Lingfield Education Trust

Administration of Medication Policy

Policy Version Control	
Policy type	Academy Trust
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Last review date	28th November 2025
Description of changes	Storage of medication – addition of examples not restricted to a safe
Date of Board of Trustees approval	11th December 2025
Date released	11th December 2025
Next review date	Autumn 2026

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Statement of intent

Lingfield Education Trust will ensure that pupils with medical conditions receive appropriate care and support at school, 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'.

The Trust is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

1. Legal framework

1.1 This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

Children and Families Act 2014

DfE (2015) 'Supporting pupils at school with medical conditions'

DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

1.2 This policy is implemented in conjunction with the following school policies:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Allergen Policy
- Complaints Procedures Policy

2. Definitions

2.1 Lingfield Education Trust defines "medication" as any prescribed or over the counter medicine.

2.2 The Trust defines "prescription medication" as any drug or device prescribed by a doctor.

2.3 The Trust defines a "staff member" as any member of staff employed at the school, including teachers.

2.4 For the purpose of this policy, "medication" will be used to describe all types of medicine.

2.5 The Trust defines a "controlled drug" as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

3. Key roles and responsibilities

3.1 The Board of Trustees is responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity or national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy, as outlined in the Trust's Complaints Policy.
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.

- Ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.
- Managing any complaints or concerns regarding the support provided or administration of medicine using the Trust's Complaints Policy.

3.2 The Executive Head Teacher/Head Teacher/Head of School is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in the case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

3.3 All staff are responsible for:

- Adhering to this policy and ensuring pupils do so also.
- Carrying out their duties that arise from this policy fairly and consistently.

3.4 Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing a medication administration form (appendix A) prior to bringing any medication into school.
- Discussing medications with their child prior to requesting that a staff member administers the medication.

3.5 It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with the school nurse or other members of staff.

4. Training of staff

4.1 Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

4.2 The Executive Head Teacher/Head Teacher will ensure that a sufficient number of staff are suitably trained in administering medication.

4.3 Staff will be advised not to agree to taking on the responsibility of administering medication until they have received appropriate training and can make an informed choice.

4.4 The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school, e.g. the school nurse.

4.5 Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

The timing of the medication's administration is crucial to the health of the child

Some technical or medical knowledge is required to administer the medication

Intimate contact with the pupil is necessary

4.6 Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly; hence, staff members will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

5. Receiving and storing medication

5.1 The parents of pupils who need medication administered at school will be sent a medication administration consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16.

5.2 A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present.

5.3 Consent obtained from parents will be renewed annually.

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

5.5 The school will only allow prescribed medication, and only a maximum of four weeks' supply, to be stored in the school.

5.6 Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the sides of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

5.7 The school will ensure that all medications, with the exception of those outlined in paragraph 5.9, are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to pupils, e.g. locked cupboards/ locked medicine cabinet/ medical fridge (not accessible to pupils)

5.8 Medication will be stored according to the following stipulations:

- In the original container alongside the instructions
- Clearly labelled with the name of the pupil and the name and correct dosage of the drug (prescription only). For non-prescription this information will be on the parental consent form
- Clearly labelled with the frequency of administration, any likely side effects and the expiry date. For non-prescription this information will be on the parental consent form
- Alongside the parental consent form
- Controlled medication should be double locked. A controlled drug log book should also be held in school and updated as necessary

5.9 Medication that does not meet these criteria will not be administered.

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

5.11 The school will allow pupils who are capable of carrying their own inhalers to do so, provided parental consent has been obtained.

5.12 The school will ensure that spare inhalers for pupils are kept safe and secure in preparation for the event that the original is misplaced.

5.13 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.

5.14 The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these pupils.

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

6. Administering medication

6.1 Medication will only be administered at school if it would be detrimental to the pupil not to do so.

Over the Counter (Non-Prescription) Medicines

Wherever possible, families are encouraged to provide medication at home, prior to and after the school day. However, non-prescription or 'over the counter' (OTC) medicines, such as pain relief or anti-histamines are able to be administered in school, with parental written consent if required. As such, parents would complete a standard medication form indicating the same information that would be included for prescribed medicines (e.g. reason, dosage, regularity, storage instructions). Importantly, a requested dosage and/or frequency which exceeds the information on the medication packaging would not be administered in school without a prescription (for example, if the packaging instructs that the medication is not taken

for more than 3 days but parents request a longer period). Aspirin would never be administered without a prescription.

Parents are required to complete a new medication form for each new period of medication. For longer term conditions, rather than acute periods where OTC it may be required (such as hayfever), it will likely be appropriate for an Individual Healthcare Plan to be developed. In circumstances where medication may be required on a more 'add-hoc' basis for a condition, school will always contact home to ascertain when a last dose may have been provided before any medication is provided. This also ensures that parents are aware that medication has been administered in school.
The school must always inform parents/ guardians of the date/ time an 'ad-hoc' medication has been administered.

6.2 Staff will check the expiry date of each medication being administered to the pupil each time it is administered.

6.3 Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.

6.4 Only suitably qualified members of staff will administer a controlled drug, this must be witnessed by another qualified member of staff.

6.5 Medication will be administered in a private and comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be the medical room.

6.6 The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment after use if necessary
- Available PPE for use where necessary

6.7 Before administering medication, the responsible member of staff should always check the 6 Rights:

1. Right pupil – ask the pupil to say their name and check it against the name on the medicine container.
2. Right medicine – check the name on the medicine, the medical care plan and expiry date.
3. Right dose – check the instructions on the label every time.
4. Right route – check to see how the medication is administered.
5. Right time – check the time and frequency of giving the medication and ensure the child has not already had it.
6. Right to refuse – do not force them! Record any refusals and inform SLT and the parents/carers.

6.8 If a pupil 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 pupil's parent, following advice from a healthcare professional.

6.9 Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member, provided that parental consent for this has been obtained.

6.10 The school will not be held responsible for any side effects that occur when medication is taken correctly.

6.11 Written records will be kept of all medication administered to pupils, including the date, time and amounts administered, the name of the pupil and the name of the staff member responsible, also the witness if required. It is recommended that a bound book be used.

7. Out of school activities and trips

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

7.2 If possible and appropriate, pupils will carry certain medications themselves, e.g. asthma inhalers.

7.3 If the medication is not one that should be carried by pupils, 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.

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

7.5 Staff members will ensure that they are aware of any pupil 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.

7.6 If the out-of-school trip or activity will be over an extended period of time, e.g. an overnight stay, the school will ensure that there is a record of the frequency at which pupils 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.

7.7 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 pupil, e.g. what to do if an epileptic pupil has a seizure.

8. Individual Health Plans

8.1 For chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parents, the Executive Head Teacher/Head Teacher/Head of School, the SENCO and any relevant medical professionals.

8.2 The following information should be recorded on an IHP (see appendix B):

- The medical condition, as well as its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, equipment and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs
- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

8.3 The Executive Head Teacher/ Head Teacher will ensure that IHPs are reviewed at least annually.

9. Adrenaline auto-injectors (AAIs)

9.1 The school has obtained a supply of spare AAIs from a pharmaceutical supplier that can be used in the case of a medical emergency for pupils who are at risk of anaphylaxis, but whose devices are not available or not working.

9.2 The Executive Head Teacher/ Head Teacher will ensure that all relevant staff members are aware of how to submit a request to the pharmaceutical supplier to purchase these AAIs and the need to include in the request:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

9.3 The Executive Head Teacher/Head Teacher/Head of School, in conjunction with the school nurse or office manager, will decide which brands of AAI to purchase.

9.4 Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

9.5 The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the school adheres to the correct dosage requirements. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

9.6 Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- The manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

9.7 The school will arrange specialist training for staff on an annual basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis, in line with the Allergen Policy.

9.8 Designated staff members who are suitably trained and confident in their ability to do so will be appointed as the administers of AAIs.

9.9 As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAIs in the case of an emergency.
- The correct dosage amounts in correlation with the age of the pupil.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members who will administer AAIs are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

9.10 The school will ensure that risk assessments regarding the use and storage of AAIs on the premises are conducted and up-to-date, as well as any risk assessments

pertaining to minimising the risk of anaphylaxis in the school, e.g. with regard to food preparation.

9.11 There will be a sufficient number of staff who are trained, and consent, to administer AAIs on site at all times.

9.12 There will be a stock of AAIs, that are replenished when used, within locations where there is a greater risk of anaphylaxis occurring, e.g. the dining hall.

9.13 Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of these spare AAIs in emergency situations.

9.14 Where consent and authorisation has been obtained, this will be recorded in their IHP.

9.15 The school will maintain a Register of AAIs, copies of which will be kept in each classroom and in the school office, which lists pupils to whom spare AAIs can be administered. This includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parental Agreement Form

Corporation Road Primary School Medication Administration Form

The school will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Medicine/s:	
Name/type of medication as described on the container:	
Date dispensed:	Expiry date:
Agreed review date: …… Review to be initiated by: ……	
Dosage, method and timing:	
Special precautions:	

Are there any side effects that the school needs to know about?
Self-administration: Yes/No (delete as appropriate)

Individual Healthcare Plan Template

Corporation Road Primary School Individual Healthcare Plan		
Pupil's name:		
Address:		
Date of birth:		
Class teacher:		
Details of medical condition:		
Date plan drawn up: __/__/____		Review Date: __/__/____
Contact information		
Family Contact 1:	Name: Relationship to pupil: Address: Phone number: (work): (home): (mobile):	

Family Contact 2:	Name: Relationship to pupil: Address: Phone number: (work): (home): (mobile):
GP:	Name: Address: Phone number:
Clinic/hospital contact:	Name: Phone number:
Plan details	

Describe the medical condition and give details of the pupil's individual symptoms:

Describe daily care requirements, e.g. before sport or at lunchtime:

Describe what constitutes an emergency for the pupil, and the action to be taken if an emergency occurs:

Follow up care:

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

Signed	**Date**
Parent:	
Executive Head Teacher/Head Teacher/Head of School:	
SENCO:	
GP:	