



Administration of Medicines in School Policy

Ty Gwyn Education Centre

Updated	January 2026
Responsible staff	ND

School staff have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on school premises and where they are engaged in authorised school activities elsewhere. However, this does not imply a duty upon school staff to administer medication.

There are occasions when a school may be requested to administer a prescribed medicine or treatment to a pupil. At all times the responsibility for the correct administration of medication rests with the Head teacher, though he or she may delegate the day to day operation of the policy.

When a child's medication needs are first identified, the Head teacher must ensure that the appropriate staff are adequately trained.

Having due regard to the needs of the service, every individual has the right to refuse to be involved in the administration of medication / treatment.

Training will be identified and co-ordinated by the health professional in each individual case in consultation with the Head teacher. Training will be carried out on an individual basis involving the health professional, parent/guardian and designated members of staff who are prepared to undertake such training. Staff training will be reassessed as and when new situations arise. Training will continue until such a time as the health professional and members of staff concerned are satisfied that they are competent in the administration of medication/treatment. Training will be certified by the health professional and counter-signed by the Head teacher recognising staff competency. If the health professional does not regard any member of staff as being competent to administer medication in specific circumstances, training will not be given. In such instance, the reason for refusing to train certain staff will be conveyed to the Head teacher and member/s of staff concerned.

A copy of any procedural guidelines drawn up by the Health Authority will be retained within the school and will be available to all members of staff involved in the administration of medication/treatment.

Categories of medicines

Medicines can either be obtained on the prescription of a medical or dental practitioner, or can be purchased. For the purpose of this document, only prescribed medicine will be considered: staff will not be required to administer proprietary medicines bought by parents. The administration of injections is to be undertaken by the parent, guardian or health professional only.

Prescribed medicines will fall into one of the following categories:-

- 1) Liquid preparations, such as mixtures and syrups. Administration must always follow the dosage indicated on the label of the preparation. Spoons / syringes necessary to administer preparations would be supplied by the parent requesting the administration.
- 2) Tablets, capsules and other solid dose forms for oral administration. If any such medicine needs to be dissolved in water before administration, this instruction should appear on the label. In any case, tablets and capsules should always be taken with a drink of water. If the administration veers away from normal practices, guidance should be sought from the General Practitioner and the revised instructions documented

- 3) Powders and granules. Single doses must be presented in individual sachets; instructions for their administration will usually be printed on each sachet.
- 4) Inhalers such as Spinhalers, Rotahalers and nebulisers, which the child has been trained to use him/herself, with or without support, in the treatment of asthma.
- 5) Other treatments may include invasive clinical procedures, such as the administration of rectal valium/diazepam, the insertion of pessaries or suppositories, enteral tube feeding and catheterisation. These duties can only be undertaken by members of staff who have completed the agreed form of training, as identified by the appropriate health professional.

Medicines in points 1 – 5, may be administered by designated staff under the direction of the Head teacher and / or Deputy Head teacher.

Labelling Requirements

- When a medicine is dispensed by a pharmacist it will be labelled with the following information:-
- The name of the person for whom it was prescribed.
- The name of the medicine and strength where appropriate.
- The date on which it was dispensed.
- The dose and frequency of administration.
- Any special instructions as to storage or administration.
- Any date after which it should not be used.

Any prescribed medicine should only be taken by the person whose name is on the label.

Any attached label giving additional information should not obscure the original label.

MEDICINES SHOULD NOT BE ACCEPTED UNLESS IN THEIR ORIGINAL CONTAINER

- Requests to school for the administration of medicines or variation to medication must be made in writing, stating clearly the name of the child, the name of the medication, the dose, the times of administration, the duration of treatment and any special instructions.
- The request must be dated and signed by the parent or guardian of the child.
- Details contained within the letter should replicate the details on the label completed by the pharmacist (with the exception of possible side effects). Any discrepancies should be reported immediately.
- A parent / guardian must inform the head teacher of any variation to the medication administered to the child prior to their attendance at school.
- This information should be recorded on the child's medication sheet AND the message conveyed verbally.
- Medicines must be stored in their original containers in a lockable cupboard inaccessible to children, preferably in a cool room.
- All medicines must be clearly labelled with the name and address of the child, the dose and the time of administration and any expiry date if appropriate.

- Times of administration must be adhered to.
- If, for any reason, medication cannot be administered or if a child refuses, medication must be replaced in the cabinet immediately and any such incident recorded. Head teacher to be informed.
- Two members of staff should be present when medications are drawn up to counter-check dosages. The staff will certify withdrawal of medication on recording chart.
- A second member of staff should be present to counter-check correct medication is given to stated child by the administrator.
- Both members of staff to sign the administration chart immediately.
- NB initials will not be sufficient. Staff should not sign the medication record unless they have personally administered, assisted or witnessed the administration of medication.
- Tablets, capsules and other solid dose forms of oral medication should be counted after administration and an accurate balance recorded on the medication sheet.
- Further supplies of medication should be requested in adequate time before stocks are depleted.
- Medication that is administered on a long-term basis may be kept on the school premises as above. Short-term medication must be returned home each day.
- In the case of older children, parental permission must be obtained prior to a child being entrusted with carrying medicines to school.
- Medication for younger children must be delivered and collected by the parent or other responsible adult.
- Medicines must not be kept in school during the school holidays.
- Single dose medication e.g. paracetamol must be recorded on the appropriate sheet.
- There must be provision of appropriate protective clothing and suitable arrangements for the safe disposal of waste/contaminated clothing/equipment and discarded or out of date medication.
- For identification purposes it may be advisable for an updated photograph to be attached to the child's medical record.
- In the event that drugs stored on the school premises are stolen, immediate action should be taken to notify the police and parents or guardian of the pupil whose medication has been stolen.

Where a class teacher has designated the responsibility of administering medication to the learning support assistant, it will be the teachers' responsibility to inform the Head teacher or appropriate person if that member of staff is absent, so measures can be taken to ensure pupils receive their medication.

Personal Liability

The Authority's present insurance policies would cover any liability in respect of administering prescribed medicines/treatment providing staff are working under the direction of the Head teacher and within the parameters of this document. It is essential, therefore that all members of staff involved in the administration of prescribed medicines/treatment, are provided with a copy of this document.

Check list for administering medication

- ☐ Parents / guardians are provided with relevant consent forms.
- ☐ A location is specified for the administering of medication which is private and is easily accessible as possible for students and relevant staff.
- ☐ The administration occurs at a time when privacy is easier to ensure and where there is minimal disruption to school routine.
- ☐ The administration occurs, as far as possible, at approximately the same time on a particular day.
- ☐ The pupil's identification, prescribed medication, dosage and route of administration can be verified, and where possible, checked by a second person.
- ☐ A record is kept of the administration of prescribed medication.
- ☐ Safe hygiene practices are carried out.
- ☐ Non-compliance by the pupil is addressed as soon as possible with parents.
- ☐ Prescribed medications can be administered when variations in school routine such as excursions occur.
- ☐ Staff know to raise any concerns about prescribed medication or consumables that have not been supplied as agreed, or unexpected side effects, with the school nurse so that they can be discussed with parents / carers.

Appendices

Form 1 Contacting Emergency Services

Form 2 Parental agreement for school/setting to administer medicine

Form 3 Headteacher/Head of setting agreement to administer medicine

Form 4 Record of medicine administered to an individual learner

Form 5 Record of medicines administered to all learners

Form 6 Request for learner to carry his/her own medicine

Form 7 Staff training record - administration of medicines

FORM 1: Contacting Emergency Services

Request for an Ambulance:

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number: **01685652525**
2. Give your location as follows: **Ty Gwyn Education Centre, Y Dolydd, Aberdare**
3. State that the postcode is: **CF44 8EX**
4. Give exact location in the school/setting: **come to reception and you will be shown to exact location**
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met **at reception** and taken to **location of child**
8. Don't hang up until the information has been repeated back.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by all the telephones in the school

FORM 2: Parental agreement for school/setting to administer medicine

The school/setting will not be able to administer medicines unless a signed copy of this form has been received.

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Date dispensed Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that
The school/setting needs to
Know about?

Self administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff including transport operatives*]

I accept that this is a service that the school/setting is not obliged to undertake.
I understand that I must notify the school/setting of any changes in writing.

Date

Signature(s)

FORM 3: Headteacher/Head of setting agreement to administer medicine

Name of school/setting Ty Gwyn Education Centre

It is agreed that *[name of child]*will receive

[Quantity and name of medicine].....every day
at

*[time medicine to be administered eg lunchtime or afternoon
break]*.....

[Name of child] will be given/supervised
whilst

He/she takes their medication by *[name of member of staff]*
.....

This arrangement will continue until *[either end date of course of medicine or until
instructed by parents]*
.....

Date

/		/
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Signed

(The Headteacher/Head of setting/named member of staff)

FORM 4: 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

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

FORM 4: Continued

Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of school/setting

[illegible]

FORM 6: Request for child to carry his/her own medicine*This form must be completed by parents/guardian***If staff have any concerns discuss this request with healthcare professionals**Name of school/setting Child's name Group/class/form Address Name of medicine Procedures to be taken
in an emergency **Contact Information**Name Daytime phone no Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed Date

FORM 7: Staff training record – administration of medicines

Name of school/setting	<input type="text" value="Tv Gwyn Education Centre"/>
Name	<input type="text"/>
Type of training received	<input type="text"/>
Date of training completed	<input type="text" value="/ /"/>
Training provided by	<input type="text"/>
Profession and title	<input type="text"/>

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 *[please state how often]*

Trainer's signatureDate

I confirm that I have received the training detailed above.

Staff signature Date

Suggested review date