

St John Baptist CE Primary School

Administration of Medications Policy

Our Vision & Values



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Reviewed: September 2026

Review Date: September 2027

Signed: FGB

This policy explains when and how medicines are given to pupils, who is responsible, and how the school records, stores and checks them. It is the practical medicines procedure under the school's Supporting Pupils with Medical Conditions and Allergy Safety Policy. A pupil's individual healthcare plan (IHP), known in school as a Care Plan, sets out any additional arrangements for that child.

1 Aims and responsibilities

Pupils with medical needs have full access to school life, including meals, PE, clubs and educational visits, with reasonable adjustments where needed. The governing body ensures that suitable arrangements, trained staff and insurance are in place. The Headteacher has overall responsibility for implementation and for ensuring staff, including temporary and supply staff, receive the information they need. The Admin Officer maintains medicine, expiry and consent records; the lead first aider supports stock checks and safe practice. Staff administer medicines only when authorised, trained as needed and confident to do so. Parents and carers provide current information, written permission, the required medicine and suitable measuring equipment, and promptly report any changes.

Most children with a short course of medicine do not need a Care Plan. Children needing ongoing support, emergency medicine or significant adjustments will be assessed for an IHP with their family and relevant healthcare professional. Not every minor medical need requires a plan; where one exists, staff follow it. No child will be denied necessary support because a plan is being prepared.

2 When medicine will be given

Medicine is administered during school hours where it would be detrimental to a child's health or attendance not to do so. Where an antibiotic is prescribed three times a day, parents are encouraged to ask the prescriber or pharmacist whether the doses can safely be given before school, after school and at bedtime, taking account of the required spacing and any food instructions. If a dose is needed during school hours, the school will make arrangements to administer it in accordance with the prescription and this policy. Parents will not routinely be required to attend school to give a necessary dose.

Before any prescribed or non-prescribed medicine is given to a pupil, the school obtains written permission from a parent or carer for that particular medicine, including the dose and the agreed time or administration window. The window will be based on the medicine's instructions and any advice from the prescriber or pharmacist. Verbal permission alone is insufficient.

Staff will make every effort to give the medicine within the agreed window. If a dose is delayed or missed, staff will record what happened and inform the parent or carer promptly. Before giving a delayed dose, staff will check the medicine-specific instructions or seek advice from a pharmacist or prescriber where needed. Staff will not give a double dose to make up for one that was missed.

The school accepts prescribed medicine only if it is in date, labelled for the child, in its original dispensed container with clear dose, route, timing and storage directions. Insulin may be provided in a pen or pump. A pharmacist, doctor, nurse or dentist may prescribe medicines for a Reception child; a medicine containing aspirin is only given to a child under 16 if prescribed by a doctor. Non-prescription products must be in their original packaging, in date, age appropriate and clearly labelled for the pupil if supplied by the family.

3 Non-prescribed medicines

St John's does not routinely give children paracetamol, including Calpol. If a child has pain or feels unwell, staff will assess them and contact their parent or carer. A child who is too unwell to take part in school will be collected; paracetamol will not be given to keep them in class.

In exceptional circumstances, staff may give a dose of children's paracetamol to a child who is otherwise well, provided the school has **written parental consent for that medicine**. Before giving it, staff will check the product instructions, the correct dose, any relevant allergies and when the child last had paracetamol. If this information cannot be confirmed, staff will not give a dose. Every dose will be recorded and the parent or carer informed the same day.

The school does not routinely give ibuprofen or other non-prescribed medicines. Where one is needed during the school day, arrangements will be agreed individually with the parent or carer, with written consent and clear instructions, in line with the pupil's Care Plan where applicable.

4 Administration and records

An authorised staff member checks the correct pupil, medicine, dose, route, time, expiry, written instructions and last dose before administration. Liquid doses are measured with an oral syringe, medicine spoon or pot supplied or approved for the medicine, never a kitchen teaspoon. Medication is not mixed into food or drink unless specifically authorised and documented. Each administration or refusal is recorded with date, time, dose and staff name. Parents are informed of a dose on the same day or as soon as reasonably practicable. A refusal is never met with force: staff follow the Care Plan, contact the family promptly and seek urgent medical help if the situation is an emergency.

The Admin Officer keeps the signed agreement and medicine administration records in the medical file, updates the school management information system where relevant and ensures records are available to relevant staff on a need-to-know basis. For Reception, the school obtains medicine needs before entry and updates the records whenever a parent reports a change. Staff protect medical confidentiality while ensuring that supply, catering, club and trip staff know the arrangements necessary to keep the child safe.

5 Storage, checks and disposal

Routine medicines are kept in the medical room trolley under the storage conditions on the packaging. Medicines needing refrigeration are kept in a closed, clearly labelled "Pupils Medications" container in the medical room fridge, inaccessible to pupils. The Admin Officer and lead first aider check stock, labels, equipment and expiry dates at least half termly, and after any emergency use; parents are asked to replace their child's supplies before expiry. Parents remain responsible for supplying medicines. Unused or expired medicines are returned to parents for safe disposal; used needles and auto-injectors are placed in an approved sharps container.

Emergency medicines, including asthma inhalers, adrenaline devices and glucose, are immediately accessible, not locked away, and taken to activities and visits. The pupil and relevant staff know where they are. For a pupil prescribed two adrenaline auto-injectors, the school asks parents to supply both: one is normally kept in the labelled classroom emergency bag or cabinet and one in the medical room, with the child's Care Plan. Staff ensure that both devices travel with the pupil for PE and off-site activities; if a different arrangement is needed for immediate access, the Care Plan records it. The school's spare

adrenaline auto-injectors and spare salbutamol inhalers are managed under the Supporting Pupils with Medical Conditions and Allergy Safety Policy. A spare salbutamol inhaler is used only for an eligible pupil with written parental consent when their own reliever is unavailable. In suspected anaphylaxis, emergency adrenaline must not be delayed while obtaining consent.

A competent pupil may carry or self-administer medicine when this has been agreed with parents and recorded in the IHP or self-management agreement; there is no fixed age for this. Controlled drugs are stored securely with restricted staff access unless a competent pupil is authorised to carry one. They remain accessible when needed and each dose and the quantity held are recorded.

6 Creams, sun cream and personal care

The Head of School may agree to staff applying a non-prescribed cream or lotion after written parental permission for that product, with reference to the child's Care Plan and intimate care policy where relevant. Parents supply it labelled for their child. Parents are asked to apply sun cream before school. Pupils may bring labelled, in-date sun cream of at least SPF 25 and staff supervise them applying it; any direct staff application requires written permission and an agreed approach to personal care.

7 Visits and residential stays

The visit leader reviews medical needs and risk assessments, confirms nominated staff and their training, and takes the required prescribed medicines, both of a pupil's adrenaline devices where provided, emergency bags and Care Plans. A visit-specific plan is prepared where needed. Medicines are kept safe but promptly accessible. All doses and incidents are recorded in the visit log and transferred to the school record, with families informed as required. A trained first aider accompanies school trips in line with the school's visit procedures.

For residential stays, parents complete a medicine agreement for prescribed and non-prescribed medicines likely to be needed, including travel-sickness products and a specified children's paracetamol product and dose if they consent to its use. Staff still assess the child and check the last dose, label, contraindications and maximum dose at the time. Parents are informed as soon as reasonably practicable after any administration, ordinarily the same day; they may also countersign the residential record on return. Countersigning on return does not replace timely notification.

8 Emergency response and training

Staff follow the pupil's IHP and call 999 when indicated. Emergency medicine is brought to the pupil, and parents are notified as soon as practicable without delaying treatment. A staff member remains with the pupil until a parent arrives, or accompanies the pupil by ambulance if necessary, providing a copy of the Care Plan to the ambulance crew. The Headteacher ensures suitable induction, training and competent cover. Relevant staff receive updates on asthma, epilepsy, diabetes and anaphylaxis; all pupil-facing staff receive the allergy awareness and emergency response training required by the school's allergy safety arrangements. Training records are retained.

9 Review and linked policies

The Headteacher monitors this procedure. The governing body reviews it at least annually alongside the Supporting Pupils with Medical Conditions and Allergy Safety Policy, and sooner after significant guidance changes or an incident. This policy must be read with that policy and the school's Asthma, Allergy and Anaphylaxis, First Aid, Intimate Care, Educational Visits, Health and Safety, Safeguarding, Data Protection

and Complaints arrangements. Where a separate allergy policy is retained, its wording must match the dedicated allergy section of the medical conditions policy.

Appendix 1



ADMINISTERING MEDICATION

I give permission for the school to administer this medication in accordance with my instructions supplied.

Child's Name	
Date of Birth	
Medication	
Dosage (including administration window)	
Period required taking Medication (days/weeks etc)	
Signed (parent/carer)	
Date	