



Whitworth Community High School

Administering Medication Policy

| | |
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| Date effective from: | January 2026 |
| Prepared by: | Clare Jones |
| Date of next review: | January 2027 |

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Statement of intent

Whitworth Community High School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DofE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

1. Legal framework

1.1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DoFE 'Supporting pupils at school with medical conditions' 2015

2. Definitions

2.1. Whitworth Community High School defines "medication" as any prescribed or over the counter medicine.

2.2. Whitworth Community High School defines "prescription medication" as any drug or device prescribed by a doctor.

2.3. Whitworth Community High School defines a "staff member" as any member of staff employed at the school, including teachers.

2.4. For the purpose of this policy, "medication" will be used to describe all types of medicine.

3. Key roles and responsibilities

3.1. The governing body has overall responsibility for the implementation of the **Administering Medication Policy** and procedures of Whitworth Community High School.

3.2. The governing body has overall responsibility of ensuring that the **Administering Medication Policy**, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

3.3. The governing body is responsible for handling complaints regarding this policy, as outlined in the school's **Complaints Policy**.

3.4. The governing body is responsible for ensuring the correct level of insurance is in place for the administration of medication.

3.5. The governing body is responsible for ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.

3.6. The governing body is responsible for ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.

3.7. The governing body will manage any complaints or concerns regarding the support provided or administration of medicine using the school's **Complaints Procedure Policy**.

- 3.8. The headteacher is responsible for the day-to-day implementation and management of the **Administering Medication Policy** and relevant procedures of Whitworth Community High School.
- 3.9. The headteacher is responsible for ensuring that appropriate training is undertaken by staff members administering medication.
- 3.10. The headteacher is responsible for ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- 3.11. **Mr Dan Crook, Mrs Nadia Uddin and Miss Louise Rawstron** are the designated members of staff who are responsible for overseeing insulin injections for diabetic pupils.
- 3.12. Staff, including teachers, support staff and volunteers, are responsible for following the policy and for ensuring pupils do so also.
- 3.13. Staff, including teachers, support staff and volunteers, are responsible for implementing the agreed policy fairly and consistently.
- 3.14. If a pupil is sent to hospital, at least one member of staff will accompany the pupil until their parent/carer has arrived.
- 3.15. Parents/carers are expected to keep the school informed about any changes to their child/children's health.
- 3.16. Parents/carers are expected to complete a medication administration form prior to bringing medication into school.
- 3.17. Parents/carers are expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.
- 3.18. The headteacher and school nurse are responsible for ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.
- 3.19. In the case of staff absence, the headteacher is responsible for organising another appropriately trained individual to take over the role of administering medication.
- 3.20. It is both staff members' and pupils' responsibility to understand what action to take in general terms during a possible medical emergency, such as raising the alarm with the school nurse or other members of staff.
- 3.21. Appropriate forms can be found in appendix 1 of this policy.

4. Training of staff

- 4.1. Teachers and support staff will receive the **Administering Medication Policy** as part of their new starter induction.

- 4.2. Teachers and support staff will receive regular and ongoing training as part of their development.
- 4.3. The headteacher will ensure that a sufficient number of staff are suitably trained in administering medication.
- 4.4. All relevant staff will be made aware of a pupil's medical condition.
- 4.5. The headteacher will ensure that supply teachers are appropriately briefed regarding pupils' medical conditions.
- 4.6. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 4.7. The governing body will provide staff members with opportunities and details of CPD.
- 4.8. Whitworth Community High School will provide school awareness training so that all staff are aware of the **Administering Medication Policy** and understand their role in implementing the policy, if there's an emergency.

5. Medication

- 5.1. Prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a medication administration form.
- 5.2. No pupil under the age of 16 will be given medicines without written parental consent.
- 5.3. Under no circumstance will a pupil under the age of 16 be given aspirin unless there is evidence that it has been prescribed by a doctor.
- 5.4. Medicines must be in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.
- 5.5. Before administering medicine, maximum dosages and when the previous dose was taken will be checked.
- 5.6. A maximum of four weeks' supply of medication may be provided to the school.
- 5.7. When medicines are no longer required, they will be returned to the parents/carers of the pupil or disposed of safely at the local pharmacy.
- 5.8. Needles and sharp objects will always be disposed of in a safe way, such as using 'sharp boxes'.
- 5.9. Medications will only be administered at school if it would be detrimental to the child not to do so.
- 5.10. Medications will be stored securely in the medical room in the large medical cabinet.

- 5.11. In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
- 5.12. Only suitably qualified staff will administer a controlled drug.
- 5.13. Staff members have the right to refuse to administer medication. If a class teacher does refuse, the headteacher will delegate the responsibility to another staff member.
- 5.14. Any medications left over at the end of the course will be returned to the pupil's parent/carer or disposed of safely at the local pharmacy.
- 5.15. Written and electronic records will be kept for any medication administered to pupils.
- 5.16. Pupils will never be prevented from accessing their medication.
- 5.17. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
 - Parents/carers will be consulted before a pupil is given approval to be responsible for their own medication.
 - These arrangements will be reflected in their individual healthcare plan (IHCP).
- 5.18. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHCP and parents/carers will be informed so that alternative options can be considered.
- 5.19. Whitworth Community High School cannot be held responsible for side effects which occur when medication is taken correctly.
- 5.20. Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.
- 5.21. Appropriate forms can be found in appendix 1, 2, 3, 4, 5, 6, 7, 8 and 13 of this policy.

6. Individual healthcare plans

- 6.1. For chronic or long-term conditions and disabilities, an IHCP will be developed in liaison with the pupil, parents/carers, headteacher, special educational needs coordinator (SENCO) and medical professionals.
- 6.2. When deciding what information should be recorded on a IHCP, the governing body will consider the following:
 - The medical condition, as well as its triggers, signs, symptoms and treatments
 - The pupil's resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements
 - The specific support needed for the pupil's educational, social and emotional needs
 - The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs

- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual where confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

6.3. The governing body will ensure that IHCPs are reviewed at least annually. IHCPs will be routinely monitored throughout the year by Mrs Amanda Pickering.

6.4. Appropriate forms can be found in appendix 9, 10, 11 and 12 of this policy.

7. Monitor and review

7.1. This policy is reviewed every two years by the governing body and the headteacher.

7.2. Records of medication, which have been administered on school grounds, will be monitored and the information will be used to improve school procedures.

7.3. Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.

7.4. Whitworth Community High School will seek advice from any relevant healthcare professionals as deemed necessary.

Appendix 1 - Parental Agreement for the School to Administer Medicine

Form for parents to complete if they wish the school to administer prescription medication. The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname M/F Date of Birth
Forename(s) Class

Condition or illness.....
.....

MEDICATION

Name/Type of Medication (as described on the container)
.....
.....

For how long will your child take this medication.....
.....

Date dispensed

Full directions for use. Dosage, method and timing
.....
.....

Known side effects

Procedure to take in an emergency
.....
.....

CONTACT DETAILS

Name Daytime Telephone No.

Relationship to student

I understand that I must deliver the medicine personally to Mrs N Uddin.

Signature Date

Relationship to student

Appendix 2 - Medication Returns

Students Name

Medicine details

| | |
|--|--|
| Name of medicine | |
| Quantity to be returned | |
| Reason for the return of medication | |

Return details

| | |
|--------------------------|--|
| Staff Name (WCHS) | |
| Signature | |
| Date | |

Complete the box below if handing medication to a parent/carer.

| | |
|---------------------------|--|
| Parent/Carers name | |
| Signature | |
| Date | |

Complete the box below if medication is being returned to a pharmacy.

| | |
|----------------------------------|--|
| Pharmacy name and address | |
| Staff name | |
| Signature | |
| Date | |

Appendix 4 - Administering Paracetamol in School

Date

Dear parent/carer,

We are unable to administer ibuprofen or any medication that contains aspirin to students at school unless prescribed by a doctor. However, to best support our students we have recently reviewed our school medications policy to enable our students to be given a dose of paracetamol if necessary; after other efforts have been made to ease their pain.

If a student still complains of pain, even after having a drink, sitting quietly or lying down, we will contact you by phone to ask permission to give one 500mg dose of paracetamol. An electronic record will be kept of this on medical tracker and a sticker will be placed in their planner for your information, this will show the date and time that the 500mg dose of paracetamol was administered.

If a student has an ongoing medical condition and they require regular paracetamol, then you will need to send a box of paracetamol into school. The box must have the student's name and date of birth written on the front of the box. The box must then be handed into the main office where it will be stored in a locked medical cabinet.

It is a legal requirement that the school has written permission from parents/carers before a child is given paracetamol. Therefore, please complete the slip at the end of this letter and return to your child's form tutor, which asks you to indicate your consent to the school giving paracetamol in the event of headache, toothache, period pain etc. The school will contact you by phone before any paracetamol is given, to obtain your verbal consent and to confirm whether your child has taken any medicines before attending school. Please ensure that we always have your up to date contact number and make sure you inform us of any changes. Please note paracetamol will not be issued without written and verbal consent.

Administration of Paracetamol - Parental Consent

I,(parent/carer) give/do not give permission for 1 dose of paracetamol (500mg) to be given to my child in the event of headache, toothache, period pain etc following a telephone call from the school.

Child's Name

Child's Form

Signed..... Parent/Carer

Date.....

Please return this form, to your form tutor, no later than

Appendix 6 - Parent/carer consent to administer emergency Asthma Inhaler (salbutamol)

I understand that the school may purchase spare Asthma Inhalers (salbutamol) to be used in the event of an emergency asthma attack. I also understand that, if my child doesn't have their asthma inhaler (salbutamol) or if it has run out, it may be necessary for the school to administer a spare asthma inhaler (salbutamol), but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare asthma inhaler (salbutamol) to my child.

Name of child:

Date of Birth:

| | | | |
|------------|--------------------------|-----------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------|--------------------------|-----------|--------------------------|

| | |
|-----------------------------------|--|
| Name of parent: | |
| Relationship to child: | |
| Contact details of parent: | |
| Parental signature: | |

Appendix 8 - Parent/carer consent to administer emergency AAI

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Name of child:

Date of Birth:

| | | | |
|------------|--------------------------|-----------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------|--------------------------|-----------|--------------------------|

| | |
|-----------------------------------|--|
| Name of parent: | |
| Relationship to child: | |
| Contact details of parent: | |
| Parental signature: | |

Appendix 9 - IHCP

| | | | |
|-----------------------------|--|--|---|
| Name – | | Health Care Plan | |
| D.O.B – | | | Date of Update: |
| <u>Medical needs</u> | | <u>Medication and Dosage</u> | |
| <u>Year group</u> | | <u>Medication kept and used in school</u> | Review Date: YearParent's Evening or if anything changes with condition. |

| | |
|---------------------------------------|---|
| <u>Care and Physical Needs</u> | <u>Arrangements in school to meet care needs</u> |
|---------------------------------------|---|

| | | |
|------------------------------------|----------------------------|----------------------------|
| <u>GP Contact Details</u> | EMERGENCY CONTACT 1 | EMERGENCY CONTACT 2 |
| | Mum - | Dad - |
| | Home: Work: Mobile: | Home: Work: Mobile: |
| Signed: Date: | Other contact | |

Appendix 10 - Letter Individual Healthcare Plan Year 7

Date

Dear Parent/Carer,

Firstly, I would like to take this opportunity to welcome your child to Whitworth Community High School.

As a school we record all medical information via Medical Tracker as well as an Individual Health Care Plan; this is in line with the school's medical policy.

To ensure that our records are fully up to date, please could you please take time to read over your child's Individual Health Care Plan, I would appreciate it if you could complete the following sections:

- Medicine and Dosage
- Medication kept and used in school
- GP Details
- Please feel free to add any other information you think is necessary or make any changes.

If you require any additional information or there are any other changes that you think are necessary for us to make, please don't hesitate to contact either myself or Mrs Uddin on 01706 343218 or a.kewin@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Appendix 11 - Letter Individual Healthcare Plan - Review

Date

Dear Parent/Carer,

As you are aware your child currently has an Individual Health Care Plan. All of their medical information is recorded via a secure online programme known as Medical Tracker; this is as per the school's medical policy.

To ensure that our records are fully up to date, please could you take time to read over your child's Individual Health Care Plan and make any amendments that may be needed. If possible, could you also provide any new medical information for their ongoing medical condition.

I would appreciate it if you could hand this in at the end of parents evening or send this back to school as soon as possible to ensure that your child's Individual Health Care Plan can be updated.

If you require any additional information or have any questions, please don't hesitate to contact either myself or Mrs Uddin on 01706 343218 or a.kewin@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Could you please complete and return to school with any medical evidence (letters from hospital, doctors, etc).

If you have any concerns then please contact me on 01706 343218, leave a message and I will get back to you as soon as I can, or you can email me at n.uddin@whitworth.lancs.sch.uk

| | |
|-----------------|--|
| Name of Student | |
| Year Group | |

| | |
|--|--|
| Medical Need | |
| Medication and Dosage | |
| Medication to be kept and used in school (if needed) | |
| Care and Physical Needs | |
| GP Contact Details | |

| | |
|--|--|
| | |
| Emergency Contact 1 | |
| Emergency Contact 2 | |
| How do you think we can help your child with their medical condition whilst they are at school? This could be a toilet pass if they have bladder/bowel problems | |
| Any other information you think school need to be aware about? | |

Please sign, date and return to school

Signed _____

Date _____

Appendix 13 - Administering Medication for staff

- The student will come to the office window and ask for their medication.
- You will need to find the correct box for their year and then their medication will be in a labelled A5 plastic wallet.
- Take the medication out of the wallet and check that the the pharmacy label matches the information on the consent form, you are checking:
 - students name
 - Dosage
 - any special instructions on how to take the medication.
- You should then check the information with the student, you should ask them to tell you:
 - their name
 - date of birth
 - name of their medication.
- Check that the consent form to administer medication has been completed and is with the students medication. If there is no consent form then verbal consent will need to be given.
- The student should be able to administer their own medication.
- Complete the Medical Tracker form, these can be found in the top black tray see example.
- Leave the completed form in the bottom black tray for AP to collect at the end of the day and upload to medical tracker.

The image shows a screenshot of a Google Drive folder containing two identical 'Medication Use' forms. Each form is titled 'MEDICAL TRACKER' and includes the following fields:

- Child's Name
- Medication use date
- Medication use time (with am/pm selection)
- Name of medication
- Exact dosage administered
- Medication administered by: Student Staff member
- Name of staff member(s) who administered (with 1: and 2: labels)
- Any side effects experienced?
- OFFICE USE ONLY: RECORDED ON MEDICAL TRACKER:
- NAME: _____ DATE: _____

The forms are displayed in a Google Drive interface, with the top form being the primary focus. The bottom form is partially visible below a dashed line. The browser's address bar shows the URL: drive.google.com/drive/folders/1awd_PTTPA7DopscHq6vW2JQrt68KKHui. The Windows taskbar at the bottom shows the date and time as 13:11 on 30/09/2019.

