

WOODLANDS PRIMARY SCHOOL, HEDGEHOGS NURSERY & SUNBEAMS CLUB



ADMINISTRATION OF MEDICINES POLICY

**Reviewed: September 2026
Review date: September 2027**

Purpose and principles

Woodlands Primary School, Hedgehogs Nursery and Sunbeams Club are committed to ensuring that children with medical conditions are supported so that they can access education, childcare, visits, clubs and wider school life safely and as fully as possible. This policy sets out how medicines will be received, stored, administered, recorded and reviewed, and how staff will be supported to carry out these responsibilities safely.

Medicines will be administered in school, or the setting, where it would be detrimental to a child's health or attendance not to do so. Where clinically possible, families should ask prescribers to arrange dose frequencies that avoid the school day, but the school will not use this as a reason to refuse necessary medication during the day.

This policy should be read alongside the school's Allergy Safety Policy, Educational Visits procedures, Safeguarding Policy and relevant infection-control procedures.

Legal and guidance framework

This policy has been reviewed with regard to:

- section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting pupils at school with medical conditions (current guidance remains in force pending any future replacement);
- the Children's Wellbeing and Schools Act 2026 and the Department for Education statutory guidance Allergy safety in schools (July 2026);
- the Statutory Framework for the Early Years Foundation Stage for group and school-based providers, effective from 1 September 2026;
- the Human Medicines Regulations and national guidance on emergency salbutamol inhalers and emergency adrenaline auto-injectors in schools; and
- relevant equality, safeguarding, health and safety, data protection and medicines-management duties.

Leadership and responsibilities

The Governing Body is responsible for ensuring that appropriate arrangements are in place to support pupils with medical conditions and that this policy is implemented and reviewed.

The Headteacher is responsible for implementation of the policy. Operational administration may be delegated to appropriately trained staff, but the school remains responsible for ensuring that sufficient arrangements are in place.

Staff who administer medicines will receive the information, instruction and training necessary for the task. First-aid qualification is not, by itself, a requirement for administering routine medicines, but staff must be competent for the procedure they are asked to undertake. Where administration requires medical or technical knowledge, suitable training will be provided.

No member of staff will be required to undertake a complex clinical procedure without appropriate training and support. Emergency life-saving action must not be delayed while seeking a particular named member of staff.

Information, consent and Individual Healthcare Plans

Parents/carers must provide accurate, current information about their child's medical needs, medication, dose, timing, route, storage requirements, possible side effects and any changes.

Written consent will be asked for, and may be provided, on the secure school digital collection form.

No child under 16 will normally be given prescription or non-prescription medicine without written parental/carer consent. The limited statutory exception relating to a medicine prescribed to a child without parental knowledge will be handled individually, with regard to confidentiality and safeguarding.

A separate consent record is required for each medicine. Consent will be reviewed whenever the prescription, dose, route or circumstances change and at least annually for ongoing medication.

Children whose medical condition has a functional impact in school, places them at risk of harm, or requires arrangements additional to or different from normal provision may require an Individual Healthcare Plan (IHP/HCP). The school will develop and review the plan with parents, the child where appropriate, and relevant healthcare professionals. Clinical action plans, including Allergy and Asthma Action Plans, will be attached where available.

Receiving medicines

Medicines should normally be handed directly to the school office or designated setting staff by an adult. Children should not transport medicines loose in bags unless an agreed self-carry arrangement is in place for an emergency medicine or other medication.

The school will only accept prescribed medicines that are in date, clearly labelled, and supplied in the original container as dispensed by the pharmacist, with instructions for administration, dosage and storage. The usual exception is insulin supplied in an insulin pen or pump.

On receipt, staff will check the medicine against the consent/IHP and record any discrepancy. Medication must not be administered where the label, consent and instructions conflict; the parent/carer and, where necessary, the prescriber or pharmacist must be contacted for clarification.

Prescription medicines

Prescription medication will be administered in accordance with the dispensing label, the written consent and any current IHP or clinical plan. The school will not alter a prescribed dose or frequency on verbal instruction alone. Where an urgent change is required, written confirmation from the prescriber/healthcare team should be obtained as soon as reasonably practicable.

If a child has missed a routine dose before school, staff will not automatically give an additional or delayed dose. The school will check the medication instructions and seek written parental confirmation and, where necessary, clinical advice before administering it.

Non-prescription medicines

The school may administer a non-prescription medicine where it is necessary for the child's health or attendance, the medicine is appropriate for the child, and written parental/carer consent has been obtained. The school may set reasonable operational limits and will consider each request individually.

A child under 16 will never be given a medicine containing aspirin unless it has been prescribed by a doctor. Before giving pain relief or fever-reducing medicine, staff will check the stated maximum dose, age/weight suitability where relevant, and when the previous dose was given. Parents/carers will be informed when the medicine has been administered.

Antihistamine must never be used instead of adrenaline to treat anaphylaxis or in a way that delays emergency treatment. Allergy medicines will be managed in accordance with the child's Allergy Action Plan/IHP and the Allergy Safety Policy.

Creams, eye/ear drops and topical treatments

Prescribed creams, ointments, eye drops, ear drops and other topical treatments may be administered where required during the school day, provided appropriate consent and instructions are in place and staff are competent to undertake the procedure. The school will not operate a blanket prohibition where failure to administer treatment would adversely affect the child's health, comfort, attendance or access to education.

In EYFS, barrier/nappy creams and other agreed non-prescription topical products may be used where written permission for that particular product has been obtained. Products must be clearly identified for the child and used according to the manufacturer's instructions and the setting's hygiene procedures.

Administration procedure

Before administering medicine, the member of staff will check, as applicable:

- the correct child;
- the correct medicine and formulation;
- the correct dose;
- the correct route/method;
- the correct time and minimum interval since any previous dose;
- the expiry date and condition of the medicine;
- the written consent/IHP/clinical instructions; and
- any relevant allergy or contraindication information known to the school.

Routine medicines will be administered by one appropriately trained and authorised member of staff. A second check/witness will be used for controlled drugs, higher-risk procedures, medicines where the child-specific plan requires this, and where local risk assessment identifies it as necessary. The absence of a second adult must never delay emergency life-saving medication such as adrenaline.

After administration, the record will be completed immediately. If the child refuses the medicine, vomits, cannot take it, the dose is omitted, or an error/near miss occurs, this will be recorded and the parent/carers informed. Clinical advice or emergency assistance will be sought where appropriate.

Storage, access and security

Medicines will be stored safely, according to manufacturer or dispensing instructions, and protected from unauthorised access while remaining available when needed.

Emergency medicines and devices - including adrenaline devices, reliever inhalers and blood-glucose equipment - must be immediately accessible and must not be locked away in a way that delays access. Children should know where their emergency medicine is and, where appropriate, be supported to carry it themselves.

Controlled drugs will normally be kept in a locked, non-portable container with access limited to authorised staff, while remaining accessible when required. A record will be kept of doses administered and, where appropriate, quantities received/returned.

Medicines requiring refrigeration will be stored in accordance with the product instructions in a secure, clearly identified container within a suitable refrigerator, with access controlled but not delayed in an emergency.

The school will maintain practical site-specific arrangements for where medicines are stored. These arrangements will be communicated to staff and updated whenever locations change, rather than relying on fixed room/cupboard descriptions in this policy.

Emergency medicines: allergy, asthma and other conditions

Emergency medication must be treated as time-critical. Staff must bring the medication to the child; a child who may be experiencing an emergency must not be sent/taken to another part of the site to obtain it.

Adrenaline auto-injectors and school-held spare AAI's will be managed in accordance with the current Woodlands Allergy Safety Policy. Children prescribed adrenaline should have rapid access to both prescribed devices, and school spare AAI's will be stocked, stored and used as set out in that policy.

Reliever inhalers will be available promptly in accordance with individual Asthma Action Plans. The school will maintain emergency salbutamol inhaler arrangements in accordance with applicable national guidance and the permissions required for their use.

Other rescue medicines (for example seizure rescue medication, insulin/glucagon or medicines for other complex conditions) will be administered in accordance with the child's IHP and the training specified by the relevant healthcare professional.

Self-management and self-administration

Children will be supported to take increasing responsibility for their own medicines where this is safe and appropriate. Decisions about self-carrying or self-administration will take account of the child's age, competence, understanding, safeguarding needs and the nature of the medicine, and will be agreed with parents and, where appropriate, healthcare professionals.

A child who self-administers may still require supervision, prompting or a record of the dose. Self-management arrangements will be documented where relevant.

Early Years Foundation Stage (Hedgehogs to end of Reception)

For children within the EYFS, the setting will comply with the current Statutory Framework for the Early Years Foundation Stage. In particular:

- the setting will have systems for obtaining information about each child's medicine needs and keeping that information up to date;
- staff will receive training where administration requires medical or technical knowledge;
- prescription medicine will not be administered unless prescribed for the child by a doctor, dentist, nurse or pharmacist; medicines containing aspirin will only be given if prescribed by a doctor;
- both prescription and non-prescription medicine will only be administered where written permission for that particular medicine has been obtained from the parent/carer;
- a written record will be made every time medicine is administered; and
- parents/carers will be informed on the same day the medicine has been administered, or as soon as reasonably practicable.

For Hedgehogs Nursery, any setting-held non-prescription medicine (for example children's paracetamol) may only be used within a documented setting procedure, where permitted by the provider's insurance arrangements, with prior written parental consent for that particular medicine and a check of the child's previous dose and maximum dosage. Parents will be contacted before administration wherever practicable. Setting-held antihistamine will not be relied upon as emergency treatment for anaphylaxis and must never delay adrenaline or 999.

EYFS medicine administration will link directly with the setting's safer-eating, allergy and health information systems so that dietary, allergy and medication information is consistent across the child's records.

Educational visits, residentials, clubs and off-site activities

Pupils with medical conditions will be supported to participate in visits, residentials, clubs and sporting activities. Relevant medical arrangements will be considered at the planning stage and reflected in the visit risk assessment where necessary.

The visit leader will ensure that required medicines, emergency devices and relevant IHP/action-plan information are immediately accessible, are not packed in inaccessible luggage, and that staff know who is carrying them. Staff accompanying the visit will have the competence/training required by the child's plan.

A separate trip-specific parental medicine form is not required where a current school consent/IHP already authorises the medicine and the arrangements are unchanged. Temporary medicines needed only for a visit must have appropriate written consent and instructions before departure.

For children at risk of anaphylaxis, both prescribed adrenaline devices will accompany the child and any school spare AAI arrangements will follow the Allergy Safety Policy. Emergency medicine must not be separated from the child by avoidable delay.

Records and parent communication

A record will be kept of all medicines administered by staff, including the child's name, medicine, dose, route where relevant, date, time and the person administering it. Refusals, omissions, errors and relevant observations will also be recorded.

For EYFS children, parents/carers will be informed on the same day each medicine is administered, or as soon as reasonably practicable. For school-age pupils, parents will be informed in accordance with the consent/IHP and always when non-prescription pain relief is given, a dose is refused/omitted, an error occurs, or there is a clinically significant concern.

Medication information is health data and will be stored and shared securely on a need-to-know basis. The central health/medical record and IHPs will be kept consistent with the information used by classrooms, catering and wraparound provision.

Errors, incidents and near misses

Any medication error, suspected adverse reaction, significant omission or near miss will be reported immediately to a senior leader. The child will be monitored and appropriate clinical advice sought, including 999 in an emergency. Parents/carers will be informed without unnecessary delay.

The incident will be recorded and reviewed to identify learning. Where the event relates to allergy, the Allergy Safety Policy serious-incident and near-miss arrangements will apply.

Safeguarding, RIDDOR, healthcare-professional or other external reporting will be considered where relevant.

Disposal and return of medicines

Parents/carers are responsible for collecting medicines that are no longer required, expired or due to be returned at the end of the academic year. Medicines will not be disposed of in general waste. Used needles and other sharps will be placed in an approved sharps container; used AAls will be handled in accordance with the Allergy Safety Policy and manufacturer/pharmacy arrangements.

Emergency medication required for continuity of care should not be routinely removed from site in a way that leaves the child without necessary protection. End-of-year arrangements will therefore be planned around the child's attendance, wraparound use and return date.

Unacceptable practice

The school will not:

- prevent a child from easily accessing required emergency medication;
- send an unwell child to another location to obtain medicine or help;
- assume every child with the same condition requires identical support;
- ignore medical evidence, a child's views or parental/carer information;
- require parents to attend school to administer routine medication because the school has failed to put reasonable arrangements in place;
- create unnecessary barriers to attendance, participation in meals, curriculum activities, clubs or visits because of a medical condition; or
- use lack of a first-aid qualification or the absence of a second witness as a reason to delay emergency life-saving treatment.

Monitoring and review

The Headteacher will monitor implementation of this policy. It will be reviewed at least annually and sooner if legislation/guidance changes, a serious incident or near miss identifies a weakness, or operational arrangements materially change. Governors will receive appropriate assurance about implementation.

Appendix 1 - Parent/Carer Request and Consent for Medicine

Child name	
Date of birth	
Class/setting	
Medical condition/illness	
Medicine name/type	
Prescription / non-prescription	
Dose	
Route/method	
Time(s) / interval	
Date course starts	
Date course ends / ongoing	
Expiry date	
Storage instructions	
Possible side effects / other instructions	
For pain/fever relief: time of last dose before arrival	

Consent: I request that the school/setting administers the medicine above in accordance with the instructions provided. I confirm that the information is accurate, that I will notify the school promptly of any change, and that I will supply replacement/in-date medicine as required.

Parent/carer name	
Signature / secure digital confirmation	
Date and contact number	

Appendix 2 - Medication Administration Record

Date	Time	Medicine	Dose	Route	Administered by	2nd check*	Outcome/notes

*A second check is required where the child-specific plan, controlled-drug procedure or local risk assessment requires it; it is not required for every routine medicine and must never delay emergency treatment.

Suggested omission codes: A = absent; R = refused; V = vomiting/unable to take; N = medicine unavailable; O = other (explain in notes).

Appendix 3 - Staff Quick Check Before Giving Medicine

- RIGHT CHILD - confirm identity.
- RIGHT MEDICINE - match label to consent/IHP.
- RIGHT DOSE - check strength and amount.
- RIGHT ROUTE - oral/topical/inhaled/injected as instructed.
- RIGHT TIME - check timing, interval and previous dose.
- IN DATE - check expiry and storage condition.
- CONSENT/PLAN - confirm current written authority and instructions.
- RECORD - document immediately after administration.

If anything does not match: STOP AND CHECK. In an emergency, follow the emergency plan and do not delay life-saving treatment.

Appendix 4 - Educational Visits Medication Checklist

- Identify pupils requiring routine or emergency medicines during the visit.
- Check current consent/IHP/action plan and whether any visit-specific adjustment is needed.
- Check medicines are in date, correctly labelled and sufficient for the whole visit, including contingency delay.
- Ensure emergency medicines are immediately accessible and carried by an identified competent adult or the child where agreed.
- For anaphylaxis risk: both prescribed adrenaline devices accompany the child; apply the school spare-AAI trip arrangements.
- Ensure staff know the signs of emergency, who is carrying medication and how to contact emergency services/parents.
- Record any medicine administered and inform parents as required.
- On return, reconcile any medication and records with the school/setting system.