

St. Mark's Catholic Primary School



Medicines in School Policy

2025/2026

Written by: St. Mark's Catholic Primary School	Approval level: Headteacher/Governor
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Introduction

At St. Mark's Catholic Primary School we 'give everyone the chance to succeed in school' and by having a clear policy, understood and accepted by staff, parents/carers and children it provides a basis for ensuring that children with medical needs receive proper care and support in school. Formal systems and procedures for administering medicines, developed in partnership with parents/carers and staff back up this policy.

This policy includes:

- Procedures for managing prescription medicines which need to be taken during the school 'day'
- Procedures for managing prescription medicines on trips
- A clear statement on the roles and responsibilities of staff managing administration of medicines and for administering or supervising the administration of medicines
- A clear statement on parental responsibilities in respect of their child's needs
- The need for prior written agreement from parents/carers for any medicines to be given to a child
- School policy on assisting children with long term or complex medical needs
- Policy on children carrying and taking their medicines themselves
- Staff training in managing medicines safely and supporting an identified individual child
- Record keeping
- Safe storage of medicines
- Access to the school's emergency procedures
- Risk assessment and management procedures

Prescribed medicines

Medicines should only be brought to school when essential, that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. Staff should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

Staff should never accept medicines that have been taken out of the original container, nor make changes to dosages on parental instructions.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and this guidance document.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Staff keep controlled drugs in a locked cupboard, located in the disabled toilet and only named staff should have access. A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, e.g. to finish a course of antibiotics. Where it is essential for this to happen, parents/carers will be encouraged to call to school during lunchtime to administer the medicine. If this is not possible, administration by a member of staff will be at the head teacher's discretion. Such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Staff need to know about any particular needs before a child is admitted or when a child first develops a medical need. For children who attend hospital appointments regularly special arrangements may also be necessary.

It is helpful to develop a written health care plan for such children involving the parents/carers and relevant health professionals. This includes:

- details of a child's condition
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Form Med 5 is the health care plan that we use.

Administering Medicines

No child under 16 should be given medicines without their parent's/carer's written consent

Form med 1. Medicines will be administered by either Mrs Connolly, Mrs Sellers, or Miss Bradshaw who will check the child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents/carers or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent/carer, if appropriate, or with a relevant health professional.

Staff should complete and sign **Form Med 2 - Record of Medicine Administered to an Individual Child** each time they give medicine to a child. In all circumstances, the dosage and administration of medicine will be witnessed by a second adult.

Self-Management

If children can take their medicines themselves, staff may only need to supervise. Children may administer (where appropriate), their own medicines. With the safety of other children in mind, even if a child is able to self administer, medicines must still be stored in a locked cabinet until required. The only exception to this is asthma inhalers (see asthma policy).

Refusing medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in the child's health care plan. Parents/carers *must* be informed of the refusal on the same day.

Record keeping

Parents/carers should tell the school about the medicines that their child needs to take 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. In all cases it is necessary to check that written details include name of child, names of medicine, dose, method of administration, time/frequency of administration, any side effects and expiry date.

Parents/carers will be asked to complete Form Med 1 – Parental/Headteacher Agreement for School/Setting to Administer Medicine to record details of medicines in a standard format, in the presence of a member of staff. This form confirms with the parents/carers that a member of staff will administer medicine to their child. This also affords staff members the opportunity to ask the parent/carer relevant questions. In the case of long term medication this form will be reviewed biannually with the parent/carer.

We will keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Form Med 2 - Record of Medicine Administered to an Individual Child must be used.

Educational Visits

In keeping with our Mission Statement we would always encourage all pupils including those with medical needs to participate in safely managed visits. We will make reasonable adjustments to enable children with medical needs to participate in safely managed visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent/carer or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Copies of health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service. See also Education Visits and Journey's Guidance on young people with special educational needs.

Sporting activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken.

Home to School Transport

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents/carers and the responsible medical practitioner for the pupil concerned

All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.

Responsible Staff

Named staff will receive training and will be responsible for updating lists of children requiring medicines, ensuring Med 1 forms are reviewed and holding keys for the medicine cabinet.