

**STMARY'S**  
MIDDLEWICH  
**ADMINISTRATION OF MEDICINE**

**POLICY AND PROCEDURES**

Regular school attendance is essential for every child and St Mary's School does all that it can to maintain high attendance figures. The major role of caring for a sick child rest with the parents or guardians and it is their responsibility to manage the child's health and to ensure attendance at school. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete.

**THE ADMINISTRATION OF MEDICINE IN SCHOOL**

If a child is well enough to return to school whilst still receiving medication it is the responsibility of the parents, or their nominee, to administer medicines to their children. This could be achieved by the child going home during a suitable break or the parent visiting the school. All staff must be made aware of the school policy and practices with respect to administering medicines. There is no legal duty that requires school staff to administer medicines.

There are three exceptions to the above; at the Head teacher's discretion children who require doctor's prescribed prescription to be administered four or more times a day (see detailed requirements below), children with long term medical needs (eg diabetes, asthma, epilepsy) and residential visits/visits that go beyond the school day.

Short term medication requiring administration four or more times a day; but not on demand, will be administered by the school in the following circumstances:

- The condition requiring the medication does not indicate that the child should be cared for at home or is of detriment to others in school. This will be at the Headteacher's or senior management discretion.
- The medicine is brought into school and collected each day by the parent, in the original packaging, which should identify from the chemist that it is a prescription medication. The label should contain details of the administration.
- Forms linked to need and administration have been fully completed and signed.
- The school is able to provide the correct conditions under which the medication has to be stored.
- Staff in school have the appropriate training to administer the medication.

**LONG-TERM MEDICAL NEEDS**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. The school needs to know about any particular needs before the child attends for the first time or when they first develop a medical need. It is necessary to develop a written Health Care Plan for such a young person, involving the parents and relevant health professionals. Such plans should include the following: -

- Details of the child's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

## **EDUCATIONAL VISITS**

The Educational Visits Co-ordinator and visit leader should consider what reasonable adjustments they may need to make to enable young people with medical needs to participate fully and safely on visits, i.e. review existing policy and procedures and ensure risk assessments cover arrangements for such children. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan must be available during the visit as this could be beneficial in the event of an emergency. Any medication administered on a residential visit should be recorded on a 'Record of Medicines Administered' form.

If staff are concerned about whether they can provide for a child's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant

## **PROCEDURE FOR THE ADMINISTRATION OF MEDICINES IN THE CASE OF BOTH THE LONG-TERM MEDICAL NEEDS AND EDUCATIONAL VISITS**

Parents should contact the school and provide full details of the child's condition to the Headteacher or Assistant Headteacher.

If it is agreed that prescribed medicine can be administered by a member of staff, the parent must arrange to sign the appropriate form 'Request for the School to give Medication' (see Appendix 1). Where necessary, this request will be reviewed termly.

The school will only accept medicines that have been prescribed by a doctor, dentist, pharmacist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions. Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents could be encouraged to ask their prescriber about this.

The school will not give a non-prescribed medicine to a child unless there is a specific prior written agreement from parents and accompanied by a doctor's (or Health Professional's) note. For example, if a young person suffers from frequent or acute pain the parents are encouraged to refer the matter to their GP.

## **STORING MEDICINES**

Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Designated staff should ensure that the supplied container is clearly labeled with the name of the young person, name and dosage of the medicine and the frequency of administration.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. There should be restricted access to refrigerators holding medicines.

## **TRAINING AND INSTRUCTION**

The school will ensure that they have sufficient members of support staff who are employed and adequately trained to manage medicines as part of their duties. Any

member of staff who agrees to accept responsibility for administering prescribed medicines to a young person will have appropriate training guidance and support from the health professionals. They should be aware of any potential side effects of the medicines and what to do if they occur. A written record of training and authority to carry out procedures will be kept both by the school and the member of staff.

Only one member of staff at any one time will administer medicines to a child (to avoid the risk of double dosing). However, there may be circumstances where an additional member of staff may check doses before they are administered. Arrangements should be made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system must be arranged to avoid the risk of double dosing.

Staff with a child with medical needs in their class or group should be informed about the nature of the condition and when and where the child may need extra attention.

### **RECORD KEEPING**

The school will keep written records each time medicines are given and staff should complete and sign this record. (See Appendix 2). Good records help demonstrate that staff have followed the agreed procedures. In Foundation Stage such records **must** be kept and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal immediately.

### **SELF MANAGEMENT OF MEDICINES**

It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and the school encourages this especially in the case of Asthma. If the child can take their own medicine themselves, staff may only need to supervise the procedure.

### **EMERGENCY PROCEDURES**

The school has arrangements in place for dealing with emergency situations. Individual Health Care Plans must include instructions as to how to manage a child in the event of an emergency and identify who is the responsible member of staff

### **THE ROLE OF THE PARENT**

As stated above, the major role of caring for a child rests with the parents or guardians and it is their responsibility to manage the child's health. In order to achieve this in conjunction with the school, the parent must both give and receive information:

- give information about their child's medical condition, the treatment he or she will need at school and any special needs or conditions that pertain
- receive information about the policy and procedures of the school so as to best plan with the school the joint home-school partnership of support for the child.

Fear or misunderstanding of a child's condition by parents can be helped by support from the school health services, the child's GP or other healthcare professionals involved in the child's care. Withholding information may be detrimental to the child's health and his/her progress in school in the long term.

**THE ROLE OF THE HEADTEACHER**

The Headteacher is responsible for implementing the governing body’s policy on a day-to-day basis, ensuring that procedures are understood and adhered to and that training is provided where necessary. In addition, the Headteacher will be responsible for ensuring that there are appropriate, effective communications and consultations with parents, children and health professionals concerning pupils’ medical needs.

**INCLUSION**

The school’s Mission Statement reflects that we aim to be a community with Gospel led values and therefore that we are committed to embracing those who for many reasons may be at risk of exclusion from that community. All the school’s policies therefore reflect our desire to evolve inclusive practices and to create inclusive cultures.

June 2025

Signed: ..... Chair of Governors    Date:

Signed: ..... Headteacher    Date:

**ST MARY'S CATHOLIC PRIMARY SCHOOL**

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that ..... (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth ..... Group/class/form .....

Medical condition or illness .....

Name/type of Medicine .....  
(as described on container)

Expiry date..... Duration of course.....

Dosage and method .....

Time(s) to be given.....

Other instructions .....

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to the Headteacher and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed .....Print Name .....  
(Parent/Guardian)

Daytime telephone number .....

Address .....

.....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service

