



Administering Medicine Policy

Updated for:	September 2025
Next review:	September 2026

James Montgomery Academy Trust



Administering Medication Policy

1. Statement of intent

James Montgomery Academy Trust (JMAT) will ensure that children with medical conditions receive appropriate care and support at JMAT schools, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

JMAT is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and to ensure the child feels safe whilst at school.

2. Legal framework

This policy complies with the following legislation, including, but not limited to:

- The Education Act 2011
- The Children Act 1989 and 2004
- The Equality Act 2010

This policy has consideration for, and is compliant with the following statutory guidance:

- The Children and Families Act 2014
- DfE 'Supporting pupils at school with medical conditions' 2015
- DfE 'Working together to safeguard children' 2023

JMAT will implement this policy in conjunction with our Safeguarding and Child Protection Policy, Health and Safety Policy, Infection Control Policy, Behaviour Policies, Supporting Children with Medical Conditions and Equality, Diversity and Inclusion Policy.

3. Definitions

James Montgomery Academy Trust makes the following definitions:

- "Medication" as any prescribed or over the counter medicine.
- "Prescription medication" as any drug or device prescribed by a doctor.
- A "staff member" as any member of staff employed at the school, including teachers.
- For the purpose of this policy, "medication" will be used to describe all types of medicine.

4. Key roles and responsibilities

4.1 Headteacher:

The headteacher is responsible for the day-to-day implementation and management of the Administering Medication Policy and relevant procedures of the school. This includes managing where medication is stored and by who. At Mexborough St John the Baptist C of E Primary School, medication is stored in the school office in the first aid cupboard or fridge (when necessary) and is managed by Lisa Loftus and Stacey Oldroyd. Note: asthma inhalers are kept in a designated area in the classroom associated with that child.

The headteacher is responsible for ensuring that children who need an Individual Medication Plan (**Appendix 1**) have one and that they are written, updated at least annually and followed by staff members administering medication, for example EpiPen training for children with allergies.

The headteacher is responsible for ensuring that appropriate training is undertaken by staff members administering medication, for example EpiPen training for children with allergies.

The headteacher (in consultation with school nurse if appropriate) is responsible for ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

In the case of staff absence, the headteacher is responsible for organising another appropriately trained individual to take over the role of administering medication.

4.2 Staff:

Staff, including teachers, support staff and volunteers, are responsible for following the policy and for ensuring children do so also.

Staff, including teachers, support staff and volunteers, are responsible for implementing the agreed policy fairly and consistently.

If a child is sent to hospital, at least **one** member of staff will accompany the child until their parent/carer has arrived.

4.3 Parents/carers:

Parents/carers are expected to keep the school informed about any changes to their child/children's health.

Parents/carers are expected to complete a medication consent form (**Appendix 2**) prior to bringing medication into school.

Parents must ensure their child has already had one dose of this medication and has not suffered any unwanted reactions.

Parents/carers are expected to discuss medications with their child/children (age appropriately) prior to requesting that a staff member administers the medication.

NB

It is both staff members and child's responsibility to understand what action to take in general terms during a possible medical emergency, such as raising the alarm with other members of staff.

5. Training of staff

Teachers and support staff will receive regular and on-going training **by an appropriate healthcare professional** as part of their development. A record of training will be kept up to date on a yearly basis (**Appendix 4**). Certificates will be uploaded to staff files.

The Headteacher will ensure that a sufficient number of staff are suitably trained in administering medication, for example Epi-pen training **and is responsible for reviewing training effectiveness.**

All school staff (including office staff, lunchtime supervisors, etc) staff will be made aware of a child's medical needs.

The headteacher will ensure that supply teachers are appropriately briefed regarding child's medical needs.

A first aid certificate does not constitute appropriate training in supporting children with medical needs/conditions.

JMAT and its schools will provide whole-school awareness training where appropriate, so that all staff are aware of the Administering Medication Policy and understand their role in implementing the policy.

6. Receiving and storing medication

Where a child has been prescribed medication such as antibiotics, it is the parent/carers responsibility to administer it to their child. Therefore, we advise and encourage parents to ask their child's doctor to prescribe medicines which can be administered outside of school hours. If this is not possible (for example, antibiotics prescribed four times daily) then a medication consent form (see **Appendix 2**) must be completed by the parent/carer prior to staff members administering the prescribed medicines. All medication must have the child's name.

The parents / carers of children who require medication to be administered must complete and sign the medication consent form and return it to school before staff can administer medication to children.

The consent form must make it clear if the medication is prescribed or non-prescribed, and the reason for use, for example antibiotics, antihistamines, skin cream, eye drops, etc.

THE SCHOOL WILL ONLY ADMINISTER PARACETOMOL/ IBUPROFEN FOR A MAXIMUM OF 3 DAYS UNLESS PROVIDED WITH A DOCTOR'S NOTE.

The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.

Parents are asked to keep medication provided to the school in the original packaging, complete with instructions.

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to children, e.g. locked cupboards and will provide **temperature-controlled storage, e.g. for refrigerated medicines**

Medication will be stored according to the following stipulations:

- In the original container alongside the instructions.
- Clearly labelled with the name of the child and the correct dosage of the drug if prescribed.
- Alongside the consent form/ administration of medication record.

Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.

Medication that may be required in emergency circumstances, e.g. asthma inhalers and EpiPens, will **not** be kept in locked cupboards. Such medication will be stored in such a way that they are readily accessible to children who may need them and can self-administer, and staff members who will need to administer them in emergency situations.

The school will ensure that spare (asthma) inhalers for children are kept safe and secure in the school office preparation for the event that the original is misplaced.

The school will not store surplus or out-of-date medication, and parents will be asked to collect containers for delivery back to the chemist.

The school will ensure that children (age appropriately) know where their medication is at all times and are able to access them immediately.

Needles and sharp objects will always be disposed of in a safe manner, e.g. the use of 'sharp boxes'.

7. Administering medication

Prior to administering medication staff members must wash their hands before and afterwards, wear PPE (gloves and apron) where needed and clean any equipment after use if necessary.

Staff must also check:

- The child's identity.
- That there is written consent from a parent/carer.
- That the medication name, strength and dose instructions match the details on the consent form.
- That the name on the medication label is that of the child being given the medication.
- That the medication to be given is in date.
- That the child has not already been given the medication.

If there are any concerns surrounding giving medication to a child, the medication will not be administered and the school will consult with the child's parent/carer or a healthcare professional, documenting any action taken.

If a child cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the child's parent/carer.

Where age appropriate, children will be encouraged to take their own medication under the supervision of a staff member, provided that parent/carer consent for this has been obtained. Parents/carers will be consulted before a child is given approval to be responsible for their own medication e.g. asthma inhaler.

If a child refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parent/carers will be informed so that alternative options can be considered.

JMAT and its schools will not be held responsible for any side effects that occur when medication is taken correctly. Parent/carers must ensure their child has already had one dose of this medication and has not suffered any unwanted reactions.

Written records will be kept of all medication administered to children (see **Appendix 3**), including the date and time that medication was administered and the name of the staff member responsible.

Records will be audited half-termly by designated staff.

Staff members have the right to refuse to administer medication. If a class teacher does refuse, the Headteacher will delegate the responsibility to another staff member.

8. Out of school activities and trips

In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and children.

If the medication is not one that should be carried by children, e.g. capsules, or if pupils are very young or have complex needs that mean they need assistance with taking the medication, the medication will be carried by a designated staff member for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or activity which children with medical conditions will attend.

Staff members will ensure that they are aware of any children who will need medication administered during the trip or activity and will make certain that they are aware of the correct timings that medication will need to be administered.

If the out-of-school trip or activity will be over an extended period of time, e.g. an overnight stay, we will ensure that there is a record (see **Appendix 1**) of the frequency at which children need to take their medication, and any other information that may be relevant. This record should be kept by a

designated trained staff member who is present on the trip and can manage the administering of medication.

All staff members, volunteers and other adults present on out-of-school trips or activities will be made aware what should be done in the case of a medical emergency with regard to the specific medical needs and conditions of the child, e.g. what to do if a child has a seizure.

9. Individual healthcare plans (IHCP)

For chronic or long-term conditions and disabilities, an IHCP will be developed in liaison with the child, to capture their voice (age appropriate) parents/carers, headteacher/head of school, special educational needs and disabilities coordinator (SENDCo) and medical professionals (see 'Supporting pupils with medical conditions policy' for full details). Lisa Loftus is responsible for updating the IHCP at least annually.

If medication for asthma is being administered in school this requires an Asthma Plan provided by GP or hospital.

10. Medical emergencies

Medical emergencies will be handled in line with the First Aid Policy.

The school will ensure that emergency medication is always readily accessible and never locked away, whilst remaining secure and out of reach of other children.

The headteacher will ensure that there is a sufficient number of staff who have been trained in administering emergency medication by an appropriate healthcare professional.

For all emergency and life-saving medication that is to be kept in the possession of a pupil, e.g. EpiPens or prescribed AAls, the school will ensure that children are told to keep the appropriate instructions with the medication at all times, and a spare copy of these instructions will be kept by the school office.

11. Monitoring and review

This policy is reviewed each July annually by the Trust SEND and Inclusion lead.

Any changes made to this policy by the above will be communicated to all members of staff.

All members of staff are required to familiarise themselves with all processes and procedures outlined in this policy as part of their induction programme.

Appendix 1

Individual Medication Plan

Date of plan:		Review date:	
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Name of school:	
Child's name:	
Class:	
Date of birth:	
Child's address:	

Medical diagnosis or condition:		
Family contact information	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
	Home phone number:	
	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
	Home phone number:	
Clinic / hospital contact details:	Name:	
	Phone number:	
GP / Doctor:	Name:	
	Phone number:	

Who is responsible for providing support in school?	
Who is responsible in an emergency? (state if different for off-site activities)	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	

Medication:			
Dose:			
When to be taken:			
Method of administration:			
Administered by: Member of staff:	Self-administration <input type="checkbox"/>	With supervision <input type="checkbox"/>	Without supervision <input type="checkbox"/>
Side effects/contra-indications:			

Daily care requirements:
Specific support for the child's educational, social and emotional needs: IF A CHILD REFUSES TO TAKE THEIR MEDICATION CONTACT PARENT/OTHER LISTED NAMED ADULT ASAP
Arrangements for school visits/trips etc:
Describe what constitutes an emergency, and the action to take if this occurs:
Any other information:

Staff training:

Name	Training needed	Training completed	Training to be renewed

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Plan developed with:

Name	Role	Signature	Date

12. Document history

Previous versions now deleted from system

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	JMAT	July 2025	PRG	08/07/25	<ul style="list-style-type: none">• Section 4.1 Removal of governor responsibilities.• New section 4.1 Role of the headteacher in regards to storage of medication.• Section 5 Addition of the need for training to be led by a healthcare professional and HT responsibility for reviewing effectiveness of training.• Section 6 Additional of temperature-controlled storage.• Section 6 Schools need to add re location of inhalers.• Section 7 Schools need to add information re auditing records.• Section 9 Schools need to add name and date of responsible person for IHCP• Appendix 1 Addition to Daily Care section re actions to be taken if a child refuses medication.

Key:

PRG – Policy Review Group

A & R Committee – Audit and Risk Committee

Appendix 2

Medication consent form

School:

Please note: this form must be completed and signed by parent/carer before any medication is administered by school staff.

If this form is being completed for **asthma** medication, school requires an Asthma Plan provided by GP or hospital.

WE WILL ONLY ADMINISTER PARACETOMOL/ IBUPROFEN FOR A MAXIMUM OF 3 DAYS UNLESS PROVIDED WITH A DOCTOR'S NOTE.

Child's name:		Date of birth:		Class:	
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Name of medication:			
Expiry date:			
Reason for medication:	Prescribed	Non-prescribed	
	<input type="checkbox"/>	<input type="checkbox"/>	
Dosage to be given:			
Time of dosage:			
Duration of medicine:			
Method of administration: (e.g. spoon/syringe)	Self-administered:		
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Any special precautions/instructions:			
First date of medication:			

Emergency contact name:	
Emergency contact number:	
Relationship to child:	

PARENTAL CONSENT

*I consent to school staff giving my child the above medication.

*I confirm that the medication supplied is in the original container and is labelled with my child's name.

*I confirm that my child has already had one dose of this medication and has not suffered any unwanted reactions.

Name of Parent/Carer:

Date form completed:

Signed by Parent/Carer:

Record of administered medication

Child's name:					
Date	Time	Name of medication	Dose given	Any reactions	Given by (initials)

Appendix 3

Record of medicine administered to all children

School:	
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[illegible]

Appendix 4

Staff training record – administration of medicines

School:

Name	Training	Training provider	Date completed	Date to be renewed	Signature

Specific Training

- 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:		Suggested review date:	

N.B. Certificate is to be uploaded to staff file.