

CROESYCEILIOG SCHOOL

YSGOL CROESYCEILIOG

Administration of Medicines Policy



“Learning, Respect, Ambition”

Head teacher/Prifathrawes: Mrs N Richards

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“At Croesyceiliog School, we strive to provide enriching and engaging learning opportunities, in and out of the classroom, to develop the skills, knowledge and attributes needed to lead successful lives. We learn together to become kind citizens that respect others and make positive choices. Our ambition is to ignite a passion for lifelong learning.”

Welsh Network of Healthy School Schemes



Cynlluniau Ysgolion Iechyd - Rhwybwrth Cymru



Author	Croesyceiliog School
Consultees	Teachers, students and parents of Croesyceiliog School
Name of school staff responsible for maintaining this policy	Faye Harman
To be read in conjunction with	Welsh Government Statutory guidance for school governing bodies on school uniform and appearance policies
Date Policy formally approved by Governing Body	March 2025
Review Date	March 2026
Signed (Head Teacher)	
Signed (Chair of Governing Body)	

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1. Aims & Objectives

To outline the procedures for administering emergency medicines to pupils.

We acknowledge that under the standard terms and conditions for the employment of teachers there is no legal duty for them to administer or to supervise a child taking medication.

No non-emergency medicines will be administered by staff.

Parents / carers can make arrangements to administer non-prescription or prescription medicine at lunch time or during the school day if required.

2. Scope

We acknowledge that under the standard terms and conditions for the employment of teachers there is no legal duty for them to administer or to supervise a child taking medication.

No non-emergency medicines will be administered by staff.

Parents / carers can make arrangements to administer non-prescription or prescription medicine at lunch time or during the school day if required.

3. Roles & Responsibilities

Role of the Governing Body

- appointed a member of staff to be the Coordinator for Health and Safety, who is currently the School Business Manager, Ms Harman
- a responsibility for the effective implementation, monitoring and evaluation of this policy

Role of the Headteacher

The Headteacher will:

- ensure the administration of emergency medicines by putting into practice effective strategies and examples of good practice
- inform parents of the school policy via the school website
- ensure parents review medicines held in school to ensure that they are still in date
- organise appropriate training for the administration of inhalers, epipens and medication for diabetic pupils

Role of the Designated Person/s Members of the school personnel who have volunteered to administer or supervise the taking of medication will:

- be up to date with the Individual Health Care Plans (provided by school nurses) for those pupils with specific medical needs or emergency medication such as asthma inhalers or epipens.

Role of Parents/Carers Parents/carers must provide:

- written permission by completing the Medication Consent Form
 - take responsibility for ensuring asthma inhalers and epipens held in school are in date
 - sufficient medical information on their child's medical condition
 - the medication in its original container
 - sufficient medicine for the dosage to be given in school
- Administration of Prescribed Medicines
Members of the school personnel who have volunteered to administer or supervise the taking of medication will:
- be aware of Individual Health Care Plans and of symptoms which may require emergency action
 - read and check the Medical Consent Forms before administering or supervising the taking of medicines
 - check that the medication belongs to the named pupil
 - check that the medication is within the expiry date
 - inform the parent if the medication has reached its expiry date
 - confirm the dosage/frequency on each occasion and consult the medicine record form to prevent double dosage
 - always take appropriate hygiene precautions
- Medication Record The following information must be supplied by the parent/carer – refer to attached forms
- Name and date of birth of the child
 - Name and contact details of the parent/carer
 - Name and contact details of GP
 - Name of medicines
 - Details of prescribed dosage
 - Date and time of last dosage given
 - Consent given by parent/carer for staff to administer medication
 - Expiry date of medication
 - Storage details
- Security All medications will be kept in a secure place and accessible only to the designated persons

Educational Visits

On educational visits a designated person will also attend in order to administer medications. All parents will be asked for relevant medical information prior to pupils attending an educational visit or trip.

Sporting Activities

All parents will be asked for relevant medical information prior to pupils attending an offsite sporting activity.



The school will not give your child medicine or store medicine for your child unless you complete and sign this form

Name of Child	
Date of Birth	
Form	
Medical condition or illness	
Medicine Name/type of medicine (as described on the container)	

Date Dispensed / /	Expiry Date / /
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Agreed review dated to be initiated by (name of member of staff)

Dosage & Method	
Timing	
Special Precautions	
Any side effects the school needs to be aware of	

Self-Administration (Delete as appropriate) Yes / No

Procedures to be taken in an emergency	
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Contact Details

Name	
Daytime Tel Number	
Relationship to pupil	
Address	

I agree and understand that:-

I will notify the school of any changes in writing

I understand that I must deliver the medicine to (name of staff member)

I accept that this is a service that the school is not obliged to undertake.

Date:

Signed:.....



Form 3: Headteacher/head of setting agreement to administer medicine

Name of setting

It is agreed that [name of learner] will receive

[quantity or quantity range and name of medicine]

every day at [time medicine to be administered, e.g. lunchtime/afternoon break]

[Name of learner] will be given/supervised while they take 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/carers]

Date

Signed

[The headteacher/head of setting/named member of staff]



Form 4: Record of medicine stored for and administered to an individual learner

Name of setting

Name of learner

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/carer

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



Form 6: Request for learner to carry/administer their own medicine

This form must be completed by the parent/carer.

If staff have any concerns discuss this request with healthcare professionals.

Name of setting

Learner's name

Group/class/form

Address

Name of medicine

Carry and administer

Administer from stored location

Procedures to be taken
in an emergency

Contact information

Name

Daytime telephone no.

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed parent/carer Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature..... Date



Form 7: Staff training record – administration of medicines

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of 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 [please state how often]

Trainer's signature Date

I confirm that I have received the training detailed above.

Staff signature Date

Suggested review date



Form 8: Medication/healthcare incident report

Learner's name _____

Home address _____

Telephone no. _____

Date of incident _____ Time of incident _____

Correct medication and dosage:

Medication normally administered by:

Learner	<input type="checkbox"/>
Learner with staff supervision	<input type="checkbox"/>
Nurse/school staff member	<input type="checkbox"/>

Type of error:

Dose administered 30 minutes after scheduled time

Omission Wrong dose Additional dose

Wrong learner

Dose given without permissions on file Dietary

Dose administered by unauthorised person

Description of incident:

Action taken:

Parent notified: name, date and time _____

School nurse notified: name, date and time _____

Physician notified: name, date and time _____

Poison control notified Learner taken home Learner sent to hospital

Other: _____

Note:
