



Fallings Park Primary School

Administering Medicines Policy

2025

Policy for Administering Medicines

The school follows the 'Managing Medicines in Schools and Early Years Settings' guidance.

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

For Policy and guidance on Asthma and the use of inhalers please refer to the School's Asthma policy.

Which medicines will the School Administer?

School will only accept medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Only these instructions will be followed.

School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

If instructions appear unclear, rewritten or altered then the medicine will not be accepted for administration. Instructions on the parental agreement must exactly match the labelled medication.

Where clinically appropriate, medicines prescribed in dose frequencies should be taken outside school hours.

It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Procedure for administering medicine in school.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines.

Level 3 Teaching Assistants with paediatric first aid training are trained to administer prescribed medicines.

Administration times for medicines are identified on the agreement form as is the named person to supervise the administering of the medicine.

If in doubt about any procedure, staff should not administer medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

- Parent/carer collects/completes form 'Parental Agreement for School to administer Medicine'. (Appendix A)

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- This is submitted to the School office along with the medicine prescribed by a professional as outlined above.
- School office staff cross check information on the agreement form with prescription instructions.
- If the form, medicine and instructions meet the criteria outlined above, the medicine is accepted and the HT signs. (Appendix B)
- Medicines, forms and record of administration are stored in the School Office and refrigerated in the office medicine fridge if appropriate. These offices are secure and do not have any pupil access.
- The designated Level 3 Teaching assistant collects form and medicine from the school office at the time recorded on the agreement form. (Appendix C)
- **The School will not accept any responsibility for missing a medicine administration. If the parent has any doubt, the parent must attend the administration.**
- Parents of children who carry medicine complete Appendix D.
- Whilst the School recognises that it is good practice for another adult to be present during medicine administration, this is not always practical.

Refusing Medicines

If a child refuses to take medicine, we do not force them to do so, but will note this in the records. Parents are informed of the refusal on the same day.

Fallings Park Primary School - Parental agreement for school to administer medicine This form must be accompanied by the medicine.

The school will not give your child medicine unless you complete and sign this form.

Date _____

Child's name _____

Class _____

The following information must match the prescription information clearly displayed on the medicine

Medical Condition/Illness _____

Name and strength of medicine _____

Time to be given _____

Dose _____

I wish the medicine to be: Self-administered ☐ Administered by Staff ☐

Any other instructions on prescription _____

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Start Date _____

End/Review Date _____

I understand that I must deliver the medicine personally to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Print name _____

Date _____

Fallings Park Primary School Head teacher Agreement to Administer Medicine

It is agreed that _____ will receive the medicine identified on the reverse of this sheet in accordance with the instructions on the reverse and prescription.

The following members of staff (teaching assistant) _____ have been identified to give/supervise administration of medicine.

This arrangement will continue until the end/review date on the reverse of this form.

Date _____

Signed _____

Head teacher

Fallings Park Primary School 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			
Time given			
Dose given			
Name of staff member			
Staff signed			

Date			
Time given			
Dose given			
Name of staff member			
Staff signed			

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Dose given			
Name of staff member			
Staff signed			

Fallings Park Primary School Request for child to carry own medicine

This form must be completed by parents/guardian

It must be accompanied by the 'Parent Agreement form' and 'Headteacher Agreement form'

If staff have any concerns discuss this request with healthcare professionals

Child's name _____

Class _____

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 _____