



Administering Medicines Policy

St George's Catholic Voluntary Academy | Draft for approval | September 2026 – Reviewed on September 2029

This school procedure explains how we accept, administer, store and record medicines during the school day. It implements the St Ralph Sherwin Catholic Multi Academy Trust Supporting Children with Medical Needs Policy (October 2025). The Trust policy and a child's individual healthcare plan (IHP), where required, should be read alongside it. The separate statutory allergy safety duties and the school's allergy safety policy also apply.

1 Purpose and responsibilities

The headteacher is responsible for implementation and will designate a named medicines lead, deputy and trained staff. The school will support pupils with medical conditions to participate fully and will make reasonable arrangements for medicines needed in school. Staff may be asked to administer medicine but cannot be required to do so. Staff undertaking the task will have the information, training and competency appropriate to the child and medicine; first aid training alone does not establish competency for complex medical care.

Parents provide current information and medicines, complete written consent, tell school promptly of changes and remain contactable. School staff check medicines and paperwork on receipt, follow instructions, keep records and report concerns. The school will seek advice from a pharmacist, prescriber or relevant healthcare professional if instructions are unclear.

2 When medicine will be given

Medicine will only be given at school where not giving it during the school day would be detrimental to a child's health or attendance. Where a dose can safely be taken outside school hours, parents should arrange this where practicable, following clinical advice. The school does not require parents to come in to administer routine medication.

Before school staff administer medicine, a parent or person with parental responsibility must bring it to the school office and complete and sign Appendix A. This applies to both prescribed and non-prescription medicine. Non-prescription medicine will only be given where it is needed to enable a child to attend school and a dose is required during the school day. The school will not give medicine without written parental consent and approved arrangements for staff to administer it. A new form is required for each medicine or course, and whenever the dose or frequency changes. Staff will record each dose in Appendix B. Where a child has an individual healthcare plan, the form and plan must agree.

In an emergency, staff will follow the child's emergency plan and call emergency services where needed. The statutory guidance recognises a narrow exception to parental consent where medicine has been prescribed to a child without parental knowledge; this will be referred to the headteacher for appropriate clinical and safeguarding advice.

3 Medicines supplied by a pharmacy

The school accepts prescribed medicine dispensed by a community or hospital pharmacy, including medicine supplied following a Pharmacy First consultation or another pharmacist prescribing/supply route. A GP appointment or GP prescription is not required solely because the medicine came through a pharmacy. Staff check the individual

pharmacy label, child's name, medicine and strength, dose, timing, expiry date and instructions against the parent form. Prescribed medicine must be in date, labelled and in its original container as dispensed by the pharmacy, with the manufacturer's patient information leaflet where supplied. Insulin may be accepted in a pen or pump rather than its original container.

A pharmacist may also recommend or sell a non-prescription medicine. This does not make it a prescribed medicine. School may give it only where it is needed to enable a child to attend school, a dose is required during the school day, and written parental consent is recorded on Appendix A. Staff must also be satisfied that the medicine is suitable for the child's age, in date and in its original labelled packaging. The parent should provide written pharmacy directions if the pharmacist's advice differs from the manufacturer's instructions. Staff must not exceed the package directions or give a medicine when the last dose or maximum daily dose is uncertain; they must clarify with the parent and pharmacist or clinician first. Aspirin must not be given to a child under 16 unless prescribed by a doctor.

If a pharmacy-supplied medicine has no individual dispensing label and its status or directions are uncertain, staff will seek clarification from the dispensing pharmacy before giving it. Parents should ask the pharmacist to provide clear written directions for school when a dose is needed during the day. This includes antibiotic courses supplied through Pharmacy First.

4 Receipt and administration checks

- The authorised adult records the quantity received where appropriate, checks the label, expiry, intact packaging, storage instructions and consent, and confirms the child's identity. Any mismatch or unclear direction is referred to the medicines lead and parent before a dose is given.
- Immediately before each dose, check the right child, medicine, dose, time, route, last dose and expiry against the form, label and IHP. Use the supplied measuring device. Observe the child taking the medicine where appropriate; do not force a child to take it.
- Record the actual date, time, dose, administering staff member and witness where required immediately after giving it. Record and tell the parent if a dose was refused, omitted, vomited, spilled or given late; seek clinical advice if necessary. Never give a missed dose later without checking instructions.
- For a medication error or suspected adverse reaction, assess the child, follow the IHP and emergency procedures, seek urgent medical advice as appropriate, notify the parent and headteacher, and complete the school incident record.

5 Storage access and disposal

Medicines are stored securely according to pharmacy/manufacturer directions, clearly identified for the named child, with access limited to authorised adults. Refrigerated medicines are kept in an appropriate secure refrigerator with suitable temperature checks. Emergency medicines and devices, including inhalers, glucose testing equipment and prescribed adrenaline auto-injectors, must be readily available and never locked away in a way that delays access. Carrying or self-administration is agreed with the child and parents and recorded in the IHP or written school arrangement, with suitable supervision and monitoring.

Controlled drugs are stored securely in a non-portable container, accessible to named staff, unless the child is competent and authorised to carry their own. Administration and any stock balance are recorded. Medicines are not transferred to another child. Parents are asked to collect expired, discontinued or unused medicines for safe pharmacy disposal. Sharps go into an approved sharps container; school follows its waste arrangements.

6 Individual plans, trips and emergencies

An IHP is prepared when needed with parents and the relevant healthcare professional and reviewed at least annually or sooner if needs change. It specifies medicine, dose, side effects, storage, support, staff training,

emergency actions and arrangements for trips. For educational visits and activities, staff ensure consent, records and prompt access to medicines and any trained support travel with the child. Reasonable arrangements will be made for participation; parents will not routinely be required to attend.

In an emergency, follow the child's IHP and school emergency procedures; call 999 where indicated, give emergency treatment only in accordance with training and applicable plan, and inform parents. Relevant information and medicines accompany the child to hospital; a staff member remains with the child until a parent arrives or accompanies them as appropriate. The separate allergy safety policy governs allergy plans, training and spare adrenaline auto-injectors.

7 Records confidentiality and review

Consent, IHPs, training and administration records are stored securely and shared with staff who need them to support the child. Staff record incidents and follow Trust data retention arrangements. The headteacher reviews this procedure at least annually and after a significant incident or a change in statutory guidance. It is subject to Trust approval and any Trust-wide administering medicine procedure.

Sources: St Ralph Sherwin Catholic Multi Academy Trust, Supporting Children with Medical Needs Policy (2025); DfE, Supporting pupils at school with medical conditions (statutory guidance); DfE, Allergy safety in schools (2026); NHS England/NHSBSA, Pharmacy First service.

Appendix A Parental agreement for St George's Catholic Voluntary Academy to administer medicine

Please complete one form for each medicine or course. A parent or person with parental responsibility should hand the medicine and completed form to the school office for checking.

Name of child

Date of birth

Class

Medical condition or illness

Name of medicine

Type of medicine ☐ prescribed ☐ non-prescription ☐ pharmacy supplied under Pharmacy First ☐ other

Strength and form of medicine

Expiry date

Dosage and route

Timing and frequency including last dose given at home

Special precautions and storage

Other instructions including end date

Side effects the school needs to know about

Self-administration ☐ yes ☐ no If yes, supervision arrangements

Procedures to take in an emergency

Notes

Medicines must be in the original container as dispensed by the pharmacy when prescribed. Non-prescription medicines must be in their original labelled packaging. Please provide any separate pharmacy directions. Inform school of the time of the last dose and any other medicine given that day.

Parent contact detailsName

Daytime telephone number

Relationship to child

Address

Parental agreement

The school 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 the medicine.

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: _____ Date: _____

Office use Medicine checked by: _____ Date/time received: _____

Quantity received where applicable: _____ Storage location: _____

Appendix B Record of medicine administered to an individual child

Name of child: _____

Date medicine provided by parent: _____

Class: _____

Name and strength of medicine: _____

Expiry date: _____

Dose and frequency of medicine: _____

Record every dose immediately after administration. Write the actual dose and route in the final column; record refusals, omissions or errors and actions taken below.

Date	Time given	Staff member administering	Staff initials	Witnessed by	Dose and route / notes

Refusals, omissions, adverse reactions or other notes and action taken:

Parent informed by: _____ Date and time: _____