



Medication In School Policy

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An academy within:



“Learning together; to be the best we can be”



1. Introduction

- 1.1. This policy has been developed by the school leadership and reflects guidance produced locally, "Guidance on Roles and Responsibilities for Schools and Settings in Meeting Personal and Medical Care Needs of Children and Young People". It is written in accordance with the Department for Health and Department for Education guidance, 'Supporting Pupils with Medical Needs', and DfE Circular 14/9 'Supporting Pupils with Medical Needs in School'.
- 1.2. This policy sets out how the school intends to manage the arrangements for supporting children with medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, take part in most routine activities, whilst others with more significant medical needs require an Individual Health Care Plan (IHCP). The policy also provides information on the administration of medicines in schools.

2. School Responsibility

- 2.1. The Headteacher accepts responsibility for school staff administering or supervising the taking of prescribed medication or medical care during the school day. The acceptance of responsibility may depend, however, upon the nature of any individual needs i.e. After School Club provision.
- 2.2. Where the Headteacher decides that the school cannot meet the child or young person's medical needs, parents or carers will be informed promptly.
- 2.3. The Headteacher will seek staff volunteers to administer medicine. However, teachers' conditions of service do not allow for Headteachers to require teachers to give medication or supervise the taking of medicine. Staff may voluntarily undertake this duty as long as they receive appropriate training to enable them to do so.
- 2.4. Provided that correct procedures are followed, staff will be fully covered by their employer's public liability insurance in the event of a claim. If legal action over an allegation of negligence were pursued, the employer rather



than the employee to be held responsible, unless the employee has not followed the correct procedures and risk assessments.

- 2.5. Notes from parents or carers concerning the administration of medicines will be received by the class team or the admin team. They will contact the designated member of staff who will ensure that they are signed in, stored appropriately and administered correctly.
- 2.6. At any point, staff are to be encouraged to share their concerns and queries with the Senior Leadership Team as regards their responsibilities and the health or wellbeing of the child or young person.
- 2.7. Necessary training will be organised for staff by the school in collaboration with health Colleagues. All training records will be maintained by the school and training information will be kept in a child or young person's Individual Health Care Plan.
- 2.8. Where a health professional advises that an Individual Health Care Plan is required for a child with significant medical needs, copies of the plan will be kept in the main school office and in the child or young person's personal information folder.
- 2.9. Ordinarily, the school policy does not allow for children to carry their own medicines however exceptional circumstances exist for example where children self-medicate with prescribed asthma inhalers.
- 2.10. Where children **exceptionally** carry their own medicine this should be risk assessed and agreed by parents, carers, school and the child or young person. Staff supervision is paramount in this situation to ensure that children or young people never give their medicine to other children or young people.
- 2.11. Ordinarily, all medicines will be stored locked in the Medical Room, with the exception of asthma inhalers, epi-pens and insulin, which are stored in individual classrooms.



- 2.12. Any pupil under twelve years will not knowingly be given medication containing Aspirin unless it is prescribed by a doctor, as it may cause severe illness in young people.

3. The Responsibilities of Parents and Carers

- 3.1. Whilst we encourage regular school attendance, children who are unwell should not be sent to school.
- 3.2. Parents and carers have a duty of care to support school in collecting their child or young person if they are unwell. School acknowledge and support practices that safeguard the health and welfare of our children and young people and follow the Health Protection Agency (HPA) information, "Guidance on Infection Control".
- 3.3. Parents or carers should try to ensure that their child's medication is taken out of school hours wherever possible.
- 3.4. Where children and young people are required to take medicines during school time the medicine should be in the original container with the child or young person's name, medication details, dosage and expiry date, as prescribed by their doctor and pharmacy.
- 3.5. In addition, if medication is no longer required parents and carers should contact school and the designed member of staff will be informed who will then act upon the information.
- 3.6. If parents or carers prefer to administer medication themselves to their children during school time, they should discuss this with a member of the Senior Leadership Team.
- 3.7. Parents or carers should ensure that they provide the school with emergency contact(s) where they or a nominated person can be contacted should their child become ill. This is updated at annually or as necessary.
- 3.8. Expiry dates will be checked regularly by the trained staff responsible for administering the medication. Out of date medication will be sent home in a sealed envelope clearly labelled with the child's name.
- 3.9. Where a pupil has a significant medical needs and health professionals advise that an Individual Health Care Plan is required, parents or carers will



be expected to fully participate in providing information about the medical condition, agreeing and signing the plan for their child.

- 3.10. Emergency/ rescue medication will be taken with the child or young person if they go out of school on a trip or as part of their learning programme. There will be trained staff with the student and the medication will be kept in a locked container with the staff.
- 3.11. Parents or carers should inform the school as soon as possible of any changes in their child's condition or treatment.
- 3.12. Whilst we will endeavour to maintain confidentiality, in some cases, in the interests of the pupil's safety, information about their condition and treatment will be made available to staff in areas where pupils do not normally have access. In these cases, the permission of the parents or carers and pupil will be sought.

4. The Responsibilities of Pupils

- 4.1. Whilst we encourage regular school attendance, children who feel very poorly before leaving home in the morning should tell their parent or carer, who can then decide whether they are well enough to attend school.
- 4.2. Where a child with sufficient understanding has a significant medical need which requires an Individual Health Care Plan, the child will be invited to participate in drawing up and agreeing the plan.

5. The School's Emergency Procedures

- 5.1. Where it is clear that a child requires urgent medical attention the school protocol for calling 999 will be followed. The ambulance procedures for in and out of school should be followed.
- 5.2. If a serious medical incident occurs in school a member of SLT must be informed and immediate health advice sought and acted upon. If necessary SLT will investigate the incident and act upon the findings.
- 5.3. Where rescue or emergency medication is required the child or young person's Individual Health Care Plan should be followed.
- 5.4. Parents or carers will be contacted as soon as possible where emergencies arise.



- 5.5. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the parents or carers arrive. Health Professionals are responsible for any decisions on medical treatment when parents are not available.
- 5.6. In the case of the first occasion of the child receiving emergency rescue medication, an ambulance will be routinely called due to the risk of unknown side effects.

6. Training

- 6.1. Staff who volunteer to administer medication will receive training from a suitably qualified health professional.
- 6.2. Staff that administer medication will read and familiarise themselves with this policy prior to any training being undertaken.
- 6.3. A record of who delivered the training and who received the training will be kept by the school. A date for review of further training will be agreed at the first training session.
- 6.4. Once appropriate training has been given, and all appropriate documentation is read and understood, staff must follow IHCP procedures for the administration of medication.

7. Procedure:

- 7.1. Every child or young person that requires any medication will have an Individual Health Care Plan.
- 7.2. A child or young person's Individual Health Care Plan will contain information on administering medication, parental consent and an assessment of risk.
- 7.3. Any medications administered by a member of trained school staff must be done so with a witness to check the dosage and details. This should be recorded on the routine medication recording sheet for each child/young person and stored with the IHCP within the Administration of Medication Register folder.
- 7.4. School staff that administer any medication must be suitably trained, confident in procedures and have read and understood all applicable



documentation including this policy and the child or young person's IHCP and risk assessments.

8. Record Keeping:

8.1. The school will keep records of the following:

- Medication administered or supervised.
- Individual Health Care Plan including risk assessments.
- Permission from parents or carers giving consent to administer medication.
- Staff training records.
- Risk assessments relating to medication and emergency procedures.

8.2. All records referred to in this policy will be kept separately and copied to the pupil's main file. These records will be transferred with the child to subsequent schools throughout their school career. The school will retain these records until the child is aged 21 or for 5 years after they have left the school.

9. Risk Assessments

9.1. Risk assessments for all medical and emergency procedures will be completed under the direction of a member of SLT and be available for all staff to read. It is every member of staff's own responsibility to ensure that they have read and understood all risk assessments relating to a child or young person. These risk assessments will generally be kept with a child or young person's Individual Health Care Plan.

10. Safeguarding

10.1. North Ridge School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The school recognises that the children and young people within our school are some of the most vulnerable within the country and that we all have a duty of care for the wellbeing and welfare of our children and young people.

11. Monitoring and Reviewing the Policy



- 11.1. The Headteacher will ensure that this policy is implemented and monitored and is made known to parents, carers, staff and pupils. The policy will be updated in line with any changes in the law or health guidance and will be reviewed annually.

12. Complaints

- 12.1. Parents/Carers with a complaint about the schools' actions with regards to their child's medical conditions should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.