Haworth Primary School

Administration of Medication Policy

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1. Introduction

Most pupils at some time will have a medical condition that may affect their participation in school activities and for many this will be short term. Other pupils have medical conditions that, if not properly manages, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support, can take part in most normal school activities. Haworth Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

2. The Role of Parents/Carers

Parents/carers should wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not requires within school hours, or by the parent/carer coming into school at lunchtimes to administer the medication. However, this might not be practicable and in such a case parents/carer may make a request for medication to be administered to the child at school.

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the Administration of Medication Permission form (Appendix 1.) Medication must not be given to the class teacher or brought into school by the child themselves. If the medication is for a short-term condition, any remaining medication must be collected from the office/ Class Teacher by the parent/carer at the end of the school day.

3. Prescription Medication

Prescription medicines should be administered at home wherever possible, for examples medicines that need to be taken 3 times a day can usually be taken before school, after school and at bedtime. Parents are encouraged to ask the GP as to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or pump, rather than its original container. School will not accept medicines that have been taken out of the container nor make any changes to dosages on parental instructions.

In all cases it is necessary to check:

- Name of child
- Name of Medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

Any Administration of Medicine form (Appendix 1.) must be completed and signed by the parent/carer. No medication will be given without the parent's written consent.

Prescribed medication, other than emergency medication will be kept in the cupboard or fridge in the cooking room. This room will be kept locked at all times when not in use.` All emergency medicine (asthma inhalers, epi pens etc.) should be kept in the child's classroom and be readily available. A second Epi pen for each child who requires one should be kept in the school office in a box clearly labelled with the child's name and photograph.

4. Long Term Medical Needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. The school draw up a health care plan for such pupils, involving parents/carers and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. Adrenaline via an Epi-pen, Buccal Midazolam and Insulin etc.) Staff should not administer such medicines until they have been trained to do so.

5. Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than 10 school days' supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non-portable container, such as a safe and only specific named staff allowed access to it. If a child refuses to take the medication, school staff should not force them to do so. The school should inform the child's parents/carers as a matter of urgency. If necessary the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken.

Passing on a controlled drug to another child in an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

6. Non-Prescribed Medication

Where possible the school will avoid administering non-prescription medicine. However, we may do so if requested by a parent/carer, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only e.g. to apply lotion or the administration of paracetamol for toothache or pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administrated during the day.

A child under 12 should never be given aspirin or medication containing aspirin, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Mediation Consent Form (Appendix 1), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent/carers instructions will be checked against dosage information and this will not be exceeded.

7. Administering Medicines

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. Appropriate training will be arranged for the administration of any specialist medication (e.g. Adrenaline via an Epi-Pen, Buccal Midazolam, and Insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administrating of medicines will be maintained by the school.

When a member of staff administers medicine, they will check the child's Administration of Medication Form (Appendix 1) against the medication, to ensure that the dose and timing are correct. They will then administer the medicine as required, and record this on the form. For long term medication, an Administration of Medication Continuation Sheet (Appendix 2) will be used as necessary.

8. Emergency Inhalers

In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school will keep an emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason. They will be stored in the school office along appropriate spacers. Parents/carers must sign a consent form; 'Use of Emergency Salbutamol Inhaler (Appendix 3) to consent to their children being allowed to use the emergency inhaler. These will be kept in the Asthma file at the office with the spare inhaler.

9. Self-Management

It is important that as children get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the needs of children with asthma and how to take appropriate action. Children and staff should know where their medication is stored.

10. Refusing Medication

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

11. Offsite Visits

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and emergency procedures. If necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken in the visit. Inhalers must be taken for all children who suffer from asthma.

Travel Sickness – Parents/carers will need to complete the Travel Sickness Medication Form (Appendix 4) the medication should be clearly labelled with the child's name, the dosage and the timing required and stored in the original packaging.

Residential Visits – All medicines should be handed to the teacher in charge of the visit. The parents will sign a consent form for any medication which a child will need to take during the visit.

12. Disposal of Medicines

Parents/carers are responsible for ensuring that their child's medication is in date. All out of date medication should be returned to the parents/carers for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

This Policy was reviewed and formally adopted by Haworth Primary School on

……29/09/2026.....Date

..........Signed Chair of Governors

.....Ed Whitehead.....Signed Headteacher

Appendix 1 – Administration of Medication Permission and Record

Administration of Medication Permission and Record

Name of child: _____Class: _____Date: _____

Details of illness: _____

Medicine: _____

Times and dosage of medicine: _____

Relevant side effect to be observed if any: _____

Medicine to be administered from: _____to: _____

I hereby give permission that the above medication, ordered by the doctor/dentist for

Child _____to be administered by school personnel.

I understand that I must supply the school with the prescribed medicine in the original container dispensed and properly labelled by the pharmacist and will provide no more than a 5-day supply of said medication.

I understand that this medication will be destroyed if it is not picked up on the day this form expires.

Signature: _____ Relationship to child: _____Telephone: _____

Date	Time given	Dose given	Member of staff	Initials	Initials

Appendix 2 – Administration of Medication Continuation Sheet

Administration of Medication Continuation Sheet

Sheet no: _____

Name of child: _____Class: _____Date: _____

Date	Time given	Dose given	Member of staff	Initials	Initials

Appendix 3 - Use of Emergency Salbutamol Inhaler

Consent Form

Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma / having asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).

2. My child has a working, in-date clearly labelled with their name, which they keep in school.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from the emergency inhaler held by the school for such emergencies.

Signed: _____ Date: _____

Name: _____ Relationship to child: _____

Child's name: _____

Class: _____

Parent's address and contact details:

_____

_____

Telephone: _____

Email: _____

Appendix 4 – Administration of Travel Sickness Medication

Administration of Travel Sickness Medication

Should your child require travel sickness medication please complete the details below. This form along with the medication should be handed to either the class teacher or school office on the morning of the class visit. Please ensure the medication is clearly labelled with your child's name.

For class visits which involve a morning journey please ensure that medication is taken at home prior to your child arriving at school.

Childs Name: _____ Class: _____

Venue and date of visit: _____

Name of Medication: _____

Dosage and Timing (e.g. 2 tablets one hour prior to travelling) _____

I confirm that my child has taken this medication before and has not suffered any adverse side effects.

Parent/Carer Name _____ Signature: _____

Date: _____ Telephone _____

To be completed by Staff Member

Time medication given…….

Dosage……

Signed……

Date……