



Medicine Policy

2025-2026

Policy Valid until Summer 2027

For and on behalf of the

Board of Governors: Cllr. Stephen Price

Headteacher: Mr. Ashley Bennett

Date: Tuesday 8th April 2025

A handwritten signature in black ink, appearing to read 'S Price', is located below the date.

Safeguarding

Section 175 of the Education Act 2002 introduced a duty on Local Authorities and governing bodies of maintained schools to ensure that they safeguard and promote the welfare of children. "*Safeguarding Children in Education Guidance*" Welsh Assembly Government Circular No 005/2008. This document has now been replaced by 'Keeping learners safe' – the role of local authorities, governing bodies and proprietors of independent schools under the Education Act 2002 (Welsh Government Circular 158/2015).

Safeguarding is the process through which we endeavour to keep pupils, staff and visitors safe from harm or abuse, regardless of their age, gender, religion or ethnicity.

Safeguarding legislation and government guidance says that safeguarding means:

- Protecting a young person from maltreatment
- Preventing impairment of a young person's health or development
- Ensuring that young people are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all young people to have the best outcome.

Children with Medical Needs

Children with medical needs have the same rights of admission to the school as other children. We recognise that most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection (e.g. EpiPen) or children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Confidentiality

The Headteacher and staff should always treat medical information in strictest confidence. Staff with responsibility for looking after sick children or administering medication in school are First Aid trained only. They are not qualified to make medical judgement nor suggest a diagnosis.

Support for Children with Medical Needs

Parents have the prime responsibility for their child's health and should provide school with information about their child's medical condition.

There is no legal duty that requires school staff to administer medicines.

Care Plans

Some pupils may have a Care Plan if they require the administration of some medicines regularly in school (e.g. Insulin or EpiPen). Care Plans are kept securely the office and within the classrooms.

Prescribed and Non-Prescribed Medicines

School will accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Medicines will never be accepted that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Non-prescribed medicines (such as Calpol and Piriton) are only ever given to pupils when written parental consent has been provided, and at the discretion of staff. Parents / Guardians must complete and submit a consent form (Appendix 1). The consent form will be kept alongside the medicine, and a copy of the form will be kept on file in the medical cupboard. This is stored in the Headteacher's office.

Controlled Drugs (e.g., EpiPen)

Staff may administer a controlled drug to the child for whom it has been prescribed, only if they have received appropriate training. Staff administering medicine should do so in accordance with the prescriber's instructions.

Administering Medicines

No child will be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- Parental consent has been given
- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If the learner has a Care Plan the plan should be read by all first aiders, and be onhand if the pupil requires medical attention in school or on a school trip.

Record Keeping

Parents should tell the school about the medicines that their child needs to take in school and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

When administering medicines, a member of staff who is a qualified first aider will confirm the name of the child and cross reference the information given by parent relating to the:

- symptoms,
- name of the medicine,
- dosage,
- method of administration
- time/frequency of administration
- any side effects
- expiry date of the medicine

After administering the medication, the member of staff will record that medicine has been administered stating the symptoms, time, quantity of medication given and any side effects identified. If necessary, the parents will be informed (e.g., if the pupil has had a reaction to peanuts and has had an EpiPen administered, but not if the pupil is given a prescribed antibiotic).

Roles and Responsibilities

Staff with children with medical needs in their class or group should be informed about the nature of the condition.

Accepting Medication

Pupils must hand in all prescribed medication at the main office. When a member of staff accepts the medication, they must ensure that the consent form and any other appropriate documentation has been completed (Appendix 1).

The medication and instructions will be stored as directed in the prescriber's instructions, in the area designated by the school for this purpose, unless the facility does not exist in school, then it will be the parent's responsibility to administer the medicine.

Storing Medicines

Large volumes of medicines must not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name and class of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. However, these should always be stored securely and returned to that place as soon as the medication has been dispensed.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Sharps boxes should always be returned to parents to ensure the disposal of needles at a pharmacy.

This form is to be completed with parents on accepting medication.

Note: Medications must be in the original container.

PUPIL NAME:	
DATE OF BIRTH:	
CLASS & TEACHER:	
DATE:	
SYMPTOMS / CONDITION	
NAME OF MEDICINE:	
DOSAGE:	
METHOD OF ADMINISTRATION:	HOW MUCH? WHEN?
FOR HOW LONG SHOULD THE MEDICINE BE GIVEN :	FROM : _____ DAY / DATE: TO : _____ DAY / DATE
KNOWN SIDE EFFECTS:	
EXPIRY DATE OF MEDICINE:	
DOES MEDICATION NEED TO BE REFRIGERATED?	YES / NO
PARENT / CARER NAME:	
CONTACT DETAILS:	

I understand that all medicines must be handed into the main office.

I understand that I must notify the school of any changes to medication, in writing,

I understand that it is my responsibility to safely dispose of any unused medication.

SIGNED: