Adlington St. Paul’s Church of England Primary

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**‘Whatever you do, work at it with all your heart’. *Colossians 3 v 23***

**Administration of Medication Policy**

**Document Approval**

This document was reviewed and approved by the Governing Body as appropriate and effective.

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| --- | --- | --- |
| **Signed** |  |  |
| **Date** |  |  |
| **Name** | Mr Andrew Houghton | Father Graeme Buttery |
| **Position** | Headteacher | Chair of Governing Body |

**Document Review**

The Governing Body will review this policy to ensure that it is appropriate and effective whenever necessary, and not less than once every three years.

**Document Control**

There is one controlled paper copy of this document located in the School Office.

The master electronic copy is held within a designated folder. The latest issue will be marked with the highest number, ie Issue 2 is later than Issue 1. Files in the process of being edited have the words ‘In Progress’ in the file name.

All other copies (electronic and paper) are uncontrolled.

**Document History**

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| --- | --- | --- | --- | --- |
| **Filename**: Administration of Medication | | | | |
| **Issue**  **No:** | **Description of Change** | **Author** | **Checked** | **Date** |
| 1.0 | Agreed by staff and Governors | AH | KH | September 2025 |
| 2.0 | Review Date |  |  | September 2028 |
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# POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

1. **Introduction**

The Governors and staff of St Paul’s CE Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Headteacher will accept responsibility, in principle, for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have agreed to do so.

Parents should note that they should keep their children at home if acutely unwell or have infectious diseases. Further details regarding pupil illness are provided in the Pupil Attendance and Illness Policy.

# Arrangements for Administration of Medication

* 1. Parents are responsible for providing the school with comprehensive information regarding the pupil’s condition and medication.
  2. Systems are in place to support individual pupils with medical needs. For each pupil with long-term or complex medication needs, the school will ensure that a Heath Care Plan (HCP) is drawn up, in conjunction with the appropriate health professionals. A separate policy exists regarding arrangements in school for supporting pupils with medical conditions.
  3. Prescribed medication will only be accepted in school with complete written and signed instructions from the parent (page 4).
  4. Staff will not, under any circumstances, give a non-prescribed medicine, including paracetamol to a pupil. If a pupil requires paracetamol during the school day it will be expected that the medicine will be administered by the parent/carer. The school will accept a third party administering medicines to a child, e.g. a friend of the parent, grandparent, upon confirmation with the parent/carer.
  5. Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks’ supply at any one time).
  6. The school will not make changes to dosages on parental instructions. Medical instruction from a qualified professional will be required to amend dosages.
  7. Each item of medication must be delivered to the school office, in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:
* Pupil’s Name
* Name of medication
* Dosage
* Frequency of administration
* Date of dispensing
* Storage requirements (if important)
* Expiry date

The school will not accept items of medication in unlabelled containers.

* 1. If children refuse to take medicines, staff will not force them to do so and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school’s emergency procedures will be followed.
  2. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However,

there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

* 1. It is the responsibility of parents to notify the school in writing if the pupil’s need for medication has ceased.

# Storage and Disposal of Medication

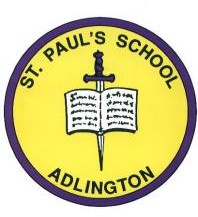
* 1. All medication (apart from inhalers) will be kept in school in a secure place, out of the reach of pupils.
  2. The school will keep records of medication to include date and doses administered. This information will be made available for parents.
  3. It is the parents’ responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
  4. School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

# Staff Training

* 1. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance from a health professional.
  2. All staff will be made aware of the procedures to be followed in the event of an emergency.

***Agreed – September 2025***

***Review – September 2028***



St Paul’s CE Primary School

**Parental agreement for school to administer medicine**

|  |  |
| --- | --- |
| Name of school | St Paul’s CE Primary School |
| Name of child |  |
| Date of birth |  |
| Year group |  |
| Medical condition or illness |  |

**Medicine**

|  |
| --- |
| Name/type of medicine  *(as described on the container)* |
| Expiry date |
| Dosage and method |
| Timing |
| Special precautions/other instructions |
| Are there any side effects that the school needs to know about? |
| Self-administration – Y/N? |
| Procedures to take in an emergency |

|  |
| --- |
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**NB: Medicines must be in the original container as dispensed by the pharmacy Contact details:**

|  |  |
| --- | --- |
| Name |  |
| Daytime telephone number |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine  personally to: | Miss K Harrison |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for St Paul’s

Primary School staff to administering medicine in accordance with the school’s policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication of if the medicine is stopped.

Signature(s): Date: