



Medicine Policy

Updated: Feb 2025
To be reviewed: Feb 2027

Farndon Primary School

**EQUALITY SCHEME
EQUALITY IMPACT ASSESSMENT FOR
MEDICINE POLICY**

Staff / Committee involved in development:	Finance / Health Safety Committee; Headteacher / Bursar	
For use by:	Staff and Parent/Carers	
This policy relates to statutory guidance:	Supporting pupils with medical needs 2014 EYFS Guidance Children and Families Act 2014 Equality Act 2010 DFE Asthma guidance	
Key related Farndon Policies:	Health and Safety Policy Asthma Policy	
Equality Impact Assessment: Does this document impact on any of the following groups? If YES, state positive or negative impact, and complete an Equality Impact Assessment Form or action plan, and attach.		
Groups:	Yes/ No	Positive/Negative impact
Disability	No	
Race	No	
Gender	No	
Age	No	
Sexual Orientation	No	
Religious & Belief	No	
Gender Reassignment	No	
Marriage & Civil Partnership	No	
Pregnancy & Maternity	No	
Other	Yes	Pupils with medical needs have full and equal access to curriculum.
Reviewed by	Leadership and Management Committee	
Agreed by	Leadership and Management Committee Policies with negative impact must be notified at full governing body	
Next Policy review date	Feb 2027	
A copy of this form, and any related impact assessment form or action plan must be sent to the school office		

Farndon Primary School

Medicine Policy

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

Policy aims

The main aim of this policy is that pupils within our school with medical conditions are properly supported so that they have full access to education.

- With this policy our aim is to support individual children with medical needs to achieve regular attendance.
- A second aim is to reduce cross-infection risk between children, to increase whole-school attendance.
- A third aim is to ensure that medicines given at school are stored and administered safely.

Parents should not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

Non-prescribed medicines:

The school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol or cough medicines). Parents need to make arrangements to come into school if they wish to give their child these medicines.

No medicines can be administered without the Parents' consent.

Prescribed medicines:

In line with other schools' policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

If medicines are prescribed 4 times a day, the school strongly encourages parents or carers to make arrangements to come into school to administer these medicines themselves. Parents and carers will definitely be required to administer the first 24 hour dose of any new prescription, for example antibiotics.

Please consider whether your child is well enough to be at school if they require medicine 4 times a day.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance to do so. We will only accept prescribed medicines that are in date, labelled and provided in the original container as dispensed by the pharmacist and include instructions for administration regarding dosage and storage.

Storage of Medicines:

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. If the school agrees to assist parents and carers to administer a medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

- Name of child.
- Name of medicine.
- Dose.
- Method of administration.
- Time/frequency of administration.

The instruction leaflet with prescribed medicines should show:

- Any side effects.
- Expiry date.

The school will provide blank medicines record forms, and parents/carers must complete and sign one of these forms if they leave medicine at school.

Procedure for Administering Medicines:

1. Medicines to be received, stored, administered and recorded by the same member of the first aid team, usually the Headteacher or Learning Mentor. Pupils also know where they are stored. Where it is not possible for the above persons to administer, Office staff may administer as long as it is counter signed by the Head or Learning Mentor. [Out of school club staff can administer if Head consulted and gives permission – staff to use Out of School Medicine protocol – Appendix 5](#)
2. Parents to complete the necessary pro forma and to personally hand the form and the medicine to the member of staff nominated by the Headteacher the class teacher (Mrs Hughes). This formal face to face meeting must take place.
3. Medicines to be stored in a secure, locked cupboard or fridge as appropriate (if in the fridge, must be in a sealed container).
4. Children who are to receive medicines will be collected by a member of the Office staff or the Headteacher and accompanied to the dedicated first aid area, which is opposite the Office and Headteacher's Office.
5. A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
6. A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
7. Where it is pouring liquid medication, a dispensing cup (or syringe) should be used.
8. Stay with the pupil to ensure that the medication has been swallowed.
9. Where the child raises a concern that they don't think they need to be taking any medication, the medication must not be given until the paper work has been checked and the parent contacted.
10. A record will be made to certify that the name/visual check has been made (see point 6) and that the dosage has been checked. A record will also be made of the date and time of the administration. The member of staff administering the medicine sign to show it has been given.

Remember the 5 Rs when administering medication

Right Student; Right medication; Right dosage; Right time; Right route.

Emergency Situations.

These are catered for in the IHC plans. It is clearly defined what constitutes an emergency and explains what to do. It should make clear all relevant staff are aware of emergency symptoms and procedures. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Longer term Medical needs:

Where a child has a long term medical need a written Individual Health Care (IHC) plan will be drawn up with the parents and health professionals. In this case, school staff & [Out of School staff](#) will assist with medicines if this is in the care plan. (**Appendix 3**)

The IHC plans ensure that as a school we effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. When deciding if an IHC is needed, we follow a flow chart taken from the statutory guidance (**Appendix 4**)

Plans are drawn up in partnership with the parents and relevant health care professionals. The aim is to capture the steps which the school must take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans are reviewed annually or earlier if the needs change. Where a child has a special educational need, the IHC should become part of the EHC.

The IHC plan should always consider the following:

- medical condition
- the pupil's needs (medication / dietary / dosage)
- specific support for pupil's social and emotional needs
- level of support needed
- who will provide the support and training needs
- who in school is aware of condition
- arrangements for written permission for medication to be administered
- arrangements for school trips
- confidentiality
- what to do in an emergency

Self-Management:

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately and ensure they are appropriately supervised.

Refusing Medicine:

When a child refuses medicine the parent or carer will be informed the same day. The medication **must not** be given at a later time stated in the administration of the medicine.

Storage and Disposal of Medicine:

The school will store medicine in a locked cabinet (in the school office), or locked fridge, as necessary. They are stored in containers and clearly labelled. Medicines that have not been collected by parents at the end of each term will be safely disposed of. School keeps a log of medication and expiry dates. The school Bursar and Family Liaison Mentor send reminders where necessary.

Emergency treatment and medicine administration:

The school will call for medical assistance and the parent or named emergency contact will be notified. The Governing Body will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

Reviewed by Headteacher: Mr Andrew Walker

Signed: 

Chair of Governors: Mr Michael Rudd

School illness exclusion guidelines – Appendix 1

Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day. **See also Guidance on Infection Control in schools and other childcare settings for more details.**

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles/rubella	Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed .
Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	First dose must be given at home, and first 24 hour doses must be given by parent or carer.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).

FARNDON PRIMARY SCHOOL Appendix 2

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth Group/class/form

Medical condition or illness

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to (agreed member of staff) and 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.

SignedPrint Name
(Parent/Guardian)

Date

Daytime telephone number

Address

.....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service



Unlocking the potential...

Individual Healthcare Plan

Child / Young person details

Child's name:			
School:			
Child's Address			
Year Group:			
Date of birth:			
Medical diagnosis:		Diagnosed since	
Explanation of condition			
Other conditions:			
Allergies			
Date:			
Review date:			

Family contact information

Name:		
Relationship to child:		
Telephone numbers	Home	
	Work	
	Mobile	
E mail address		
Address if different to child		

Name:		
Relationship to child:		
Telephone numbers	Home	
	Work	
	Mobile	
E mail address		
Address if different to child		

Other essential information

Contacts	All the relevant contact details / numbers	
Job title	Named Contact	Contact number
General Practitioner		
Class teacher		
Health visitor / School nurse		
SENCO		
Relevant teaching staff		

Relevant non-teaching staff		
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Describe and give details of child's symptoms, triggers, signs and environmental issues

Treatment, medication, dose, method of administration, when to be taken, administered by, with out without adult supervision

Daily care requirements

Specific support for the pupils educational, social and emotional needs

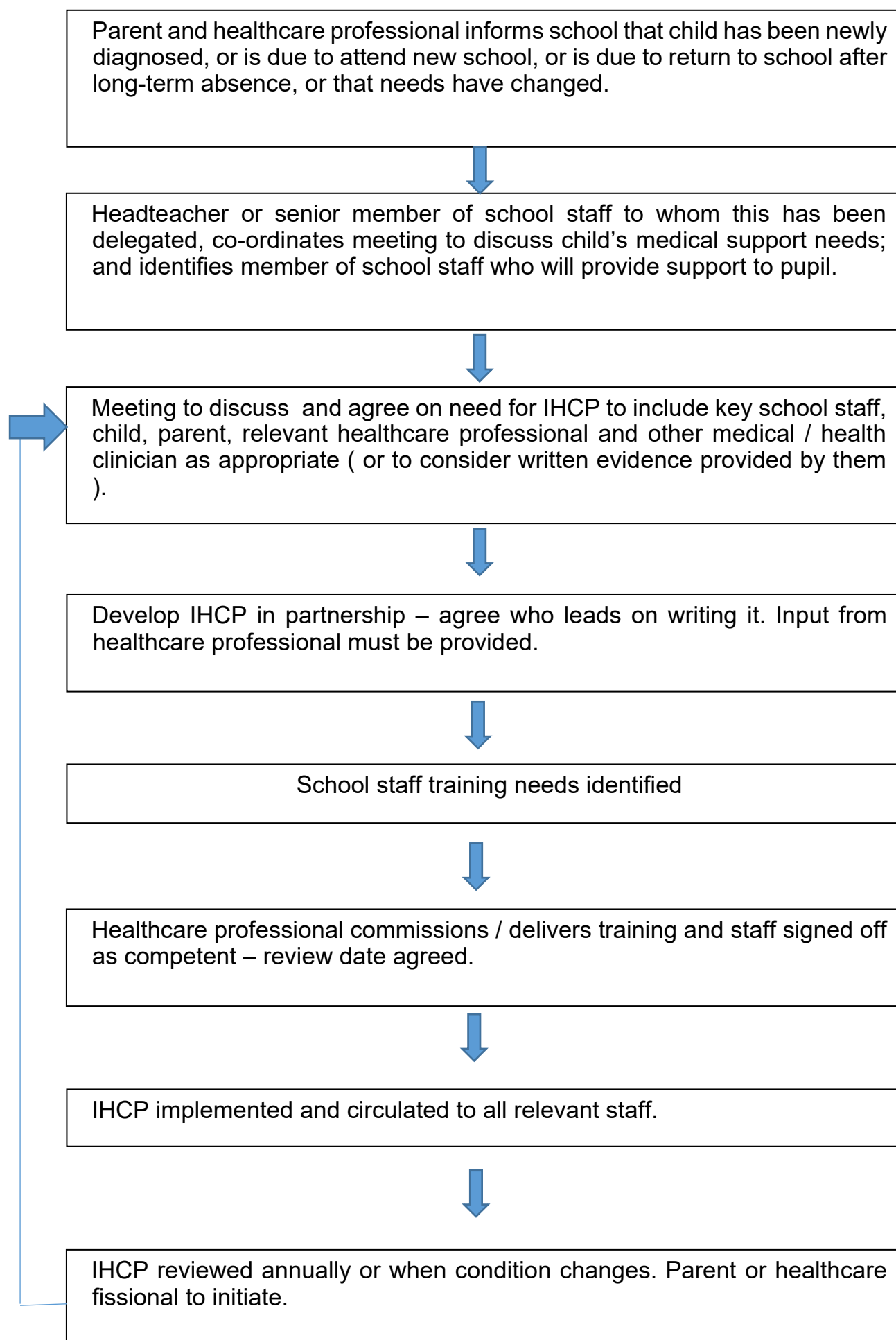
Arrangement for school visits / trips etc

Describe what constitutes an emergency and the action to take if this occurs
Training for staff needed / undertaken – who, what, when

	Name	Signatures	Date
Young person			
Parent / Carer			
School rep (including job title)			
Headteacher			

Appendix 4

Model process for developing Individual Health Care Plans



Appendix 6 Before and After School Club

Out of School Administering Medicines Protocol

This is different from whole school policy to allow for different members of staff being available and the ease of recording.

To be read in conjunction with the Whole School Medicine Policy.

Medication will never be given without the prior consent of Head Teacher & parents (as outlined in whole school policy) unless instruction is given in a critical emergency by a hospital or GP.

Medicines should only be administered by the out of school staff when it would be detrimental to a child's health, or school attendance, not to do so and it cannot be carried out by the designated school staff or parent. Therefore, it is most likely to be regular medication outlined in a child's Individual Health Care plan that will be administered.

The Whole School Policy will be adhered to apart from the items below which replace **only** the Whole School '*Procedure for Administering Medicines*' paragraph.

The procedure for administering medication at the club is as follows:

Child too young to self-administer

One member of staff alerts another member of staff that a child is going to have medicine (can be verbal or visual) & other member of staff stays vigilant and observes from a distance until the medication is back in it's original safe place.

One member of staff collects medicine, with child if possible.

2 members of staff to check the label for the correct child's name and dosage.

One staff member, whilst being observed by second member of staff, administers the medicine – checking with the observer that the correct dosage & method is used.

Medicine is returned by one member of staff, with child if possible.

Both members of staff to record in Out of School Club medicine record.

Child responsible enough to self administer and this has been approved by Head & parents

One member of staff alerts another member of staff that a child is going to self administer (can be verbal or visual) & other member of staff stays vigilant and observes from a distance until the medication is back in original safe place.

One member of staff collects medicine, with child if possible.

1 member of staff & child to check label for correct child's name, dosage & method.

One member of staff observes child self-administering the medicine. This can done discreetly if the child becomes self-conscious or anxious about others around them but must be monitored/ observed by one member of staff.

Medicine returned by one member of staff, with child if possible.

Both members of staff to record in Out of School Club medicine record.

Out of School Club medicine record to be shown to & signed by the parent. This can be done on a block basis e.g. once a week if it is a frequently taken medicine.



Medication Record Form

Date	Child's name	Medicine & amount	Reason given	Given by (name & signature)	Seen/ agreed by (name & signature)	Responsible guardian / parent (name & signature)	Any further action /concerns/ response required. (only fill in if needed)