

Ysgol Hendrefelin



Administering Medication Policy

MONITORING AND EVALUATION OF POLICY

<i>Policy Type:</i>	<i>School based Policy</i>
<i>Review Cycle:</i>	<i>Annually</i>
<i>Last Review Date:</i>	<i>December 2025</i>





PROCEDURES FOR ADMINISTERING PUPIL'S MEDICATION AT YSGOL HENDREFELIN

Consent to Administer Medication

1. Prior to admission and at the beginning of each new school year **Medical Consent/School Health Plan Forms** and **Essential Details Forms** are sent home for the parents/carers to complete.
2. The form should be completed even if the pupil is not on any prescribed medication to allow the school to administer paracetamol if required.

(If the pupil does require pain relief medication the school will always contact the parent beforehand to ensure no other medication has been administered at home).

Copies of current, completed Medical Consent Forms are kept in the Class Medical File. The Class Medical file is kept in the staffroom medical storage facility.

3. Within the **Medication File** there is a form for each pupil. This will be completed by identified members of staff to record all relevant details of the medication, including,
 -  The full name of the medication
 -  The date it was brought into school
 -  The dosage to be given
 -  How many tablets / ml was brought school.
4. No medication will be administered without the prior receipt of a signed consent form. Verbal agreement will not suffice in the absence of a consent form.
5. All pupil medical records will be kept on file at the school for two years after they have left the school.

Sending Medication into School and Storage

6. Pupil medication **must** be sent into the school either via the taxi escorts or by the parents/carers directly bringing the medication to the school.

Medication will not be accepted from the pupils themselves.

7. Medication **must** be sent into school in its original packaging which must state the pupil's name, GP's name and the dosage.
8. Medication should be handed to a member of staff from the pupil's class, they will sign the Medication Form to indicate receipt of the drugs. Medication will

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then be placed in individual pots marked with the pupil's name and class. All Medication must be kept in its original packaging when stored. The form is to be signed by two members of staff.

9. Medication **will not** be accepted or administered if it is not received in its original packaging.
10. All medication is kept within a locked medicine cabinet and in turn this is locked within another cupboard. The principal medical cupboard is in the staffroom.
11. Two members of staff **must** be present when recording and storing the medication. Any records must also be signed by the two members of staff.
12. Training will be provided for all staff who are involved with receiving and administering medication. Refresher training will be provided annually.
13. Supply staff **must not** administer medication.

Administering the Medication

14. Two members of staff must be present.
15. All medication that is administered must be recorded and signed for by the two members of staff present to administering the medication stating the date and time given.
16. Medication **must not** be administered without the relevant medical form for that pupil being checked first to ensure the correct dosage and avoid duplication of medication being administered.
17. If a pupil who requires medication is taking part in an offsite activity, then the relevant medical files need to be checked to confirm that last dosage. The medication should then be administered in the presence of two members of staff in line with the Pupil's Health Care Plan and the School's Medical protocols and procedures. Both members of staff will ensure that the correct dosage is taken on the trip and signed for as being given to the pupil on their return to school.
18. All notations, signatures etc. will be done using indelible ink, ditto marks are not to be used.
19. Tippex **should never** be used, if a mistake is made a line should be put through the text and initialled

Pupils Who Refuse Medication

20. In the event of any pupil refusing to take their prescribed medication the member of staff will phone's the child's home to inform the Parent/Carer. A note of the refusal will also be made in their medication form. One copy should be retained with the pupil's medication form and a second copy posted to the child's home.

Re-ordering Medication

21. When the medication is getting low a member of staff, will ensure that the parents/carers are contacted to inform them that more medication is needed in school.

Disposal of Old Medicines

22. If it is not possible for medication to be sent back home, all unused or out-of-date medication is stored inside the school's medical cupboard until it can be safely disposed of by a member of staff who will take it to the local pharmacy for correct disposal.

The Keys to the Medical Storage Facilities Are Kept As Follows:

23. Staffroom Storage Facility

Key to medical cupboard is stored in locked cupboard in Main staff room.

The Administering of Paracetamol

24. If a pupil has had a consent form signed to say that they may be given paracetamol, the classroom teaching assistant or other responsible adult may give the pupil the correct dose, provided that they:

- (i) Discuss with a member of SLT first
- (ii) Ensure that a previous dose has not been given within the time allowed on the medication directions. (This could involve a phone call home or consulting the school's **Pupil Medical Form**) Any paracetamol being administered before 12:30pm will require a phone call to parent / carer to ensure there has been enough time elapsed between a previous dose.
- (iii) The pupil Medication Form is signed to record that the medication and dose was given.

Identified/Responsible Staff

25. Members of staff and responsible adults who are prepared to administer medication, in line with the Pupils' Health Care Plan and School's protocols and procedures, will be identified by SLT. Unless it is part of their employment Job Description agreement will be sought between both parties before the administration of medication.
26. It will be the responsibility of SLT/ALNCO to ensure Pupil's Health Care Plans are regularly reviewed and updated and staff are given the appropriate, necessary training and information to support the administration of medication and ensure good practise is followed and maintained.
27. The overall responsibility of the school's procedures for administering medication will lie with SLT/Governing Body.

Staff Training

28. Regular training and refresher training will be provided for staff.
29. Ysgol Hendrefelin will also ensure that condition specific training is given to staff where appropriate, i.e. epilepsy training.

Medical Consent Form/Health Plan

Please include details of ANY medical conditions medicated /non medicated that may affect your son/daughter.

Pupil's name

Class

Date of birth

Pupil's address

Medical condition

e.g. Epilepsy, Asthma

Family Contact Information

Name

Phone no.(work)

(home)

(mobile)

Clinic/ Hospital Contact

Name

Phone no.

G.P. & Clinic

Phone no.

Social Worker & Telephone No.

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Describe medical needs and give details of child's symptoms. Please include any child with Asthma

Daily care requirements (e.g. before sports / lunchtime / school trips)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Parental agreement for school to administer medicine

Do you give permission for your child to be given Paracetamol for pain relief if needed
YES/NO

Allergies

- Has your child an allergy to plasters **YES/NO**
- Do you give permission for us to apply a plaster if needed **YES/NO**
- Has your child an allergy to Latex **YES/NO**
- Do you give permission for us to apply Sun cream **YES/NO**

If your child has any known allergies, please could you inform us below:-

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SignedDate

The School WILL NOT give your child medicines unless you complete and sign this form.

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Medical Consent Form/Health Plan (cont)

The school WILL NOT give your child medicine unless you complete and sign this form. The school has a policy that where appropriate staff can administer medicine.

Child's name

Class

Date of birth

Medical condition

Medicine

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

Name and strength
of medicine

Date dispensed **Expiry**

Dosage and method

Timing

Special precautions

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

Self-administration (delete as appropriate) **YES/NO**

Procedures to take in an emergency

Note: Medication must be in the original container as dispensed by the pharmacy and contain the number exact amount stated on the label.

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Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I parent / carer of pupil _____ accept the administering of medication, is a service that the school is not obliged to undertake.

I agree to being contacted if the pupil refuses to take the medication at school.

I understand that I must notify the school of any changes in writing.

I agree that I will supply all medication in its original packaging with the clinical label stating the pupils name, medication and dosage.

NAME:

SIGNATURE:

DATE:

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Policy Review Record:

Policy Review		Signature	Signature
Date approved by Governors	9/04/2019	<i>Mr R. Blank</i> (Chair of Governors)	<i>Mr L. Lewis</i> (Headteacher)
Date Reviewed	18/07/2023	<i>Mr R. Blank</i> (Chair of Governors)	<i>Mr L. Lewis</i> (Headteacher)
Date Reviewed	16/12/2025	<i>Mr R. Blank</i> (Chair of Governors)	<i>Mr L. Lewis</i> (Headteacher)