

South View Community Primary School and  
Preschool

Administering medicines policy



**Updated by:** Carrie Henderson (DHT) and Adele Wyness (Medical Liaison Officer)

**Last reviewed:** September 2026

**Next Review:** September 2028 (Unless Statutory Guidance requires)

South View Community Primary School and Preschool is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

## **POLICY AIMS**

1. The main aim of this policy is to support individual children with medical needs to achieve regular attendance.
2. A second aim is to reduce cross-infection risk between children, to increase whole-school attendance.
3. A third aim is to ensure that medicines given at school are stored and administered safely.

There is no legal requirement for school staff to administer medicines. Staff are invited to do what is reasonable and practical to support the inclusion of all pupils.

Parents and carers are asked to support the school with this policy, which aims to protect all our children. Please do not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

## **NON-PRESCRIBED MEDICINES**

Generally, the school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). Please make arrangements to come into school if you wish to give your child these medicines. There may be certain circumstances where this may be considered; in these instances, the attached 'Authorisation Form' would need to be completed (Appendix 1). This is for families who have attended school in person. You may also be asked to complete an online form via Arbor (Appendix 2). This is for families who have had their children dropped off by someone who does not have parental responsibility and can be completed online.

## **PRESCRIBED MEDICINES**

In line with other schools' policies, if medicines are prescribed up to three times a day, the expectation is that parents or carers will give these medicines outside of school hours.

Permission may be granted by the Head Teacher in certain circumstances i.e. those that are prescribed in emergencies (e.g. epilepsy). For all cases involving severe allergies, adrenaline auto-injectors (AAIs), or anaphylaxis management, please refer directly to the school's standalone Allergy Safety Policy.

We would encourage Parents/Carers to give the first does of any new medication, to ensure that the child does not suffer from any unknown allergy.

Medicines will not be accepted in school that require specific medical expertise or intimate contact unless training has been given to a specific member of staff for a specific child.

If the school agrees to assist parents and carers to administer a medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

- Name of child.
- Name of medicine.

- Dose.
- Method of administration.
- Time/frequency of administration.

The instruction leaflet with prescribed medicines should show:

- Any side effects.
- Expiry date.

The school will provide blank medicines record forms, and parents/carers must complete and sign one of these forms if they leave medicine at school (Appendix 1/Appendix 2).

### **LONGER TERM NEEDS**

Where a child has a long-term medical need a written health care plan will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the medical plan (Appendix 3).

### **ADMINISTRATION OF SPECIALIST MEDICATION**

We recognise that there may be times when children require specialist medication to be administered for, long term medical needs during their time in the setting.

In order that this is regulated we will ensure that:

Specific permission, instruction and training will be obtained before an agreement is reached with a parent to administer specialist medications. Note: The management, storage, and administration of lifesaving allergy or anaphylaxis medications (such as adrenaline auto-injectors) are governed entirely by the school's separate Allergy Safety Policy. Protocols detailed in that policy take precedence in the event of an allergic emergency..

This will include:

- A letter from the child's G.P./consultant stating sufficient information about the child's condition and how they can be supported in school.
- We will discuss with parents the medication that their child needs to take, and support required, instructions on how and when the drug/medicine is to be administered and what training is required.
- Training on the administration of the prescription medication that requires technical/medical knowledge will be arranged for staff from a qualified health professional to ensure medication is administered safely.
- Written proof of training, if required, in the administration of the medication by the child's G.P., a district nurse, specialist or community paediatric nurse.
- A medical plan will be developed in partnership with parents, and any health professional will be noted, including any supporting documentation. This will be regularly reviewed to detail the needs and support or any changes.

- Prior written consent from the parent/guardian for each and every medicine will be obtained before any medication will be administered.
- The medications consent form (Appendix 1/Appendix 2) filled in appropriately and signed by parents/carers on the day the medicine is expected to be given before they leave the child in the care of the setting.
- On the medication form parents will give signed permission for administration of medication including the name of the child, the name of the parent, date, name of medication, the dose and time medication last given, the dose and times to be administered and how the medication is to be administered.
- The medication is clearly marked with the child's name and is in date, in the original container with prescriber instructions for administration.
- No medication will be given to the child unless provided by the parents. This is in addition to examples like school trips, where permission has been explicitly given for children to have pain relief such as Calpol. Additional permission slips will be sent out in regards to this.
- The medication is stored in accordance with the product instructions and out of reach of children at all times in the main school office or the purple bag on a school trip.
- The administration of medication e.g. sub-cutaneous Insulin should always be recorded on the appropriate paperwork related to the individual and include the signature initials of the administrator of the medication and counter signature initials of whoever witnesses the medication being given and the date, time and dosage of the medication given.

### **SELF-MANAGEMENT**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.

### **REFUSING MEDICINE**

When a child refuses medicine, the parent or carer will be informed the same day.

### **STORAGE AND DISPOSAL OF MEDICINE**

The school will store medicine away from children. Medicines that have not been collected by parents at the end of each school year will be safely disposed of. A collection reminder will be sent.

### **EMERGENCY TREATMENT AND MEDICINE ADMINISTRATION**

The school will call for medical assistance if needed and the parent or named emergency contact will be notified.

South View Community Primary School will support any member of staff who assists with medicine in a reasonably good faith attempt to prevent or manage an emergency, regardless of outcome.

## School Illness Exclusion Guidelines

Please check that your child knows how to wash and dry their hands thoroughly [1]. **Hand hygiene is the single most effective way to reduce cross-infection** and improve whole-school attendance [1]. We recommend children wash their hands thoroughly five or more times a day [1].

- **Chickenpox:** Exclude for **at least 5 days** from the onset of the rash **and** until all blisters/vesicles have completely crusted over.
- **Conjunctivitis: No exclusion required.** Parents/carers are expected to administer relevant creams or drops [1]. A child should only stay home if they are physically unwell or have a high temperature.
- **Diarrhoea and/or Vomiting: Strict exclusion for 48 hours** from the very last physical episode. *Note: Subjective nausea without clinical vomiting or diarrhoea no longer carries a mandatory exclusion period; children may attend if they feel generally well [1].*
- **German Measles (Rubella):** Exclude for **5 days from the onset of the rash**. Please advise the school immediately if your child is diagnosed, as pregnant staff members must be informed [1].
- **Measles:** Exclude for **4 days from the onset of the rash**. Ensure the child is fully well before returning.
- **Mumps:** Exclude for **5 days from the onset of the swelling**.
- **Impetigo:** Exclude until all lesions/blisters have completely crusted and healed, or **48 hours after starting appropriate antibiotic treatment**.
- **Scarlet Fever:** Exclude until **24 hours after commencing antibiotic treatment**.
- **Whooping Cough (Pertussis):** Exclude until **5 days of antibiotic treatment** have been completed [1]. If no antibiotic treatment is given, the child must be excluded for **21 days from the onset of symptoms**.
- **Scabies:** May return to school **immediately after the first clinical treatment** is administered. All members of the household should be treated simultaneously.
- **Hand, Foot, and Mouth Disease: No exclusion required** [1]. Children should only be kept home if they feel too unwell to cope with the school day [1]. If an outbreak occurs, the school will contact the local UKHSA Health Protection Team (HPT) [1].
- **Head Lice / Threadworms / Ringworm / Cold Sores / Slapped Cheek: No exclusion required.** Children should attend school as normal. For head lice, please treat with wet-combing [1]; for threadworms, treat the entire household. Children with slapped cheek are no longer infectious once the rash appears [1].
- **Viral Infections / Coughs and Colds:** Children with mild respiratory symptoms can attend school. However, they must stay home if they are too unwell to learn or are running a clinical **high temperature**. They may return once their temperature returns to normal [1].
- **Respiratory Infections (including COVID-19):** Children should stay home if they are unwell and have a high temperature. They can resume normal attendance once the fever has resolved and they feel well enough.

For live public health advice and information on managing childhood symptoms, please consult the official [NHS Conditions Hub](#) or view the digital [UKHSA Parent Guidance Portal](#).

---

## Appendix 1 - Medicine Authorisation Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|
| <b>Name of child</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |              |
| <b>Class and Year</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |              |
| <b>Medical condition or illness</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |              |
| <b>Name of medication (as described on container)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |              |
| <b>Date dispensed</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |              |
| <b>Expiry date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |
| <b>Dosage and method</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |              |
| <b>Timing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |              |
| <b>Special precautions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |              |
| <b>Are there any side effects that the school should be aware of?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |              |
| <b>Procedures to take in an emergency</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |              |
| <p>I understand I must deliver medication to the school office in person and must not send it in with a child.</p> <p>I understand that medicines must be in the original container in which dispensed, with the dispensing pharmacy label attached and the prescriber's instructions for administration. I will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.</p> <p>School staff will never accept medicines that have been taken out of the container (e.g. provide sachets, <u>not</u> bottles, of Calpol) nor will they make changes to dosages on parental instruction.</p> <p>I understand that the school is not obligated in any way to administer medicines and does so voluntarily.</p> |                    |              |
| <b>Signed:</b><br>(Parent/Carer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Print name:</b> | <b>Date:</b> |
| <b>Check completed by (staff):</b><br><b>Signed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Print name:</b> | <b>Date:</b> |

**Ongoing/Long Term Medical Condition – Annual Update for Anaphylaxis**

|                      |                           |
|----------------------|---------------------------|
| <b>Child's Name:</b> | <b>Date of Birth:</b>     |
| <b>Child's GP:</b>   | <b>GP Contact Number:</b> |
| <b>GP Address:</b>   |                           |

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

|                                                                                  |                                  |
|----------------------------------------------------------------------------------|----------------------------------|
| <b>Date of Anaphylaxis Diagnosis:</b>                                            | <b>Other Medical Conditions:</b> |
| <b>What are the severe/main triggers/causes of your child's anaphylaxis?</b>     |                                  |
| <b>Are there any other possible triggers/causes of your child's anaphylaxis?</b> |                                  |
| <b>What specific symptoms should we be aware of/be looking for?</b>              |                                  |

| Most Recent Reactions/Anaphylaxis Shock |                                                                               |
|-----------------------------------------|-------------------------------------------------------------------------------|
| Date                                    | Details<br>(e.g. cause; severity; medicines administered; paramedic/GP visit) |
|                                         |                                                                               |
|                                         |                                                                               |
|                                         |                                                                               |

| Medicines Administered at Home |        |                   |
|--------------------------------|--------|-------------------|
| Type                           | Dosage | When Administered |
|                                |        |                   |
|                                |        |                   |

| Medicines to be Administered at School |                            |                                               |                             |                   |
|----------------------------------------|----------------------------|-----------------------------------------------|-----------------------------|-------------------|
| Type<br>(including brand)              | Expiry Date<br>& Batch No. | Dosage<br>(& gap between<br>if 2 pens issued) | Method of<br>Administration | When Administered |
|                                        |                            |                                               |                             |                   |
|                                        |                            |                                               |                             |                   |

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| <b>Is there anything else we need to know about your child's anaphylaxis? e.g. how quickly they react to medication):</b> |
|---------------------------------------------------------------------------------------------------------------------------|

**I hereby give written consent for staff at South View CP School to administer the above medicines to my child.**

**Signed:**

**Name:**

**Date:**

**Relation to Child:**

**Ongoing/Long Term Medical Condition – Annual Update - Asthma**

|                      |                           |
|----------------------|---------------------------|
| <b>Child's Name:</b> | <b>Date of Birth:</b>     |
| <b>Child's GP:</b>   | <b>GP Contact Number:</b> |
| <b>GP Address:</b>   |                           |

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

|                                                                                                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Date of Asthma Diagnosis:</b>                                                                                           | <b>Other Medical Conditions:</b> |
| <b>What are the triggers/causes of your child's breathing difficulties?</b> <i>(e.g. allergy to ...; stress; exercise)</i> |                                  |
| <b>What specific symptoms should we be aware of?</b> <i>(e.g. wheezing when exhaling)</i>                                  |                                  |

| <b>Most Recent Asthma Attacks</b> <i>(if applicable)</i> |                                                                                             |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Date</b>                                              | <b>Details</b><br><i>(e.g. cause, symptoms; medicines administered; paramedic/GP visit)</i> |
|                                                          |                                                                                             |
|                                                          |                                                                                             |
|                                                          |                                                                                             |

| <b>Medicines Administered at Home</b>           |               |                                                                                 |
|-------------------------------------------------|---------------|---------------------------------------------------------------------------------|
| <b>Type</b><br><i>(e.g. steroids/preventer)</i> | <b>Dosage</b> | <b>When Administered</b> <i>(e.g. specific time and/or when symptoms occur)</i> |
|                                                 |               |                                                                                 |
|                                                 |               |                                                                                 |

| <b>Medicines to be Administered at School</b>          |                                       |               |                                                            |                                                                                    |
|--------------------------------------------------------|---------------------------------------|---------------|------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Type</b><br><i>(e.g. steroids/preventer; brand)</i> | <b>Expiry Date &amp; Batch Number</b> | <b>Dosage</b> | <b>Method</b> <i>(e.g. nebuliser; takes independently)</i> | <b>When Administered</b><br><i>(e.g. specific time and/or when symptoms occur)</i> |
|                                                        |                                       |               |                                                            |                                                                                    |
|                                                        |                                       |               |                                                            |                                                                                    |

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| <b>Is there anything else we need to know about your child's asthma?</b> <i>(e.g. methods to alleviate the symptoms):</i> |
|---------------------------------------------------------------------------------------------------------------------------|

**I hereby give written consent for staff at South View CP School to administer the above medicines to my child.**

**Signed:**  
**Name:**

**Date:**  
**Relation to Child:**

### Ongoing/Long Term Medical Condition – Annual Update

|                      |                           |
|----------------------|---------------------------|
| <b>Child's Name:</b> | <b>Date of Birth:</b>     |
| <b>Child's GP:</b>   | <b>GP Contact Number:</b> |
| <b>GP Address:</b>   |                           |

*If you have any written advice from the GP regarding this diagnosis and medication, please attach a copy to this form.*

|                                                               |                                  |
|---------------------------------------------------------------|----------------------------------|
| <b>Diagnosis</b><br><b>Date of Diagnosis:</b>                 | <b>Other Medical Conditions:</b> |
| <b>What are the triggers/causes of your child's condition</b> |                                  |
| <b>What specific symptoms should we be aware of?</b>          |                                  |

| <b>Most Recent symptoms (if applicable)</b> |                                                                                             |
|---------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Date</b>                                 | <b>Details</b><br><i>(e.g. cause, symptoms; medicines administered; paramedic/GP visit)</i> |
|                                             |                                                                                             |
|                                             |                                                                                             |
|                                             |                                                                                             |

| <b>Medicines Administered at Home (if applicable)</b> |               |                                                                                 |
|-------------------------------------------------------|---------------|---------------------------------------------------------------------------------|
| <b>Type</b>                                           | <b>Dosage</b> | <b>When Administered</b> <i>(e.g. specific time and/or when symptoms occur)</i> |
|                                                       |               |                                                                                 |
|                                                       |               |                                                                                 |

| <b>Medicines to be Administered at School (if applicable)</b> |                                       |               |               |                                                                                    |
|---------------------------------------------------------------|---------------------------------------|---------------|---------------|------------------------------------------------------------------------------------|
| <b>Type</b>                                                   | <b>Expiry Date &amp; Batch Number</b> | <b>Dosage</b> | <b>Method</b> | <b>When Administered</b><br><i>(e.g. specific time and/or when symptoms occur)</i> |
|                                                               |                                       |               |               |                                                                                    |
|                                                               |                                       |               |               |                                                                                    |

|                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------|
| <b>Is there anything else we need to know about your child's condition (e.g. methods to alleviate the symptoms):</b> |
|----------------------------------------------------------------------------------------------------------------------|

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>I hereby give written consent for staff at South View CP School to administer the above medicines to my child.</b> |
|-----------------------------------------------------------------------------------------------------------------------|

**Signed:**  
**Name:**

**Date:**  
**Relation to Child:**