

# Trinity St Mary's CE Primary

## Administration of Medicines Policy

### 2026 – 2027



*'For I will restore health unto thee, and I will heal thee of thy wounds.'*

*Jeremiah 30:17*



The Diocese of  
**Southwark**



**Policy Lead:** Lynn Anderson (Headteacher)

**Designated Allergy Safety Lead:** Lynn Anderson (Headteacher)

**Designated Safeguarding Lead:** Lynn Anderson (Headteacher)

**Reviewed:** September 2026

**Next Review Date:** September 2027 (or earlier if statutory guidance changes)

**Governors responsible for oversight:** Hayley Van Den Bergh & Diane Holmes

**Approved by:** Governing Body

**This Policy applies to:** All pupils, staff, volunteers, and visitors, contractors with pupil-facing responsibilities, wraparound provision and school activities.

## **Purpose and principles**

Trinity St Mary's CE Primary supports pupils who require medicines during the school day so that they can access education safely, participate fully and be treated with dignity. Medicines will be managed in a way that reduces avoidable risk while promoting age-appropriate independence.

This policy deals specifically with receipt, storage, administration, self-management, recording and disposal of medicines. Wider planning for medical conditions is set out in the Supporting Pupils with Medical Conditions Policy. First aid is governed by the separate First Aid Policy.

## **Legal and guidance framework**

- ✚ DfE Supporting pupils at school with medical conditions statutory guidance, which remains in force in 2026 pending further revision;
- ✚ DfE Allergy safety in schools statutory guidance, published 6 July 2026;
- ✚ DfE First aid in schools, early years and further education guidance;
- ✚ EYFS statutory framework for group and school-based providers applying from 1 September 2026;
- ✚ Human Medicines Regulations 2012, including relevant provisions for emergency medicines;
- ✚ Misuse of Drugs Act 1971 and associated controlled-drug requirements where applicable; and
- ✚ Equality Act 2010 and Children and Families Act 2014.

The DfE announced in July 2026 that the existing Supporting Pupils with Medical Conditions statutory guidance remains in force while revised guidance is developed. This policy therefore applies the current statutory guidance alongside the new 2026 statutory allergy guidance.

## **Roles and responsibilities**

### **Governing Body and Headteacher**

- ✚ ensure appropriate arrangements are in place for pupils requiring medicines;
- ✚ ensure a named person has overall responsibility for implementation;
- ✚ ensure sufficient staff are trained and competent for the tasks they undertake;
- ✚ ensure medicines are stored and accessed safely, including rapid access to emergency medicines;
- ✚ ensure records, consent and confidentiality arrangements are effective; and
- ✚ ensure pupils are not unnecessarily excluded from education, trips or activities because they require medication.

### **Parents and carers**

- ✚ provide accurate, current information about the child's condition and medicines;
- ✚ complete and sign the school's parental consent/agreement form before routine administration by staff;
- ✚ provide medicines in date and in the original container as dispensed by a pharmacist, with the child's name, medicine, dosage, timing and instructions clearly shown, except where an agreed alternative is appropriate (for example insulin pens/pumps);
- ✚ provide current IHPs, Allergy Action Plans, Asthma Action Plans and healthcare advice where applicable;

- ✚ inform the school promptly of any change, discontinuation or new prescription; and
- ✚ collect expired, discontinued or surplus medicines when requested.

### **Staff**

Any member of school staff may be asked to support pupils with medicines. Staff taking responsibility for administration will receive sufficient and suitable training and must be competent before undertaking the task. Staff must follow the written instructions, consent and IHP/Action Plan and must not make clinical decisions outside their competence.

### **When medicines will be administered**

Where possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours. Where administration during the school day is necessary, the school will make reasonable arrangements.

The school will only administer prescription medicines where written parental consent has been received and the medicine has been prescribed for the pupil. The school may agree arrangements for non-prescription medicines where there is a clear need and written parental consent, subject to the safeguards in this policy.

**No pupil under 16 will be given medicine containing aspirin unless prescribed by a doctor.**

**Staff will never give a pupil another person's medicine.**

### **Parental consent and instructions**

Written parental agreement must specify the pupil, medicine, dose, method, timing/frequency, reason, relevant side effects/precautions and emergency contact details. A new form is required when the medicine, dose or instructions change.

Consent does not authorise staff to vary the prescribed dose or timing. If instructions are unclear, inconsistent with the pharmacy label or appear unsafe, staff will not administer the medicine until clarification is obtained from the medical professional providing the medication.

### **Receipt and checking of medicines**

- ✚ Medicines should be handed to the office staff and never be sent loose in a pupil's bag, unless an agreed self-carry arrangement applies.
- ✚ On receipt, staff will check the pupil's name, medicine, strength, dose, route, timing, expiry date and pharmacy/prescriber label against the consent form and IHP/Action Plan.
- ✚ Medicines that are out of date, unlabelled, not in the original dispensed container, damaged or inconsistent with written instructions will not be administered until resolved.
- ✚ The amount received will be recorded where appropriate, particularly for controlled drugs.

### **Storage and access**

Medicines will be stored safely and securely while remaining appropriately accessible. Emergency medicines must be readily available and must not be locked away in a way that causes unsafe delay.

- ✚ Medicines requiring refrigeration will be stored in accordance with product instructions in the Medical Room which is appropriate and secure.
- ✚ Controlled drugs will be securely stored, in the Medical Room, in a non-portable container with access limited to authorised staff, while remaining accessible when needed.
- ✚ Emergency inhalers, adrenaline devices, glucose and other rescue medicines will be located in accordance with the pupil's IHP/Action Plan and emergency procedures.
- ✚ Medication will not be stored in first aid boxes or within the school office.

### **Administration procedure**

1. Check the pupil's identity.
2. Check the written consent, pharmacy label and relevant IHP/Action Plan.
3. Check the correct medicine, dose, route, time and expiry date.
4. Confirm that the dose has not already been given and consider any minimum interval.
5. Administer or supervise the medicine in accordance with training and instructions.
6. Record administration immediately.
7. Return the medicine to its agreed storage location.
8. Monitor and respond to any adverse reaction or deterioration.

Where two-person checking is specified by an IHP, risk assessment, controlled-drug procedure or clinical training, that requirement will be followed. Otherwise, the school will not create an unnecessary blanket requirement for two adults for every routine dose.

### **Refusal, omission and errors**

A pupil will not be forced to take medicine. If a pupil refuses, staff will follow the IHP where available and inform parents/carers as soon as appropriate. If refusal creates an immediate risk, emergency medical advice will be sought.

Missed doses, vomiting after a dose, medication errors, suspected overdose, wrong-pupil/wrong-dose events or other significant incidents must be escalated immediately to the Headteacher or designated senior leader.

**Staff will seek urgent clinical advice/999 where necessary, inform parents/carers, record the facts and review the incident. Safeguarding procedures apply where the circumstances raise a welfare concern.**

### **Self-administration and self-carry**

Pupils who are competent to manage their own medicines will be encouraged to do so where appropriate. Arrangements will be agreed with parents/carers and recorded in the IHP where relevant.

A child will never be expected to manage a medical emergency alone. Staff remain responsible for responding when a pupil needs help.

Where a pupil self-carries an inhaler, adrenaline device or other medicine, the school will consider age, competence, safety, accessibility, peer risk and the need for backup medication.

### **Controlled drugs**

A pupil who is competent may legally possess a controlled drug prescribed for them, subject to school risk assessment and agreed arrangements. Otherwise, controlled drugs will be stored securely with access restricted to named/authorised staff.

Administration will be recorded. The school may maintain a running balance for controlled drugs as good practice. Controlled drugs will be returned to the parent/carer for safe disposal when no longer required, unless another lawful disposal arrangement is used.

### **Adrenaline auto-injectors and anaphylaxis**

All allergy-specific arrangements are governed by the 'Allergy Safety Policy' (Including Anaphylaxis). The policy requires rapid access to prescribed adrenaline devices throughout lessons, breaks, PE, clubs, wraparound care and visits, and requires the school's emergency arrangements to enable adrenaline to reach a person experiencing anaphylaxis promptly.

Trinity St Mary's maintains spare AAls in accordance with its 'Allergy Safety Policy' and current statutory requirements. **In suspected anaphylaxis, adrenaline must be given immediately in accordance with the emergency arrangements and 999 called. Emergency treatment must not be delayed while waiting for parental consent at the point of crisis, a parent/carer, senior leader or ambulance.**

Any use of adrenaline must be recorded on Arbor and under the allergy incident/near-miss procedure as required by the Allergy Safety Policy.

### **Asthma and emergency salbutamol inhalers**

Pupils with asthma should have prompt access to their prescribed reliever inhaler in accordance with their Asthma Action Plan/IHP. If the school keeps an emergency salbutamol inhaler, it will be used only in accordance with current government guidance and the school's agreed protocol, including required consent/authorisation arrangements.

### **Diabetes, epilepsy and other specialist medicines**

Insulin, glucose, glucagon, buccal midazolam, rectal diazepam and other specialist or rescue medicines will be managed in accordance with the pupil's IHP, prescription/clinical instructions and staff competency training. Staff will not undertake invasive or technical procedures without appropriate training and competency, except where immediate emergency action is necessary to protect life and is permitted by law.

### **Intimate administration and personal care**

Where administration involves intimate areas, enteral feeding, continence-related treatment or another procedure involving intimate care, the 'Intimate Care Policy' also applies. That policy requires written parental permission for medicines administered by staff, appropriate training for medical/technical procedures and a written record of each administration.

### **Food, dietary needs and medicines**

Where medication is linked to food, allergy, intolerance, diabetes, swallowing needs or another dietary requirement, staff will also follow the 'Dietary, Food Hygiene & Safer Eating Policy'. Allergy-specific controls, IHPs and healthcare-professional Action Plans take precedence for allergy management.

### **Educational visits, PE, clubs and wraparound provision**

Pupils requiring medicines should be enabled to participate fully wherever reasonably possible. Risk assessments will consider access to medication, trained staff, storage, emergency plans, travel, food/allergen arrangements and access to emergency medical assistance.

Required medicines will accompany the pupil as appropriate. The 'Allergy Safety Policy' states that pupils at risk of anaphylaxis must have appropriate adrenaline devices available on trips and that parents are not routinely required to accompany a child solely because of allergy.

### **Record keeping**

A written/electronic record will be made each time medicine is administered by staff. Records will include date, time, medicine, dose, staff member, and any refusal, omission, error or reaction.

Medication records are confidential health information and will be stored securely, shared only where necessary for safety or legal duties, and retained in accordance with the school's retention arrangements.

### **Disposal and expiry monitoring**

Medicines will be checked periodically for expiry and condition. Parents/carers are responsible for supplying in-date prescribed medication and replacement medication. The 'Allergy Safety Policy' identifies Mrs Didd as responsible for checking allergy medication and contacting parents/carers so replacement medication can be requested before expiry.

Expired or discontinued medicines will normally be returned to parents/carers for safe disposal. Sharps will be disposed of in an approved sharps container in accordance with local procedures.

### **Safeguarding**

Medical care and medicine administration can reveal safeguarding concerns. Repeated failure to provide essential medication, unexplained changes to treatment, concerning injuries, fabricated or induced illness concerns, disclosures, neglect of medical needs or concerns about staff conduct must be referred to the DSL under the Safeguarding Policy & Procedures.

The school's DSL is Lynn Anderson; Deputy DSLs are Chloe Keys, Rebecca Greene and Kathryn Brewster. Staff must record facts and follow safeguarding procedures rather than investigate concerns themselves.

## **Behaviour, equality and reasonable adjustments**

Medicine will never be withheld as a behaviour sanction. A pupil will not be penalised for symptoms, treatment needs or medically necessary breaks. The school will make reasonable adjustments where required and apply the Behaviour Policy's inclusive approach to underlying need, dysregulation and SEND.

## **Unacceptable practice**

- ✚ preventing pupils from easily accessing inhalers, adrenaline or other emergency medicines when needed;
- ✚ assuming every pupil with the same condition requires identical support;
- ✚ ignoring the views of the pupil, parents/carers or relevant healthcare evidence;
- ✚ sending a pupil who becomes ill to the office or medical room alone where this would be unsafe;
- ✚ penalising a pupil for attendance, concentration or behaviour effects arising from their medical condition without appropriate consideration;
- ✚ preventing participation in trips, PE or activities without individual assessment and reasonable consideration of adjustments;
- ✚ requiring parents/carers routinely to attend school to administer medicine as a condition of access where school arrangements can reasonably support the pupil; or
- ✚ administering medicine contrary to the prescription, written instructions, consent or IHP except where emergency law/guidance permits life-saving action.

## **Related policies**

- ✚ Supporting Pupils with Medical Conditions Policy 2026–2027
- ✚ First Aid Policy 2026–2027
- ✚ Allergy Safety Policy (Including Anaphylaxis) 2026
- ✚ Safeguarding Policy & Procedures 2026–2027
- ✚ Intimate Care Policy 2026–2027
- ✚ Dietary, Food Hygiene & Safer Eating Policy 2026–2027
- ✚ Behaviour Policy 2026
- ✚ Educational Visits procedures
- ✚ Individual Healthcare Plans, Allergy Action Plans and Asthma Action Plans

This policy should be read with: Supporting Pupils with Medical Conditions Policy; First Aid Policy; Allergy Safety Policy (Including Anaphylaxis); Safeguarding Policy & Procedures; Intimate Care Policy; Dietary, Food Hygiene & Safer Eating Policy; Behaviour Policy; Educational Visits procedures; and each pupil's IHP/Action Plan.

## Appendix 1 - Parental Agreement for School to Administer Medicine

Please complete one form for each medicine. A new form is required if the medicine, dose or instructions change.

|                                                |                                                                                                    |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Child's full name                              |                                                                                                    |
| Date of birth                                  |                                                                                                    |
| Class / Year                                   |                                                                                                    |
| Medical condition / reason for medicine        |                                                                                                    |
| Name of medicine (as on container)             |                                                                                                    |
| Strength                                       |                                                                                                    |
| Dose to be given                               |                                                                                                    |
| Route / method                                 |                                                                                                    |
| Time(s) / frequency                            |                                                                                                    |
| Date medicine started                          |                                                                                                    |
| Date medicine to stop (if known)               |                                                                                                    |
| Minimum interval between doses (if relevant)   |                                                                                                    |
| Maximum dose in 24 hours (if relevant)         |                                                                                                    |
| Special instructions / precautions             |                                                                                                    |
| Known side effects and action required         |                                                                                                    |
| Storage requirements                           |                                                                                                    |
| Can child self-administer?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With supervision |
| Can child self-carry?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable   |
| Healthcare professional / clinic (if relevant) |                                                                                                    |
| Parent/carers name                             |                                                                                                    |
| Emergency contact number 1                     |                                                                                                    |
| Emergency contact number 2                     |                                                                                                    |

### Parent/carers declaration

I request that Trinity St Mary's CE Primary administer/supervise the medicine described above in accordance with this form and the school's Administration of Medicines Policy. I confirm that the information supplied is accurate and that I will inform the school promptly of any change. I understand that the medicine must be supplied in accordance with the school's policy.

|                         |  |
|-------------------------|--|
| Parent/carers signature |  |
| Print name              |  |
| Date                    |  |
| Relationship to child   |  |

## Appendix 2 - School Record of Medicine Administered



Child: \_\_\_\_\_ Class: \_\_\_\_\_ Medicine: \_\_\_\_\_

| Date | Time | Dose | Given by | Outcome / notes | Parent informed if required |
|------|------|------|----------|-----------------|-----------------------------|
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |
|      |      |      |          |                 |                             |

## Appendix 3 - Medication Receipt / Return Record



| Date | Medicine / strength | Quantity received / returned | Expiry | Received from / returned to | Staff initials |
|------|---------------------|------------------------------|--------|-----------------------------|----------------|
|      |                     |                              |        |                             |                |
|      |                     |                              |        |                             |                |
|      |                     |                              |        |                             |                |
|      |                     |                              |        |                             |                |
|      |                     |                              |        |                             |                |
|      |                     |                              |        |                             |                |
|      |                     |                              |        |                             |                |
|      |                     |                              |        |                             |                |

### Emergency contact and plan check

- ✚ Current IHP / Action Plan held: ☐ Yes ☐ No ☐ Not required
- ✚ Emergency medication location confirmed: \_\_\_\_\_
- ✚ Relevant staff informed/trained: ☐ Yes ☐ No ☐ Not required
- ✚ Date checked: \_\_\_\_\_ Checked by: \_\_\_\_\_