



**YSGOL CEFN MAWR**  
**ADMINISTERING MEDICINES POLICY**  
*Learning Enjoying Achieving*

**1. AIMS OF THIS POLICY STATEMENT**

- To support regular attendance of all pupils;
- To ensure staff understand their roles and responsibilities in administering medicines;
- To ensure parents understand their responsibilities in respect of their children's medical needs;
- To ensure medicines are stored and administered safely.

Where children are unwell and not fit for school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

**2. PRESCRIPTION MEDICINES**

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day);
- All medicines should be taken directly to the school office by a responsible adult;
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration;
- The medicine should be clearly marked with the child's name and class;
- The appropriate dosage spoon should be included with all medicines sent to school;
- Any medicine administered will be recorded by the staff member in the Medication Book in the School Office;
- Medicines will only be accepted for administration in school on completion of the appropriate form by the parent or carer.

**3. NON-PRESCRIPTION MEDICINES**

- We will also administer non-prescription medicines if necessary. They must also be handed in at the office by a responsible adult and they will not be given to children without prior written permission from parents as above;
- They should be clearly marked with the child's name and class.
- Children must not carry medicines themselves for self administration during the day. The medicine must be collected from the office and taken under the supervision of an adult;
- Any non-prescription medicine administered will also be recorded in the Medication Book in the Head Teacher's Office by a member of staff;

#### 4. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

- Staff at Ysgol Cefn Mawr are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self administration. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so;
- Medicines are kept in the Head Teacher's Office or staffroom fridge if applicable;
- Asthma reliever inhalers are kept in the child's classroom in an allocated place. An emergency spare inhaler is kept in the Head Teacher's Office;
- Staff must complete the 'Medication Book' kept in the Head Teacher's office each time medicine is administered within school time, i.e. class teacher or TA; When reliever inhalers are used staff complete a slip to notify parents.
- Relevant staff will be trained on how to administer Epi pens each year.

#### 5. PARENTS' RESPONSIBILITY

- In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about medication, its usage and administration. Parents must complete the parental agreement form kept in the office before a medicine can be administered by staff.
- Primary school children may be able to manage their own medication, under adult supervision, but again only with parental agreement given through the appropriate paperwork as above;
- Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epi pens, are kept up to date;
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

#### 6. LONG-TERM COMPLEX NEEDS

Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, a health care plan may be put in place involving the parents and relevant health care professionals.

## 7. SAFE STORAGE OF MEDICINES

The school is responsible for ensuring that all medicines are stored safely;

- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of medicine;
- Medicines are stored in the Head Teacher's Office;
- Where medicines need to be refrigerated they will be kept in the staffroom fridge.

## 8. MANAGING MEDICINES ON SCHOOL TRIPS

On school visits the teacher is responsible for taking the class medicine chest e.g. asthma pump, Epi pen, enzymes, eczema cream, eye drops, with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics following the above procedure.

This policy was reviewed by Andrea Green and adopted by the Wellbeing Safeguarding Committee on 25 May 2023.

Signed \_\_\_\_\_ Headteacher

Signed \_\_\_\_\_ Chair of Wellbeing Safeguarding Committee

Review date: April 2025

**Parental agreement for school/setting to administer medicine**

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

Name of School/Setting: Ysgol Cefn Mawr

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

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

Class: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medicine**

Name/Type of Medicine  
(as described on container) \_\_\_\_\_

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

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by  
[name of member of staff] \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Period to be administered \_\_\_\_\_

Special precautions: \_\_\_\_\_

Are there any side effects that the  
School/setting needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in case of Emergency: \_\_\_\_\_

FORM 3B

**Parental agreement for school/setting to administer asthma inhaler.**

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

Name of School/Setting: Ysgol Cefn Mawr

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

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

Class: \_\_\_\_\_

**Inhaler**

Name  
(as described on container) \_\_\_\_\_

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

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by  
[name of member of staff] \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Period to be  
Administered \_\_\_\_\_

Special precautions: \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in case of Emergency: \_\_\_\_\_

FORM 3C

**Parental agreement for school/setting to administer medicine.**

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

Name of School/Setting: Ysgol Cefn Mawr

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

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

Class: \_\_\_\_\_

Name and strength of medicine: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much to give (i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be Given to school/setting \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy.**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by [name of 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.

Parent's signature: \_\_\_\_\_ Print name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

**Confirmation of the Head's agreement to administer medicine**

Name of School/setting            YSGOL CEFN MAWR

It is agreed that \_\_\_\_\_ [*name of child*] will receive  
\_\_\_\_\_ [*quantity and name of medicine*] every day at  
\_\_\_\_\_ [*time medicine to be administered e.g. Lunchtime or afternoon break*].

\_\_\_\_\_ [*name of child*] will be given/supervised whilst he/she takes their  
medication by \_\_\_\_\_ [*name of member of staff*].

This agreement will continue until \_\_\_\_\_ [*either end date of course  
of medicine or until instructed by parents*].

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

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

[*The Headteacher/Head of setting/Named Member of Staff*]







FORM 7

**Request for child to carry his/her medicine**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with school healthcare professionals**

Name of School/Setting: YSGOL CEFN MAWR

Name of Child \_\_\_\_\_

Class \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name of medicine \_\_\_\_\_

Procedures to be taken  
In an emergency \_\_\_\_\_

**Contact Information**

Name \_\_\_\_\_

Daytime Phone no. \_\_\_\_\_

Relationship to child \_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

FORM 8

**Staff training record - administration of medicines**

Name of School/Setting: YSGOL CEFN MAWR

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 (please state how often).

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have received the training detailed above.

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

Date \_\_\_\_\_

Suggested Review Date \_\_\_\_\_

Notification of administration of medication

Name \_\_\_\_\_ Date \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Signature of staff member \_\_\_\_\_

Notification of administration of medication

Name \_\_\_\_\_ Date \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Signature of staff member \_\_\_\_\_

Notification of administration of medication

Name \_\_\_\_\_ Date \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Signature of staff member \_\_\_\_\_

Notification of administration of medication

Name \_\_\_\_\_ Date \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Signature of staff member \_\_\_\_\_