

# Administration of Medicines Policy

## Version 3.0

<p><b>Important:</b> This document can only be considered valid when viewed on the Trust website. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.</p> <p><b>Name and Title of Author:</b></p>	<p>CEO</p>
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## 1. Introduction

Most students/pupils will at some time have a medical condition that may affect their participation in school/UTC activities and for many this will be short-term. Other students/pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. The Brighter Futures Learning Partnership Trust (BFLPT) is committed to ensuring that children with medical needs have the same right of access as other children, in line with BFLPT Health and Safety Policy.

## 2. Board of Trustees and Chief Executive Officer

The Board of Trustees and CEO are responsible for approving this policy and ensuring that the policy is monitored.

## 3. Local Governing Boards and Headteachers (Incl. Principals, Executives)

Local Governing Boards, Executive Headteachers, Headteachers/Principals, and Heads of School will ensure that schools and the UTC have systems and processes in place to implement this policy. The school/UTC will develop a set of protocols for administering medicines and if they have EYFS provision they will ensure that they are fully compliant with the statutory EYFS framework.

Leaders will share the policy with staff and provide adequate training and resources. They will ensure that all levels of staff undertake the required health and safety training, including refresher training, according to responsibility. They will ensure that all staff that administer medicines have this reflected in their job descriptions. In the absence of the Executive Headteacher, Headteacher/Principal, or Head of School, the senior leadership team will assume the day-to-day responsibilities.

## 4. Staff

All staff will take responsibility to work with senior leaders to ensure their own training is up-to-date. Training will be monitored by the senior leader in charge of oversight of this policy and recorded on **Appendix E (Staff Training Record)**. Staff who have not undergone the appropriate level of training must not administer medication unless in an emergency and there are no other trained individuals. Staff will cooperate with the school on all matters associated with health and safety. They will inform their line manager or appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken. Staff will adhere to safe working procedures in accordance with Trust policies and, where appropriate, national guidelines. Staff will seek expert advice if they are unsure on any aspect of this policy.

## 5. The Role of Parents/Carers

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their child(ren). This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming into school at lunch time 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 (it must be prescribed for the child by a doctor, dentist, nurse or pharmacist. **Medication containing aspirin and ibuprofen will only be prescribed by a registered doctor**). If approved, this must form part of an **Individual Health Care Plan (See Appendix A)** and a parent or carer must bring it to the school office and fill in the **Parental agreement for setting to administer medicine form (Appendix B)**. Parents may be invited into school to discuss their child's Healthcare Plan using the template **Letter inviting parents** at (**Appendix G**).

Medication must not be given to the class teacher or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent or carer at the end of the prescribed course. Emergency medication such as EpiPens and inhalers may be kept onsite but used by dates must be checked and medication replaced when necessary.

## 6. Training

Best practice requires that each school identifies **named personnel** responsible for overseeing and administering medicines.

All staff who agree to administer medicines must receive the following training:

1. Formal training on administering medicines in a school setting, for example:
  - DfE *Supporting Pupils at School with Medical Conditions* guidance
  - Managing Medicines courses relevant to education settings
2. Mandatory training on the safe storage of medicines and accurate record-keeping.
3. Condition-specific training provided by a healthcare professional, with annual refreshers for emergency interventions, such as EpiPen administration or asthma inhaler use.

Note: Formal first aid certification alone is not sufficient for administering medicines. All staff must complete additional medicine handling and condition-specific training to ensure safe practice.

For most routine administration of medicines, knowledge of this policy and the guidance contained within it will be sufficient alongside any school-based administration of medication training such as online training courses through the following, or other similar courses:

- a. <https://www.educare.co.uk/courses/administration-of-medication-in-schools>

- b. <https://nationalcollege.com/courses/course-in-administering-medication>
- c. <https://www.ihasco.co.uk/courses/detail/medication-awareness-training-schools>

All training provided for either complex, or routine medicines should be recorded on the Staff Training Record Form – Appendix E

## 7. Prescription Medication

Prescription medicines should be administered at home wherever possible, for example 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 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 a pump, rather than in its original container. Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

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

A **Parental agreement form (Appendix B)** 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 Medical / First Aid Room, either in the cupboard or the refrigerator as appropriate. All emergency medicines (asthma inhalers, EpiPens etc.) should be kept in the child's classroom, at reception or an alternative suitable location that means they can be readily available. A second EpiPen for each child who requires one will be kept in the Medical Room, in a box clearly labelled with the child's name.

## 8. 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 will draw up an Individual Health Care Plan (**Appendix A**) for such pupils, involving the parents (**using Appendix G**) and the relevant health professionals.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so by a health care professional.

## 9. 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 a week's 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. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. **Appendix F** provides a checklist of the information required when calling emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act. Each school/ UTC will refer to its Behaviour Policy should a child share a controlled drug with another student and will also report this to the police.

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.

## 10. Non-Prescription Medication

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

**A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.**

If non-prescription medication is to be administered, then the parent/carer must complete an Administration of Medicine 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's instructions will be checked against the dosage information, and this will not be exceeded.

## 11.Administering Medicines

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. Schools/UTC must have a contingency plan if trained members of staff are not available to administer medicines. This might include a doctor or parent who would come to school to administer it. Usually, this will be a trained member of staff, but in their absence another appropriately trained member of staff may carry it out. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an EpiPen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by staff who have been designated to do so by the Headteacher/Principal. The SENCo will maintain a record of staff trained in specialist medication for children with Health Care Plans.

For all administration of medicines, the following procedures will be adopted:

1. Two staff members will be involved in the process to ensure that the correct dose of the correct medicine is given to the correct child and once the medicine has been administered both will sign or acknowledge on the recording sheet or system. (for example, on the Medicines Administration Record (MAR) sheet or on a online system for the recording of medication e.g. Medicaltracker)
2. Before the medicine is given each time, staff will ensure they have checked the following

Right Person	Is this the right person for this medicine?
Right Medicine	Is it the correct medicine? Do the label instructions match up with the instructions on the written consent? Is the name the same?
Right Dose	Dose the label state the same as the instructions? Remember to check not just the amount eg 5ml or 10ml but also the correct concentration eg 125mg/5ml
Right Time	Are you sure it is 12 midday that this medicine should be given? Where can you check?
Right Route	Are you sure that the way you are about to give the child this medication is the right way?
Right Date	Ensure the medication has not expired. Always check on the label for instructions that may relate to this eg Do not use after 7 days.

3. Medication will only be given to 1 pupil at a time and the recording sheet or system will be completed before any medication is given to the next pupil.
4. Only the medication for that pupil will be taken out of the storage and this will be returned to storage before starting the process for the next pupil

IF THERE IS ANY DOUBT WHETHER THE MEDICATION SHOULD BE GIVEN FOR ANY REASON THEN THE MEDICATION WILL NOT BE GIVEN. FURTHER ADVICE SHOULD THEN BE SOUGHT FROM HEALTH PROFESSIONALS AND / OR PARENTS AND THIS SHOULD BE RECORDED AND REPORTED TO THEIR LINE MANAGER.

5. If a pupil refuses to take their medication or it is suspected that they have not taken a full dose staff will record this on the recording sheet or system and immediately seek advice from health professionals and/or parents/carers. They should not attempt to give another dose or try and force the pupils to take another dose.

When a member of staff administers medicine, they will check the child's **Parental agreement** form (Appendix B) 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, which should be co-signed by another member of staff who was present during the administration of the medicine. **Appendix D (Record of medicine administered to all children)** should be used to keep a record of medicines administered to all children on daily basis. Schools/UTC using Medical Tracker must ensure that all instances of medicine administration, as well as any injuries, actions taken, and first aid provided, are accurately recorded within the system.

## **12. Storing medication safely**

To ensure the safe and effective management of medicines, schools must make certain that pupils always know where their medication is stored and are able to access it immediately. Where applicable, pupils should also be aware of who holds the key to any storage facility.

Medicines and medical devices, including asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (AAIs), must remain readily accessible to pupils at all times and must not be locked away.

All medicines that require refrigeration must be stored in a dedicated medicines refrigerator. This refrigerator should have an uninterrupted power supply, be positioned in a safe and secure location, and, where possible, be situated near the storage area for non-refrigerated medicines.

**Medicines must never be stored alongside food.**

### **13. 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 need for asthmatics to carry medication with them (or for staff to take appropriate action). Children should know where their medicines are stored.

### **14. 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. Staff will follow the advice of the emergency services (*See Appendix F for checklist*).

### **15. Offsite visits**

It is good practice for each school/ UTC to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where 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 on the visit. Inhalers must be taken for all children who suffer from asthma. ***Refer to the BFLPT Risk Assessment Policy.***

**Travel Sickness** - Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete an Administration of Medication Permission and Record form.

**Residential visits** – All medicines which a child needs to take should be handed to the trained member of staff in supporting the visit. The only exception are asthma inhalers, which might be kept by the child themselves or a responsible adult. **The parents/carers must sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered – see example form in Appendix H. A child will not be taken on a visit if this form is not completed and signed by parents/carers.**

## **16. Disposal of Medicines**

A trained member of staff will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. There is a sharps box in the Medical/ First aid Room. If any child requires regular injections (e.g. Insulin), they will have their own sharps box which can be taken offsite with them on trips etc. The parents/carers will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.

**Administration of Medicines Version 3 agreed at the FAR Committee on 25 February 2026**

## Appendix A: Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to


## Appendix B: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix C: Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Appendix C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



**Appendix E: Staff training record – administration of medicines**

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Appendix F: Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Appendix G: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## Appendix H: Example Consent Form for Residential Visit

PARENTAL CONSENT FOR TRIP TO .....

Date of visit: .....

I AGREE TO \_\_\_\_\_ TAKING PART IN THE VISIT AND AM HAPPY FOR THEM TO PARTICIPATE ON THE ACTIVITIES DESCRIBED. I ACKNOWLEDGE THE NEED FOR MY CHILD TO BEHAVE.

### MEDICAL

Has your child got any condition requiring medical treatment? YES/NO Please list below:

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Is your child allergic to any medication? YES/NO Please list below:

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I agree to my son/daughter receiving medication as instructed and any emergency, dental, medical or surgical treatment considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

### CONTACT NUMBERS

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address: \_\_\_\_\_

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Name of family doctor: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Address: \_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Address: \_\_\_\_\_

Signed (Parent/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

*CONSENT TO ADMINISTER MEDICINES*

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Non-Prescribed Medicines: \_\_\_\_\_

Prescribed medicines:

NAME OF MEDICINE	TIME TO BE TAKEN	HOW MUCH	ROUTE

Signed (Parent/Carer) \_\_\_\_\_ Dated: \_\_\_\_\_