<b>I recommend that this training is updated (please state how often) .....</b>	
<b>I confirm that I have received the training detailed above.</b>	
<b>Staff Signature</b>	
<b>Date</b>	
<b>Suggested Review Date</b>	



**FORM 2 (PA) Parental Administration of Medicine during school hours**

This consent is only for the following dates --/--/---- To --/--/ ----- inclusive.

I will personally ensure that the medication is labelled in accordance with the school medicine policy and that the product is in date.

Signed: ..... Date:

.....

Relationship to the child: ..... (Parent/Legal Guardian)

Date	Child's name and class	Medication, strength and dose	Signed by person giving medication	Initialed by staff members to say they have witnessed the dose.	

## FORM 3 (PC) Parental Consent and record of Medicine administered to an individual child (Page 1 and 2)

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

Name of school

Name of child

Date of birth

Class

Medical condition or illness


### Medicine

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

Expiry date of medicine

Dosage and method

Please detail how many days the medicine is to be administered. Include dates to and from

Time medicine to be administered.  
Please state if before or after food, if applicable

Special precautions/other instructions

Are there any side effects that the school 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**

### 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 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.

Parent/Guardian Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

Heads Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Form 2 of 2)**

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

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

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

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

Missed Dose:

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

INDIVIDUAL HEALTHCARE PLAN

FORM 4 (1HP)

Name of school/setting

Child's name

Group/class/form

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

--

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

**(Form 3 of 3)**

### Dose and frequency of medicine

[illegible]

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

Any reaction witnessed

[illegible]

Any reaction witnessed

[illegible]

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

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

Missed Dose:

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			



**RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN**

**FORM 5**

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

FORM 6 (CD) Controlled Drug Record

Name of Child: ..... D.O.B: .....Class:  
.....

Date and Time	Medication In	Medication out	Running Balance	Initials of staff members.	

Dose refused:  Date:	Name of Parent contacted:	Time:
	Parent comment:	

## FORM 7.1 (EV) Educational Visits: Log of children needing medication

[illegible]

Verified by (SLT):
Signature:

**FORM 7.2 (EV) EDUCATIONAL VISITS**

**Record of medicines administered to all children**

Name of School: Rossington St-Michael's CE Primary School

Date	Child's name	Time	Name of Medicine	Dose Given	Any reactions	Signatures of staff	Staff Names
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Date:	Name of Parent contacted:	Time:
Child's Name:		

## **FORM 8 (ME) MEDICAL EMERGENCY- CONTACTING THE EMERGENCY SERVICES**

**Request for an ambulance.**

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

1. Your telephone number	01302 868284
2. Give your location	Sheepbridge Lane Rossington Doncaster
3. State the postcode	DN11 0EZ
4. Give exact location in the school	
5. Give your name	
6. Give name of child and a brief description of the child's symptoms	
7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the child.	

**Speak clearly and slowly and be ready to repeat information if asked. Keep a completed copy of this form by the telephone.**

**FORM 9 (SP) SPILLAGES OF MEDICINES**

<b>Name of Child</b>	
<b>Class</b>	
<b>Date</b>	
<b>Medication</b>	
<b>Amount Spilled</b>	
<b>Parent/Carer informed</b>	
<b>Staff Name</b>	
<b>Staff Signature</b>	
<b>Staff Name</b>	
<b>Staff Signature</b>	

## **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