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Head Teacher: Mrs S Frost

Administration of Medicines Policy – September 2025

Introduction

This guidance is crucial in ensuring the well-being of individual pupils with medical needs who may require medication during school hours. It serves to clearly outline the procedures and responsibilities for parents, thereby safeguarding pupils and providing essential support to staff.

To ensure the smooth administration of medication at school, parents should aim to schedule their child's medication outside school hours whenever possible. Here are the key points to remember:

- **Medication Timing:** Parents should try to have their child's medication prescribed and taken at times that do not interfere with school hours.
- **Handing Over Medication:** If medication must be administered during the school day, it should be handed to the school office.
- **Labelling and Forms:** All medication must be fully labelled. Parents must also complete and sign a Medical Administration Form, which is available on the school website and attached to the relevant document.
- **Storage and Quantity:** The school will not store large volumes of medication. Parents or children should bring in only a daily dose or a short course, such as penicillin. For long-term medication, specific arrangements can be made between the teacher and parent, as detailed on the parental request form.

Emergency Medication

- **Annual and As-Needed Updates:** IHPs must be updated annually at the beginning of each school year and whenever there are changes in the child's condition.
- **Asthma-Specific Emergency Action Plans:** For children with asthma, an Emergency Action Plan (Appendix 2) must be attached to their IHP.
- **Display and Accessibility of IHPs:** IHPs, including photographs of each child, will be displayed in the SLT office. Supply staff and volunteers will be informed about these records during their induction process.
- **Classroom Storage:** Class teachers must place a copy of the IHP in the clearly labelled medical box within the classroom.

Individual Healthcare Plans (IHPs)

Any child diagnosed with a condition that may lead to a medical emergency must have an IHP (Appendix 2). This plan will be completed by the class teacher, SENDco, DSL, or head teacher in consultation with parents. Staff may need to contact the appropriate health professional(s) for further information or support. The IHP can be updated in response to any changes in the child's care or condition but must be updated at the beginning of every school year.

Asthma-Specific Procedures

- For a child with asthma, the additional information found in Appendix 2 (Emergency Action Plan) must be attached to the completed IHP.

Classroom Storage

- Class teachers must also place a copy of the IHP in the clearly labelled medical box within the classroom. By following these guidelines, we can ensure that all staff are informed and prepared to handle medical emergencies effectively.

Generic Medication

To ensure the safe administration of medication and adherence to school policies, the following updates have been made:

Parental Authorisation for Painkillers

- **Authorisation Required:** Parents must supply and authorise the administration of painkillers by completing a Medical Administration form, following the same procedure as for routine medication.
- **MIS / Dojo Update:** must be updated whenever painkillers are administered. A Dojo is to be sent home and records updated on the child's MIS.
- All medication administration must comply with the schools safeguarding and wellbeing protocols. Any concerns arising during medication administration, such as neglect, refusal of unexplained symptoms must be reported to the DSL.

Access to School Inhalers

- **IHP Requirement:** Pupils may access a school inhaler for asthma only if they have a completed Individual Healthcare Plan (IHP) under the emergency medication procedure.
- **Administration by Safeguarding Team:** The school inhaler can only be administered by a member of the Safeguarding Team. It is the class teacher's responsibility to ensure the IHP is in place.

Vigilance with Drinks and Bottles

- Staff must be vigilant if children bring liquids into school in their containers, as children should bring in empty bottles. If there is suspicion that the bottle contains anything other than water (e.g., steroids, Movicol), the DSL (Designated Safeguarding Lead) or a member of the Safeguarding Team must be notified immediately.
- Medicines should not be hidden in a child's food or drink. Children have the right to know if they are being given medication and must always be informed.

Storage of Medicines

To ensure the safe administration and storage of medication, the following updates have been made to the policy:

Labelling and Safety

- **Proper Labelling:** All medication containers must be labelled with the pupil's name, the name and dose of the drug, and the frequency of administration. If a pupil needs two or more prescribed medicines, each must be in a separate container.

Storage Locations: Medicines may be stored in the following locations:

- In the small lockable refrigerator in the kitchen area of The Sanctuary.
- In the locked medicine cabinet in The Sanctuary. The location of the key is known to all staff (e.g., routine medication, back-up emergency medication, generic medication).
- In a clearly labelled location in the classroom where it cannot be accessed by children (e.g., inhalers and Epi-pens). Supply staff should be informed of this location during their induction process.

Epi-Pens

- **Availability and Labelling:** Each child with an Epi-pen must have two Epi-pens in school at all times. Both pens must be labelled with the child's name and class.
- **Storage:** Epi-pens will be stored in a clearly visible emergency medication box in the classroom. The box must be clearly visible and/or have a sign indicating where the medication is stored.

Staff Awareness

- **Potential Dangers:** Staff must be aware of the potential dangers to children if they are given a substance from an unlabelled or incorrectly labelled container.
- **Pupil Knowledge:** Where appropriate, pupils should know where their medicine is stored and who to ask if they need access to it.

Monthly checks on Long-term and Emergency medication

To ensure the safe and effective management of medication, the following updates have been made to the policy:

Expiry Dates

- **Monthly Checks:** All medicines in school must be checked for expiry dates at least monthly, considering that medicines have varied shelf lives (use the log sheet).
- **Collaboration with Parents:** Staff need to work with parents to ensure that medicine is always in date and available should a child need it.

Medicines Off-Site

For example: on excursions, going swimming or for sports activities. Teachers will complete a risk assessment for off-site activities and medical needs will form part of this assessment. Emergency medicines must be checked by staff before leaving and kept in their boxes when taken off-site.

Residential Visits

Parental consent forms will be sent home with every child who is going on a residential visit. This identifies children's individual care needs, including medical needs. This may include:

- Medication for diagnosed illness
- Allergy alerts
- Permission for the administration of generic medicines such as pain relief, anti-histamines, and travel sickness.

Parents of any child who will need specific medicine are required to complete and return the Medical Administration form. When medicine is administered, a member of staff will fill in the MED 1 form. All documentation must be carried by a staff member on the visit along with any specific medicine they may require. On return to school, individual children's medicines are sent home but MED1 forms are filed in the red folder kept in the SLT office as a record of medicines given.

Trip leaders are responsible for the safe and appropriate storage of both specific and generic medicines throughout the trip.

Refusing Medication

If a pupil refuses to take medication, the following steps should be taken:

1. **Do Not Force:** Staff should not force the pupil to take the medication.
2. **Contact Parents/Carers:** Immediately inform the pupil's parent or carer about the refusal.
3. **Consult the GP:** If necessary, contact the pupil's GP for further advice.
4. **Emergency Services:** In urgent cases, contact emergency services to ensure the pupil's safety.

Information Sharing

Staff and supply staff will be given information on medical conditions that is necessary for keeping children safe and cared for. Supply staff will be directed to the IHP information centre in the SLT office, by the class teacher or TA, and shown the emergency medication store in the classroom as part of their induction.

Apart from this, head teachers and all school staff will treat medical information confidentially. Where information has to be shared, the head teacher will agree with the parent or guardian who else can have access to medical records about the pupil.

Disposal of Medicines

School staff **must not dispose of medicines**. Parents must be asked to collect medicines held at school at the end of each term. Parents are also responsible for the disposal of date-expired medicines. All medicines must be disposed of via a chemist, they cannot be tipped down the drain or put into bins for collection. Parents should be made aware that this is why we cannot dispose of medicines at school.

Emotional and Cultural Sensitivity

Staff must consider the emotional, cultural and religious needs of each child when administering medication. Where concerns arise, the DSL must be consulted.

Staff and visitors' medicines

Staff and visitors must ensure that their own medical needs are met in school without jeopardising the safety or well-being of other staff or children. All staff and visitors' medicines (paracetamol, antihistamine etc.) **MUST** be stored safely in a place which is secure and inaccessible to children.

Where staff or visitors have medical needs, which may require emergency treatment, it is their responsibility to ensure that they have informed the headteacher and any other staff members who may be called upon to support in an emergency. Information about known health conditions and current medication can then be passed to paramedics, should they need to be called.

Information about staff and visitors' medical needs is strictly confidential and should be treated as such.

All visitors **MUST** be informed about this section of the school Medicines Policy on arrival.

Appendices:

Appendix A: Medication Administration Form (parental permission)

Appendix 1: MED1

Appendix 2: IHP Individual Health Plan

Review: September 2026

Medicines Policy and Procedures – Reminder Sheet

Responsibility for a child's health and well-being lies with their class teacher. Actions may be delegated to a TA but responsibility remains with the class teacher at all times

Check children in your class through Scholarpack and liaise with previous class teachers to ensure that you are aware of the medical needs of all children in your class.

Wherever possible, do not give medication in school. Any medicine taken less than 4 times per day can be given at home.

If a child needs to take the routine medication in school (eg. For ADHD):-

- ensure that a Medication Administration Form (Appendix A in the Medicines Policy) is completed by parents and a copy put in the medical file in the Kingdom.
- the Med 1 form provides space for recording when each dose is administered and this must be completed by the teacher or TA every time a dose is given.
- check that medicine is fully and officially labelled, check its shelf life and initiate regular checks to make sure that it is always in date.
- ensure that medicine is stored safely, either in the medicine cabinet or in the small lockable fridge in The Kingdom.

If a child has been diagnosed with a condition that may lead to a medical emergency eg. anaphylaxis, asthma...

- immediately complete an individual health care plan (Appendix 2a in the Medicines Policy)
- display this IHP on the wall in the staff room
- Epi-Pens – there MUST be 2 pens. Check they are both in date. They should both be stored in an orange medicines bag in a clearly labelled location in the classroom, where it cannot be accessed by children. Pens must be checked to ensure they are up-to-date, at least monthly. Be aware that it may take 2 weeks or more to obtain a new set of Epi-pens. Out-of-date EpiPens must be returned to parents for disposal and must be returned directly to parents at the end of every term.
- Asthma inhalers – store in the class medical box which should be in a secure place and clearly labelled. Pupils should know where their inhaler is stored, and who to ask to gain access to it. Use of inhalers must be recorded in Form MED1, which is kept in the class medical box. There is a generic asthma inhaler in school which is kept in the Medicines Cupboard. This can be administered by any member of the Safeguarding Team (SF, SS, CG, RB & JB)
- Ensure that you and supporting staff in your year group are confident in administering emergency medicines and are familiar with the procedures detailed in the Medical Policy.

ALL MEDICINES WILL BE KEPT IN THE KINGDOM, IN THE MEDICAL CABINET OR MEDICINE FRIDGE, WITH THE EXCEPTION OF ASTHMA INHALERS AND EPI-PENS.

ALL STAFF MEDICINES MUST BE KEPT SECURELY, EITHER LOCKED AWAY IN A SAFE IN THE CLASSROOM, OR IN THE MEDICINES CUPBOARD IN THE KINGDOM.

PARACETAMOL AND IBUPROFEN FOR STAFF USE WILL BE KEPT LOCKED IN THE KINGDOM

Appendix A- Parental Agreement Form



Ashfield Junior School Medication Administration Form

Ashfield Junior School will not give your child medicine unless you complete and sign this form.

Name of child:

Date of birth:

Group/class/form:

Medical condition/illness:

Medicine/s:

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

Date dispensed:

Expiry date:

Agreed review date:

Review to be initiated by:

Dosage, method and timing:

Special precautions:

Are there any side effects that the school needs to know about?

Self-administration: Yes/No (delete as appropriate)



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MED 1: Record of medicine administered to an individual child

(Only to be used if the Medical Administration Form has been completed)

Name of Child	
Group/Class	

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Administered by			
Overseen by			

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Administered by			
Overseen by			

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Administered by			
Overseen by			

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Administered by			
Overseen by			



Appendix 2

Supporting Pupils with Medical Conditions

INDIVIDUAL HEALTHCARE PLAN (IHCP)	Ashfield Junior School		Photo
School:			
Name of Child:			
Date of Birth:			
Address of Child:			
Gender:	MALE/FEMALE	Class:	
Date:	Review Date:		
Medical Diagnosis or Condition:			
EMERGENCY CONTACT INFORMATION			
Family Contact 1		Family Contact 2	
Relationship to Child:		Relationship to Child:	
Home Tel. No:		Home Tel. No:	
Mobile Tel. No:		Mobile Tel. No:	
Work Tel. No:		Work Tel. No:	
Clinic or Hospital Contact		GP Contact	
Name:		Name:	
Contact No:		Contact No:	

Describe the child's medical needs (e.g. details of any symptoms, triggers, signs, treatments, facilities equipment/devices, environmental issues etc)			
Medicine details (e.g. name of medicine, dose, method of administration, when to be taken, side effects, contra-indications)			
Agreed procedure if the medicine or procedures are refused by a child			
Daily care requirements (e.g before sports activities, at lunchtime etc)			
Arrangements for educational visits or other activities outside the normal timetable			
Describe what constitutes an emergency and the action to take if this occurs.			
Permission held to administer salbutamol in an asthma emergency		YES	NO N/A
Who is responsible in an emergency (Please state if different for different activities e.g off-site)			
Arrangements for educational visits or other activities outside the normal timetable			
Plan developed with (child, parent, healthcare professional, school staff)			
Print Name	Signature	Relationship to child:	Date:



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Emergency Action Plan- Asthma

It is essential that those members of staff working with or teaching children/young people with asthma can recognise the signs of an asthma attack and know what to do.

<p>Common signs of an asthma attack:</p> <ul style="list-style-type: none"> • Persistent coughing (at rest) • Shortness of breath • Wheezing sound from the chest (at rest) • Feeling tight in the chest • Being unusually quiet • Difficulty speaking in full sentences • Tummy ache (sometimes in young children). <p>What to do:</p> <ul style="list-style-type: none"> • Keep calm • Encourage the pupil to sit up, leaning slightly forward- do not hug or lie them down. • Make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately, preferably through a spacer. • Ensure tight clothing is loosened • Reassure the individual. <p>Note: It is not possible to overdose on reliever medication, and side effects such as increased heart rate or feeling shaky will soon pass.</p>	<p>If there is no immediate improvement:</p> <p>Continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve (preferably through a spacer).</p> <p>Call 999 immediately if:</p> <ul style="list-style-type: none"> • Symptoms do not improve within 5-10 minutes • The pupil is too breathless or exhausted to talk • The pupil's lips are blue • You are in any doubt <p>Whilst waiting for the ambulance or doctor, ensure the pupil continues to take one puff of the reliever inhaler every minute.</p> <p>Contact parents/guardians.</p> <p>After a minor asthma attack: Minor attacks should not interrupt the involvement of the pupil with asthma in school. When they feel better they can return to school activities.</p> <p><u>Parents/guardians must always be informed</u> if their child has suffered an asthma attack, however minor the attack.</p>
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