Medicines in Schools Policy

Forest Skies Federation

Approved by:	**Date:** 22.09.2026
Chair of Governors	
Woodlands HT	
Lancaster HT	
Birchwood Junior School HT	

Last reviewed September 2026 **on:**

Next review due by: September 2027

Table of Contents

1. AIMS 3

2. LEGISLATION AND STATUTORY RESPONSIBILITIES 4

3. ROLES AND RESPONSIBILITIES 4

4. EQUAL OPPORTUNITIES 6

5. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION 6

6. INDIVIDUAL HEALTHCARE PLANS 6

7. MANAGING MEDICINES 7

8. EMERGENCY PROCEDURES 9

9. TRAINING 9

10. EDUCATIONAL VISITS AND OVERNIGHT STAYS 10

11. STORAGE 10

12. ADMINISTERING MEDICATION 10

12.1 ASTHMA GUIDELINES 11

PARENTAL COMMUNICATION: 11

ACCESS: 11

NEBULISERS: 11

SOME CHILDREN NEED TO USE AN ELECTRIC DEVICE CALLED A NEBULISER. IN SUCH CASES, THEY WILL ONLY BE ALLOWED FOLLOWING LIAISON WITH PARENTS AND THE SCHOOL'S HEALTH ADVISER AND IF DEEMED NECESSARY A IHP WILL BE WRITTEN 11

PHYSICAL EDUCATION: 11

PETS: 12

13. RECORD KEEPING 12

14. LIABILITY AND INDEMNITY 12

15. COMPLAINTS 12

16. MONITORING ARRANGEMENTS 12

17. LINKS TO OTHER POLICIES 12

APPENDIX 1: BEING NOTIFIED A CHILD HAS A MEDICAL CONDITION 14

APPENDIX 2: PARENTAL REQUEST FOR ADMINISTRATION OF MEDICINE 16

CHILD'S NAME: _____ YEAR GROUP: ___ CLASS TEACHER: ___ 16

MEDICATION 16

APPENDIX 3: MEDICATION RECORD 17

APPENDIX 4: SUPPORTING ASTHMATIC CHILDREN 18

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities The governing board will implement this policy by:
- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils

- Developing and monitoring individual healthcare plans (IHPs)

This policy provides guidance to teachers, Governors and Parents in respect of a procedure for dealing with the administration of prescription medicines

The delegated person with responsibility for implementing this policy is Birchwood Junior School, The Lancaster School & Woodlands Infant & Nursery School: SENDCO.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

Teachers nor non teaching staff have neither a legal nor contractual duty to administer medicines or provide health treatment

Legal responsibilities under The Health and Safety at work act remain those of the employer (the L.E.A)

Employees have a responsibility to: 1) take reasonable care of their own and others' health and safety 2) cooperate with their employers 3) carry out activities in accordance with training and instructions 4) inform the employer of any perceived risks

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The Forest Skies Federation is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to SENDCo

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and designated lead for IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent (or those with parental responsibility)

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- Prescribed specifically for the individual child
- In-date
- Clearly labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Signed for and the appropriate form completed by a parent

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Parents are responsible for delivering to, and collecting medications from, school and ensuring that their child has a sufficient supply of medication in school in order that their medical needs can be met.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher and designated lead. Training will be kept up to date.
Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Educational visits and overnight stays

All medicines within school, for an individual, will be taken in an orange medical bag and be available when needed. A member of staff will sign and record the time the medicine was administered – a second member of staff will counter sign (Appendix 3).

For an overnight residential visit – it is the responsibility of parents to bring into school the child's medication, complete the Medicines In School form and ensure that there is adequate dosage for the visit. All medicines within school will be taken in an orange medical bag and administered when needed – a member of staff will sign and record the time the medicine was administered. A second member of staff will counter sign (Appendix 3). The medication will be kept in a lockable unit and remain in staff quarters.

11. Storage

The storage of prescribed medication (not including inhalers) will be maintained at the main school office. These areas are locked overnight. All children (and relevant staff) must know where their medication is being stored.

Children's inhalers can be kept in clearly labelled storage within the classrooms for ease of use.

Emergency medication such as that for anaphylaxis, epilepsy or diabetes must be kept near the child at all times. Within classrooms this must be in a clearly identified safe cupboard and its location noted on the IHP. For educational trips this medication must be with the child at all times.

School keep an emergency epi-pen located in the main office along with emergency salbutamol inhalers.

12. Administering medication

When medicines are administered to children a record of the date and time is made. A member of staff will sign and record the time the medicine was administered. A second member of staff will counter sign (Appendix 3).

The school will only consider requests made by parents in respect of the administration of medicines when;

- A child suffers from chronic long term illnesses/complaints such as asthma/diabetes/ epilepsy
- A child is recovering from a short-term illness but requires a course of antibiotics, cough medicines etc.
- The school has received a written request from a parent giving the instructions regarding the required dosage (see Appendix 2)
- The request form (see Appendix 2) must be used whenever a parent wishes medication to be administered and must be resubmitted termly
- The child requires Calpol or Ibruprofen (or other generic derivatives) to be administered for pain relief

- The medicine in the smallest practicable amount must be brought to school by the Parent *(under no circumstances the child)* and must be delivered personally to either the Headteacher, SENCo or school office.
- Medicines will be either self-administered in the presence of the designated adult or will be administered by the designated adult according to the dosage instruction provided by the parent

12.1 Asthma Guidelines

The school has a responsibility to advise staff on practical asthma management. Each teacher has written advice on the management of an acute asthma attack (Appendix 4). School Health Advisers will be consulted when required. Pupils who appear over reliant on inhalers may have poorly controlled asthma and need to consult their doctor

Parental Communication:

- A school asthma register will be maintained and updated regularly
- Parents must provide school with details of dosage, equipment such as relievers, preventers and spacers
- It is the parent's responsibility to inform the school of details of treatment and changes as they occur. These will be recorded on the asthma record cards

Access:

- The school will consult with parents over whether or not inhalers are held by pupil (within an accessible place within the classroom) or school. If parents wish the inhalers can be kept in the school office
- All inhalers must be taken on school trips and overnight stays
- Inhalers will only be allowed in school once parents have completed the administration of medicines form
- Parents will be asked to provide a labelled spare inhaler in case the regular one is lost / broken etc.
- Parents must advise the school of inhaler expiry dates
- Inhalers are only to be used by / for the pupil for who they are prescribed
- A register of inhaler use will be maintained in the school office when medication is administered
- Schools do have emergency use inhalers (salbutamol) which can be administered in emergencies with parental consent (Appendix 2)

Nebulisers:

Some children need to use an electric device called a nebuliser. In such cases, they will only be allowed following liaison with Parents and the school's health adviser and if deemed necessary a IHP will be written

Physical Education:

- Full participation remains the goal for pupils with asthmatic conditions
- Pupils should take a dose of their inhaler before exercise
- The inhaler should be readily accessible during the P.E. lesson
- When swimming, pupils should take their inhaler with them

Pets:

- If pets cause a problem when kept in the classroom, they shall be moved elsewhere.

Art / Science:

- Some art or science materials may exasperate asthmatic symptoms - teachers are aware of this and will take necessary precautions during these areas of the curriculum.

13. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of, IHPs will be shared with all relevant staff via CPOMS.

14. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

The school will not be held responsible for failure to administer medication

If the school has concerns about the nature of given medication, it reserves the right to refuse their administration. Parents will be advised of this immediately and will be consulted on alternative arrangements

15. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher or delegated lead in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

16. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

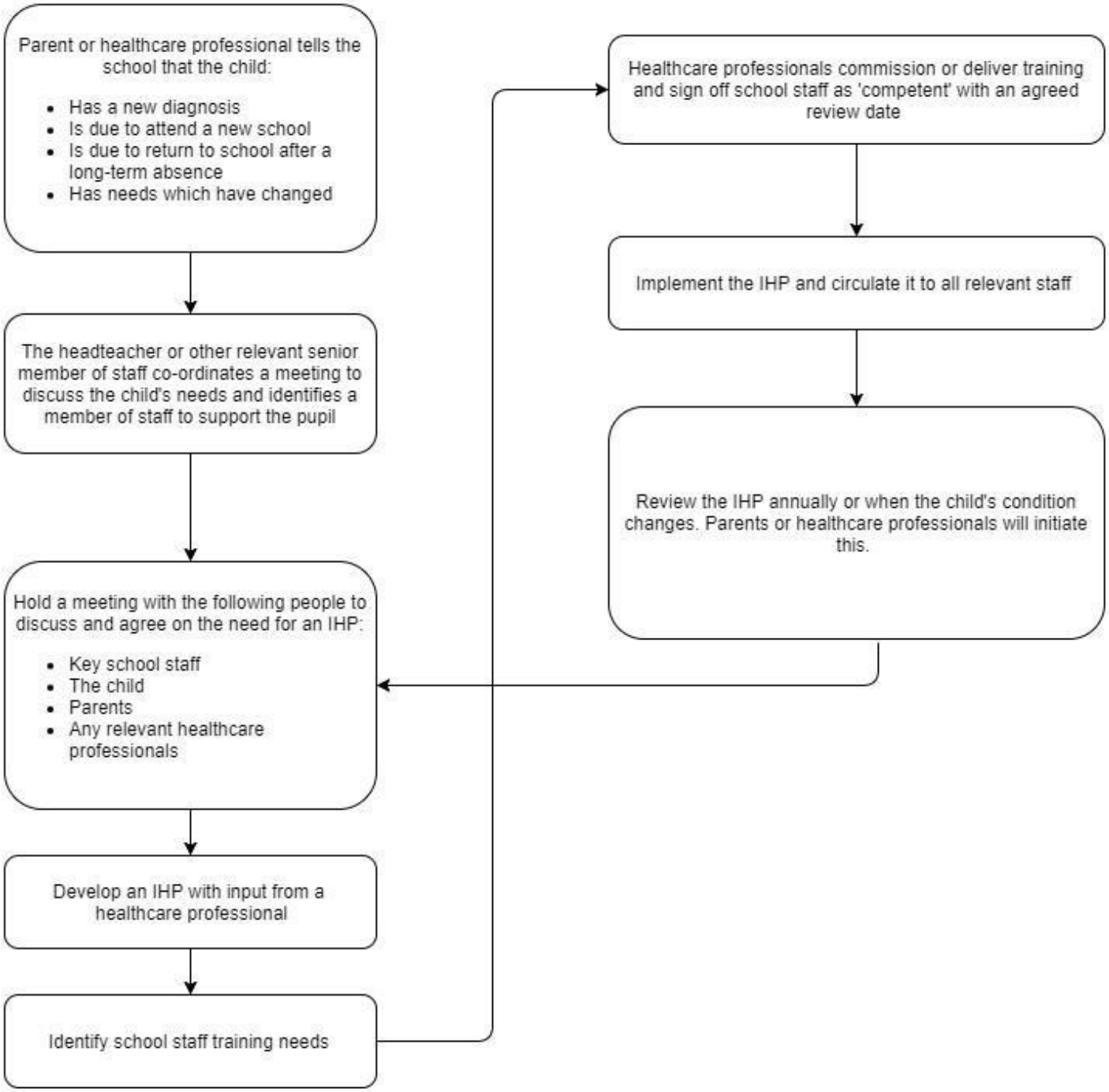
17. Links to other policies

This policy links to the following policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Trips and educational visits
- Intimate care

Appendix 1: Being notified a child has a medical condition


Parent or healthcare professional tells the school that the child:
Has a new diagnosis
Is due to attend a new school
Is due to return to school after a long-term absence
Has needs which have changed
The headteacher or other relevant senior member of staff co-ordinates a meeting to discuss the child's needs and identifies a member of staff to support the pupil
Hold a meeting with the following people to discuss and agree on the need for an IHP:
Key school staff
The child
Parents
Any relevant healthcare professionals
Develop an IHP with input from a healthcare professional
Identify school staff training needs
Healthcare professionals commission or deliver training and sign off school staff as 'competent' with an agreed review date
Implement the IHP and circulate it to all relevant staff
Review the IHP annually or when the child's condition changes. Parents or healthcare professionals will initiate this.

Appendix 2: Parental Request For Administration Of Medicine

CHILD'S NAME: _____ YEAR GROUP: __ CLASS TEACHER: __

MEDICATION

Name of medication	Duration of course	Dosage prescribed	Condition	Time to be given	Notes *Known side effects / precautions*

CONTACT INFORMATION:

First Contact:		**Second contact:**	
Home telephone:		**Home telephone:**	
Work telephone:		**Work telephone:**	
Mobile:		**Mobile:**	

DOCTOR'S INFORMATION:

Name:	
Surgery Address:	
Surgery telephone:	

PARENTS DECLARATION:

I clearly understand and agree that:

I have read and agree to The Birchwood Federation Medicines In School Policy
The above medicine must be delivered to the school personally by a parent
The responsibility for advising the school of changes in dosage remains mine
I will notify the school of any changes in writing
Only the "designated" person will be asked to administer medicine
Should the school refuse to administer given medication, then the school and parent will consult to find mutually acceptable alternative arrangements
The school is under no legal obligation to administer medicines
Medicines will not be administered unless this form is fully completed and agreed by all parties
If asthmatic - I understand that it is my responsibility to ensure that my child has a working, in-date inhaler, clearly labelled with their name, which they bring to school with them every day

For an Asthmatic child - In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I give consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
For a child requiring the administration of an Epi-pen - In the event of my child displaying symptoms of anaphylactic shock, and if their Epi-pen is not available or unusable, I give consent for my child to receive medication from the emergency Epi-pen held by school for such emergencies.

Signed: _____ (Parent / Guardian) Date: _____

Signed: _____ (Headteacher) Date: _____

Appendix 3: Medication Record

Pupil Name			DOB:	
Date	**Time**	**Medication administered**	**Signed**	**Signed**

Appendix 4: Supporting asthmatic children

1	Ensure that the reliever (blue) inhaler is taken immediately
2	Stay calm and reassure the child
3	Help the child to breathe by ensuring tight or heavy clothing is loosened
After the Attack - Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.	
Emergency Procedure	
Call an ambulance urgently from the administrator's office if:	
• **The reliever has no effect after 5 minutes**	
• **The child is either distressed or unable to speak**	
• **The child is becoming exhausted**	
• **You have any doubts at all about the child's condition**	

WHAT TO DO IN AN ASTHMA ATTACK

Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

What to do

- Keep calm
- Encourage child to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever (blue) inhaler immediately (preferably through a spacer) • Loosen tight clothing
- Reassure the child

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5-10 minutes
- The child or young person is too breathless or exhausted to talk
- The child or young person's lips are blue
- Or if you are in doubt

Continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.
- If a child needs their inhaler twice within a 4 hour period then parents/carers will be called.

Important things to remember in an asthma attack

- **NEVER leave a pupil having an asthma attack**
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer
- In an emergency situation, school staff are required under common law Duty of Care, to act like any reasonably prudent parent
- Send another pupil to get another teacher/adult if an ambulance needs to be called
- Contact the pupil's parents or carers immediately **after** calling the ambulance/doctor
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives
- Generally staff should not take pupils to hospital in their own car. However in some situations it may be the best course of action. Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services