KINGS HEATH PRIMARY SCHOOL
POLICY ON THE
ADMINISTRATION AND MANAGEMENT OF PRESCRIBED MEDICINES

Review Approved by:	Safeguarding & Inclusion Committee	**Date:** autumn 1 2024
Last reviewed on:	September 21st 2026	
Next review due by:	Spring 2028	

1. Introduction

1.1 This policy has regard to section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance 'Supporting pupils at school with medical conditions', which remains in force. It should also be read alongside the SEND Code of Practice: 0 to 25 years, the Equality Act 2010, the Children's Wellbeing and Schools Act 2026 and the Department for Education statutory guidance 'Allergy safety in schools' (2026).

1.2 Our attendance policy encourages children to attend school if they are medically fit to do so. This policy seeks to support this is several ways

- To enable children who are fit for school but need to take a prescribed medicine to manage a medical condition to fully participate and attend school – both long term and short term
- To ensure that children are not excluded from education or activities because of their condition
- To ensure that any administration of medicines by school staff is done so safely and correctly

1.3 This policy does not override circumstances in which a pupil is medically unfit to attend school, including where exclusion from school is required for infection control. Where a pupil is fit to attend school but requires medication or medical support during the school day, the school will make appropriate arrangements to support the pupil in accordance with its statutory duties and this policy.

1.4 This policy applies primarily to the administration of medicines prescribed by a medical practitioner. The school will administer over the counter medicines in certain circumstances – see below. The school will not administer any form of homeopathic drug. We do not allow children to self-administer **homeopathic** medicines during school time. Parents (or an adult nominated by the parent) may come to school during the day to administer.

1.5 In order to minimise unnecessary discomfort from common afflictions the school will allow

1. Administration of Piriton **and other branded over the counter antihistamines** for the relief of Hayfever symptoms during the summer months. This will require the same paperwork as other medicines and should only be considered where a 24-hour dose is not appropriate.
2. Throat sweets to relieve symptoms related to severe colds. These can be held by the class teacher and given at appropriate periods.
3. Paracetamol, iprobrufen and Calpol or (similar non-branded over the counter medicines) to manage minor pain and low-grade fever.

For both of the above, the administration will be for the shortest possible time period to manage symptoms.

2. Management of Prescribed Medicines

2.1 Where a pupil is fit to attend school but requires prescribed medicine during the school day, the school will make appropriate arrangements to support the pupil so that their medical condition does not unnecessarily prevent them from accessing education and school activities.

2.2 Where clinically appropriate, parents/carers may discuss with the prescriber whether medication can be given outside school hours. This must not create a barrier to a pupil attending school or receiving medication that is required during the school day.

2.3 Requests for support with prescribed medicines will be considered on an individual basis, taking account of the pupil's needs, this policy, any Individual Healthcare Plan (IHP), relevant healthcare advice and the school's statutory duties.

2.4 The governing body is responsible for ensuring that arrangements are in place to support pupils with medical conditions. No individual member of staff will be required to administer medicines unless this forms part of their role or contractual duties. The school will ensure that sufficient appropriately trained staff are available to implement agreed arrangements and provide cover where necessary.

2.5 Decisions about the support provided to a pupil will be based on the pupil's individual needs, relevant statutory guidance, equality duties, healthcare advice where appropriate, and the school's duty to make arrangements to support pupils with medical conditions.

3. Responsibilities

3.1 For the administration of prescribed medicines to work effectively and safely it requires a partnership between the parents/carers and the school to be developed.

3.2 This partnership will place responsibilities not only on the school but also on the parents/carers and in some circumstances, the pupil as well. The following gives an outline of the main areas of responsibility:

Governors.

3.3 The Governing Body has overall responsibility for ensuring that arrangements are in place to support pupils with medical conditions and that the school meets its statutory responsibilities, including allergy safety duties. Day-to-day implementation is delegated to the Head Teacher and other appropriate staff.

Head Teacher.

3.4 The Head Teacher is responsible for implementing this policy, ensuring that relevant staff understand the procedures, that sufficient trained staff are available to provide agreed support and cover, and that emergency arrangements are effective.

3.5 To this end, the Head Teacher will ensure that

- Any school staff who agree to administer medication receive information about how and when the medication is to be administered.
- Training is provided for any member of staff administering a specific medication on a long term basis.
- Any necessary protective clothing or equipment is provided
- Regular training regarding the administration of emergency medication and management of known medical conditions in school is provided.
  All staff will receive allergy awareness training appropriate to their role, with additional training for staff responsible for pupils at risk of anaphylaxis, in accordance with the school's allergy safety arrangements.
- Any staff who agree to administer medication are aware of the risks and legal liabilities involved (see below).

School Staff.

3.6 It is the responsibility of all school staff to read and comply with the procedures outlined in this policy. It is also the responsibility of school staff to bring to the attention of the Head Teacher any possible risks to children or staff that are not covered under this policy.

3.7 Staff members have access to the school's Management Information System (MIS), where medical information for each pupil is available on their profile page.
Medical information will be recorded accurately, kept up to date and shared only with staff who need the information to keep the pupil safe and provide appropriate support.

Parents / Carers.

3.8 All parents/carers of pupils in the school will be made aware of the school policy on medicines and a written copy should be provided on request. It is the responsibility of parents/carers to fully co-operate with the school to ensure the safety and wellbeing of their child.

3.9 It is the parents/carers duty to inform the school of their child's medical needs by filling out the appropriate paperwork and then should be handed into the school office. Where it will be added to the Arbor MIS and school health support service informed where appropriate
Parents/carers must provide up-to-date information, medication within its expiry date and in the required packaging, and notify the school promptly of any change to the pupil's condition, treatment or medication.

Pupils:

3.10 According to their age and maturity, pupils have specific responsibilities in relation to administration of medicines.

3.11 Pupils must co-operate with members of staff in enabling the safe administration of medicines. Any failure to do this – for example, deliberate removal of themselves from the site of medication, refusing to allow the medication in their mouth – will result in the parent being telephoned and requested to administer the medicine and may result in the withdrawal of the school's agreement to administer medicines to the child.

3.12 Members of staff will not be required to administer medication to a child who is persistently refusing the treatment, unless the situation is an acute emergency. In this situation, the assistance of the emergency services will also be called.

4. Requests for medicine to be administered by the school.

4.1 Parents/carers must normally provide written, signed and dated consent and clear instructions before medicine is administered by school staff. Any change to administration instructions must be confirmed in writing. In a medical emergency, necessary emergency action or treatment must not be delayed solely because written consent paperwork is unavailable; staff will follow the pupil's emergency plan/IHP where available and contact emergency services as required.

4.2 Parents/carers will be responsible for ensuring that there is enough medicine to be administered and that it is within the expiry date. Medicine should be provided to the school in the original container from the pharmacy and clearly labelled with:

- child's name
- name of medicine
- how much to give i.e. dose
- when to be given
- any other instructions

4.3 At the completion of a course of treatment, or if the medicine passes its expiry date, the medicine will be returned to the parents/carers for disposal.

4.4 If pupils are administering prescribed medicines themselves a fully completed consent form, signed and dated by the parents/carers, would still be required.

5. Out of School Activities/Educational Visits

5.1 The activity leader is responsible for ensuring that the Head Teacher is aware of any children who may need administration of medicines during an offsite activity. It is essential that before pupils take part in out of school

activities a full risk assessment be undertaken in respect of the possible administration of medicines and medical treatment to pupils. This risk assessment will cover

- any specific risk factors in the activity relevant to the medical condition.
- the availability of members of staff in the party who are willing to administer medication.
- the ability to make appropriate arrangements for safe storage of the medicine throughout the activity.

5.2 Pupils with medical conditions should be supported to participate in educational visits and other school activities wherever reasonably possible. The school will consider reasonable adjustments, the pupil's IHP, appropriate risk assessment, access to medication and the availability of appropriately trained staff. A pupil must not be excluded from an activity simply because of their medical condition. Where participation presents a significant risk that cannot reasonably be managed, the school will discuss appropriate arrangements with the parent/carer and, where relevant, healthcare professionals.

6. Storage of Medicines

6.1 Medicines will be stored securely in accordance with the manufacturer's instructions and the pupil's individual arrangements. Refrigeration will be available where required. Emergency and life-saving medicines, including adrenaline auto-injectors (AAIs) and reliever inhalers, must be readily accessible when required and must not be stored in a way that causes avoidable delay in an emergency. Storage arrangements will reflect the pupil's IHP/allergy plan and the school's Allergy, Anaphylaxis and Asthma Policy.
All medicine storage cabinets will be locked, with the key located in the same room in a place known to all members of staff.

6.2 It is the responsibility of parents / carers to ensure that the school is given accurate information relating to the storage of medicines.

6.3 Records of medication administration will be kept on the parent/carer request form.
Serious allergy incidents and near misses will be recorded, reviewed and used to identify any necessary changes to practice, in accordance with the school's Allergy, Anaphylaxis and Asthma Policy and statutory allergy safety guidance.

6.4 Asthma inhalers must not be locked away and must be readily accessible. Where a pupil is sufficiently competent to manage and carry their own inhaler, they should be encouraged to do so, with appropriate arrangements agreed with parents/carers. Where inhalers are stored by the school, they must be clearly identified and kept in an agreed location that enables immediate access.

6.5 Lunchtime supervisors will be made aware of all children in their classes who suffer from asthma. Inhaler boxes will be placed outside classrooms during all break times and the location of these made known to the supervisors, to enable quick access to inhalers should classrooms be locked.

7. Emergency Medication

7.1 While there are concerns about the misuse of inhalers, either by the pupil or other pupils, the need for the pupil to have ready access should override any concerns about misuse.

7.2 The school may hold an emergency salbutamol inhaler for use in accordance with current Department of Health and Social Care/Department for Education guidance. It will only be used for a pupil for whom the school has the required consent and who has been identified as eligible for its use, in accordance with the school's emergency inhaler protocol.

7.3 The school's arrangements for prescribed and spare adrenaline auto-injectors (AAIs) will comply with the

Children's Wellbeing and Schools Act 2026, the Department for Education statutory guidance 'Allergy safety in schools' (2026), current guidance on the use of spare AAIs in schools, and the school's Allergy, Anaphylaxis and Asthma Policy. AAIs must be readily accessible, staff must know how to obtain them without delay, and use of a spare AAI must follow the pupil's agreed emergency arrangements and applicable consent requirements.

8. Check list for administering medication/care to support school staff in the safe administration of medication/care.

8.1

- Staff responsible for administering medication/care have received any appropriate training.
- Parent/carer consent has been recorded.
- An Individual Healthcare Plan (IHP) is in place where appropriate, based on the pupil's medical needs, the level and complexity of support required, associated risks and advice from parents/carers and relevant healthcare professionals. There is no automatic eight-day threshold for an IHP.
- You have communicated and shared all critical information to any staff to assist them managing continuity of care.

8.2 Where medicines are not prescribed

- Non-prescribed medication should not contain aspirin.
- Medication should be in the original package with prescribing information available.
- The child's name and class must be written on the package. Care must be taken as some medications may have a different brand names but the medication may be the same e.g. paracetamol- also known and contained in Calpol, para-med.

9. Disposal of medicines.

9.1 Staff must not dispose of medicines, parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents/carers will be documented.

Parents/carers should also collect medicines held at the end of the school year. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process will be documented.

Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with Birmingham City Council.

10. Hygiene and Infection Control

10.1 All staff should be familiar with normal precautions for avoiding infection and follow hygiene procedures. Staff will have access to personal protective equipment to avoid infection or risks of cross contamination when administering medicines/lotions, in addition staff will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

11. Birmingham Education Service

11.1 The school will ensure that appropriate insurance/indemnity arrangements are in place for staff who provide medical support as part of school arrangements. Staff must act within their training, agreed procedures and the pupil's care arrangements. Any reference to Birmingham City Council indemnity arrangements must reflect the school's current insurance position.

11.2 Any liability or indemnity arrangements will be dealt with in accordance with the school's current insurance and Birmingham City Council arrangements. The school should not rely on historic wording referring to 'Birmingham Education Service' unless this has been confirmed as current.

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11.3 Where an indemnity or insurance statement is included as an appendix, it must be the current version supplied or confirmed by Birmingham City Council/the school's insurer.

12. Policy Review.

12.1 This Policy will be reviewed annually by the Health and Safety Committee of the Governing Body or as necessary in the light of changing legislation.

13. Policy Links

Supporting pupils at school with medical conditions - statutory guidance

- Accessibility plan
- Complaints
- Equalities
- First aid
- Health and safety
- Safeguarding
- Special educational needs
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Allergy, Anaphylaxis and Asthma Policy
DfE Allergy safety in schools - statutory guidance (2026)

Review History	Reviewed by	Notes (significant changes / additions)
September 2022	S&I Committee	• Paragraph references added • 1.4 Clarification of "homeopathic" added • 1.5 Expanded to include non-branded medicines • 3.7 added re responsibilities for upkeep and security of information • 3.9 clarified role of parents • 6.3 recording of information already practice included in policy • Review history added. • Document name added to footer
2026 review	Safeguarding & Inclusion Committee	Updated to reflect current statutory medical-conditions guidance and 2026 statutory allergy safety duties; revised IHP, emergency medication, educational visit, governance and insurance wording.