



<b>POLICY FOR</b>	<b>ADMINISTRATION OF MEDICINES</b>
<b>PERSON RESPONSIBLE</b>	<b>Business Manager</b>
<b>DATE REVISED</b>	<b>January 2026</b>
<b>REVIEW DATE</b>	<b>November 2027</b>
<b>NEXT REVIEW DATE</b>	<b>November 2027</b>
<b>APPROVED BY</b>	<b>HEADTEACHER</b>

**Employees working under Teachers' Terms and Conditions have no contractual obligation to administer medicines. Any agreement so to do can therefore only be a voluntary act.**

At The Malling School the following policy must be adhered to:

- Medicines may be stored and locked away by the office e.g. ADHD medication, if a written request has been received from the parent and:
  - date of expiry is noted
  - name, details of drug and amount/time to be released is noted on the package
  - The medicine is in its original packaging
- It is not school policy to issue any paracetamol to students. If you wish to send in a packet, clearly labelled with your son/daughters name, these may be stored for their use. These can be sent to the Guidance Managers along with a completed appendix 2
- A disclaimer is to be completed by the parent if there is a need for medicine e.g. ADHD medication/Epipen etc. to be issued.
- It is recommended that no member of staff should administer medication. Arrangements should be made for parent/carer to come to the school and administer a drug e.g. suppository. A qualified school nurse could be an authorised person. The exception to this is if a EHCP is in place and the member of staff with responsibility for care is qualified to administer (see appendix 5)
- The Head Teacher is in loco parentis of all students and will endeavour to ensure that students do not lose valuable lesson time.

If you would like a disclaimer form re ADHD medication/Epi-pens, please contact the Business Office.

**Appendix 1: individual healthcare plan**

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
<b>Family Contact Information</b>	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
<b>Clinic/Hospital Contact</b>	
Name	
Phone no.	
<b>G.P.</b>	
Name	
Phone no.	

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

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Staff training needed/undertaken – who, what, when

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Form copied to

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**Appendix 2: parental agreement for setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	

**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Appendix 3: record of medicine administered to an individual child**

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature


\_\_\_\_\_  
Signature of parent \_\_\_\_\_



**3: Record of medicine administered to an individual child (Continued)**

Date			
Time given Dose given			
Name of member of staff			
Staff initials			
Date			
Time given Dose given			
Name of member of staff			
Staff initials			
Date			
Time given Dose given			
Name of member of staff			
Staff initials			

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**Appendix 4 :Record of medicine administered to all children**





**Appendix 5: staff training record – administration of medicines**

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_