



# The Wilnecote School

**Title:**  
**Administration of Medicines Policy**

|                                                                                       |               |
|---------------------------------------------------------------------------------------|---------------|
| Member of leadership team with lead responsibility for oversight and update of policy | Mrs. F Taylor |
| Approved at SLT                                                                       | December 2025 |
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| Policy review date                                                                    | January 2027  |

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### 1. School Context

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in our school. Additionally, this policy provides clear guidance for staff and parents/carers on the administration of medicines. This policy statement must be considered in conjunction with other relevant policies such as the Health and Safety Policy.

### 2. Roles and Responsibilities: School Staff

All members of staff have a duty to maintain professional standards of care and to ensure that children and young people are safe. Our school will monitor and review individual needs and methods used to administer medicines in order to meet the all-round needs of the child. There is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.

In response to the Equality Act 2010, we make reasonable adjustments for disabled school users, including those with medical needs, and we plan strategically to improve access over time. We also make reasonable adjustments to enable students with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.

The Headteacher, in consultation with the Governing Body, staff, parents/carers, health professionals and the local authority will decide how our school can assist a child with medical needs. The Headteacher is responsible for:

- Implementing the policy on a daily basis;
- Ensuring that the procedures are understood and implemented;
- Ensuring appropriate training is provided;
- Making sure that there is effective communication with parents/carers, students, staff and all relevant health professionals concerning students' health needs.

Staff will be informed of any student's medical needs where this is relevant and of any changes to their needs, as and when they might arise. A list of staff who have undertaken First Aid at Work and Emergency First Aid training is kept in the main school office and by the Operations and Facilities Manager.

### 3. Roles and Responsibilities: Parents/Carers

It is the responsibility of parents/carers to:

- Ensure only medication which has to be administered during the School Day is sent to school. Where possible medication should be taken outside of school hours unless essential.
- Inform the school of their child's medical needs.
- Provide the required amount of any medication required in a container clearly labelled with the following:
  - The child's name.
  - Name of medicine
  - Dose and frequency of medication
  - Any special storage arrangements

*This will be stored in the student's bag unless a risk assessment deems that unsafe. Students will take responsibility for keeping their medication safe and must report immediately if it is lost or removed without their consent.*

*For students who require regular prescription medication, although a 7-day pill box should normally be used it is essential students only have the dosage they require during the school day within their bag.*

- Collect and dispose of any medications held in school at the end of each term or which have reached their expiry date before the end of term.
- Ensure that medicines have NOT passed the expiry date.

### 4. Student Information

**At the start of the school year**, parents/carers should give the following information about their child's long term medical needs. This information must be updated as and when required and at least annually:

- Details of students' medical needs;
- Medication including any side effects;
- Allergies;
- Name of GP/Consultants;
- Special requirements e.g. dietary needs, pre-activity precautions;
- What to do and who to contact in an emergency;
- Cultural and religious views regarding medical care.

### 5. Administering Medication

We expect parents/carers to administer medication to their children at home.

Written permission from parents/carers will be required for students to self-administer medicine(s). A 'Request to Self-Administer Medication' form must be completed.

No medication will be administered by staff without prior written permission from the parents/carers including written medical authority, if the medicine needs to be altered (e.g. crushing of tablets).

A 'Request to Administer Medication' form must be completed. Staff members are not legally required to administer medicines or to supervise a student when taking medicine. This is a voluntary role. ***If a risk assessment finds that medication must be administered by a member of staff this will be allocated to a specific person,***

The Headteacher will determine if medication is to be administered in school, and by whom, following consultation with staff. All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times whenever possible. Prescription medicine will only be administered by designated members of staff, it is important to note these members of staff do not have to be first aid qualified.

Any member of staff, giving medicine to a student, should check the following on each occasion:

- Name of student;
- Written instructions provided by the parents/carers or doctor;
- Prescribed dose;
- Expiry date.

Written permission from parents/carers will be required for students to self-administer medicine(s). A 'Request to Self-Administer Medication' form must be completed.

### Carrying Medicines

For safety reasons, students are now permitted to carry medication. Such arrangements will only be agreed after completion of A 'Request to Self-Administer Medication' form.

### Storage

All medicine in the care of the school will be kept in a cabinet in the main office. All medicine will be logged on to the student's records.

### Records

Each time medication is given to a child or the administration is monitored by a member of staff, that staff member will complete and sign the records via email or the One Drive. These sheets record the following:

- Name of student;
- Date and time of administration;
- Who supervised the administration;
- Name of medication;
- Dosage;
- A note of any side effects;
- If medicine has been altered for administration (e.g. crushing tablets) and evidence of authorisation for doing so.

### Refusing Medication

If a child refuses to take their medication, no member of staff will force them to do so. Parents/carers and the student's Pastoral House Manager will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet via email. Reasons for refusal and any action then taken by the staff member will also be recorded.

## Training

Training and advice will be accessed from health professionals for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs as and when appropriate.

## Health Care Plan

When appropriate, a personal Health Care Plan, will be drawn up in consultation with school, parents/carers and health professionals. The Health Care Plan will outline the student's needs and the level of support required in school. Health Care Plans will be reviewed at least annually.

## Educational Visits

To enable, as far as possible, all students to have access to all activities and areas of school life, a risk assessment will be undertaken to ensure the safety of all participants in educational visits. No decision about a child with medical needs attending/not attending a school visit will be taken without prior consultation with parents/carers.

## Residential Visits

Sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities e.g. swimming, we may request the assistance of the parent/carer.

## Emergency Procedures

The Headteacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs.

***Spare emergency medication such as Epi Pens, Insulin etc. will be stored in the main office and can be collected with no consideration to Social Distancing if required. Students will also carry their own emergency medication where safe to do so and this will be record on the Student Records in SIMS.***

## 6. Parental Request for Student to Self-Administer Medication or for School to Administer Medication to a Student

The School cannot give your child permission to self-administer medicine, or give them medicine, unless you complete and sign this form **and** the Headteacher has agreed.

### Personal Details

|                           |
|---------------------------|
| Name of student:          |
| Contact telephone number: |
| Condition or illness:     |

### Medication

|                                                          |
|----------------------------------------------------------|
| Name/ type of medication:(as described on the container) |
| Special storage requirements:                            |
| Date dispensed:                                          |
| How long will your child take this medication?           |

### Full Directions for Use

|                                              |
|----------------------------------------------|
| Dosage:                                      |
| Frequency/timing:                            |
| Method:                                      |
| Any particular problems with administration? |
| Side effects:                                |

### Parental Declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school.  
I will complete another form if any of the above information changes.

- ☐ I consent to my child self-administering their medication
- ☐ I consent to the school administering medication to my child as outlined above.  
(Tick as applicable)

Signature:

Date:

Relationship to child:

## 7. Record of the Administration of Medicines

|                     |
|---------------------|
| Name of Student:    |
| Name of Medication: |
| Dosage:             |

| Date and time of administration (or refusal) | Administrator | Alteration to medication (if any) | Side effects (if any) | Signature (of staff member - or write 'student' if self-administering) |
|----------------------------------------------|---------------|-----------------------------------|-----------------------|------------------------------------------------------------------------|
|                                              |               |                                   |                       |                                                                        |
|                                              |               |                                   |                       |                                                                        |
|                                              |               |                                   |                       |                                                                        |
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|                                              |               |                                   |                       |                                                                        |
|                                              |               |                                   |                       |                                                                        |
|                                              |               |                                   |                       |                                                                        |

## 8. Health Care Plan - Example

|                                |                      |
|--------------------------------|----------------------|
| Name of school                 | The Wilnecote School |
| Student's name                 |                      |
| Tutor Group & Year Group       |                      |
| Date of birth                  |                      |
| Child's address                |                      |
| Medical diagnosis or condition |                      |
| Date                           |                      |
| Review date                    |                      |

### Family Contact Information

|               |          |
|---------------|----------|
| Name          |          |
| Phone numbers | (work)   |
|               | (home)   |
|               | (mobile) |
| Name          |          |
| Phone numbers | (work)   |
|               | (home)   |
|               | (mobile) |

### Clinic/Hospital Contact

|              |  |
|--------------|--|
| Name         |  |
| Position     |  |
| Phone number |  |
| GP's name    |  |
| Phone number |  |

Describe student's medical needs and give details of symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency? (State if different for off-site activities)

Form copied to

## 9. Request for Student to Carry his/her Own Medicine

This form must be completed by parents/guardian

If staff have any concerns they must discuss this request with healthcare professionals

|                                        |                      |
|----------------------------------------|----------------------|
| Name of school                         | The Wilnecote School |
| Student's name                         |                      |
| Tutor Group & Year Group               |                      |
| Home Address                           |                      |
| Name of medicine                       |                      |
| Procedures to be taken in an emergency |                      |

### Contact Information

|                       |                              |
|-----------------------|------------------------------|
| Name                  |                              |
| Telephone numbers     | (home)<br>(mobile)<br>(work) |
| Relationship to child |                              |

I would like my son/daughter to keep his/her medicine on him/her for use as necessary and my son/daughter will be responsible for this at all times.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Permission for students to carry their own medication is normally only granted for inhalers. If more than one medicine is to be given, a separate form should be completed for each one.