ADMINISTRATION OF MEDICINES POLICY

Kerem School

Approved by:	**Safeguarding and Wellbeing Committee**	**Written: September 2020**	
Last reviewed on:	**August 2026**	**Next review due :**	**August 2027**

KEREM SCHOOL
(This policy also applies to the Early Years Foundation Stage)

Administration of Medicines Policy

It is the responsibility of the school to administer life-saving medicines which include but are not limited to EpiPens and asthma inhalers.

Pupils admitted to the school with diagnosed medical conditions and a corresponding medical treatment plan will require their needs to be properly managed so they have full access to the school environment. This will be achieved through the creation of an Individual Health Plan ("IHP") which will contain full details of the medical condition and agreed action plan in the event that the condition presents itself during the time the pupil is in the school environment. The school's policy has been created in accordance with guidelines issued by the Department of Health & Department of Education and Skills.

In the event that a child develops a condition, parents must fully disclose this to the Welfare Officer (at the main school), or to the Early Years Lead (at the EYU), as soon as it is diagnosed so that an IHP can be created. This form is available in the office and on the website.

The IHP will be created by the Welfare Officer in conjunction with parents and relevant healthcare professionals. Sample forms are available on request. It will explain daily care requirements, including any timings, what constitutes an emergency for the pupil and the action to be taken if this occurs, actions not to be taken if this occurs, follow-up care and relevant contact details. Parents are responsible for informing the Welfare Officer of any changes so that the IHP can be amended. An agreement will need to be signed by the parent(s) and the Head Teacher in relation to the administration of medicines in accordance with the IHP. All relevant members of staff will be made aware at staff meetings and through the transition information of the condition and the IHP. A copy of the IHP will be placed in the pupil's medical container if they have one.

Staff will be trained (and provided with updated training on a regular basis) to support children with medical needs. Many of the teaching staff and support staff will be available to administer, for example, an EpiPen and will maintain up-to-date certification by a duly qualified healthcare professional to do so. (A list is kept in the school office) The school will endeavour to provide suitably qualified staff who will accompany pupils during swimming and school trips. In the event that no staff are available, parents of the relevant pupil(s) will be required to be present. External sports professionals will be informed of the medical condition.

Short-term medicines will not be administered to pupils unless they are time-specific and that time falls during the school day. Only antibiotics that are due to be given 4 times a day will be administered in the middle of the day. In the event that medicine needs to be administered to a

child during the school day, the appropriate form needs to be filled out and delivered to the Welfare Assistant/EYU Lead, together with the medicine. Unless this form has been completed and signed, no medicine will be administered. Medicines must be in their original container as dispensed by the pharmacist and include the prescriber's instructions. The Welfare Assistant/EYU Lead (or a member of staff deputed) will complete an agreement to administer the medicine and return it to the parents. A written record will be kept of all medicines administered to children. If the pupil is to administer his/her own medicine(for example Asthma inhaler), a request form must be completed and returned to the Welfare Assistant/EYU Lead All forms are available on the school website at www.keremschool.co.uk in the 'download policies and forms' section. At the EYU medicines will be stored in the upstairs kitchen and if necessary in the fridge, which is inaccessible to children. Staff who administer the medication will complete the records in the Medicine Book and ensure it is countersigned as appropriate.

Epipens (and any other associated emergency medicine) will be kept in the school office in a distinctive labelled bag. They are taken into the playground during break times and returned to the office after. If the container accompanies the pupil outside of the school the relevant class teacher will ensure that it is returned.

All pupils who use an asthma inhaler should take it with them whenever they leave school. Parents are responsible for refreshing such medication to ensure that they are within their expiry dates.

Medical issues will be included on risk assessment forms for outings.

Staff who bring in their own medicines must ensure that they are stored in a safe place that cannot be accessed by pupils e.g. staffroom, locker or locked cupboard in the office. This is in the staff handbook. Any staff member with a specific medical condition e.g. diabetes will be given a Health Care plan which is shared with staff. Emergency medication is stored in the office.

Form 1

KEREM SCHOOL

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. In the case of liquid medicine, a measured spoon must be provided with the medicine. If more than one medicine is to be given a separate form should be completed for each one. All medicines must be provided in their original containers.

Date	
Child's name	
Year	
Name of medicine	
Expiry Date	
When to be given	
Any other instructions	
Number of tablets/spoons per dose	
Daytime phone no of the parent or adult	
Name and phone number of GP	
Agreed review date by Head	

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 Administration of Medicine 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 _____

Form 2

KEREM SCHOOL

School office agreement to administer medicine

It is agreed that [name of child] _____ will receive

[quantity and name of medicine] _____

_____

every day at [time medicine to be administered, e.g. lunchtime or afternoon break]

_____

[Name of child] _____ will be given their

medication by the school office.

This arrangement will continue until [either end date of course of medicine or until instructed by

parents]

_____

Date _____

Signed _____ (School Administrator)

Form 3

KEREM SCHOOL

Request for pupil to carry his/her own medicine at Kerem School

This form must be completed and signed by the parent. If more than one medicine is to be given, a separate form should be completed for each one.

If staff have any concerns, this request will be discussed with relevant healthcare professionals

Child's name	
Year	
Address	
Name of medicine	
Procedures to be followed in an emergency	

Contact Information

Name	
Daytime phone number	
Relationship to pupil	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary

Signed _____

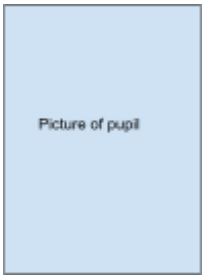
Date: _____

Form 4

KEREM SCHOOL

Individual health care plan

MEDICAL CONDITION

SECTION A — PUPIL/STAFF MEMBER DETAILS		
Name		**Pupil** ⬜ **Staff Member**
Date of birth		
Year / Role		
Address		
SECTION B — MEDICAL INFORMATION		
Medical Condition		
Severity of condition	**mild** **moderate** **severe** ⬜	
Please use this space to explain further		
SECTION C — SYMPTOMS & EMERGENCY ACTION		
Symptoms- MILD		
Action to take for mild symptoms		
Symptoms- MODERATE		
Action to take for moderate symptoms:		
Symptoms- SEVERE		
Action to take for severe symptoms		

SECTION D — MEDICATION

Is medication taken daily?	**No ☐ Yes ☐** **If yes, please complete the table below**

Regular medication support details					
Name of medicine	**Dose & frequency**	**Storage requirements**	**How to administer**	**Who will administer?**	**Expiry date**

Please highlight any medication that needs to be taken during the school day

Are there any side effects to these medications, including affecting their behaviour, energy or concentration?	
Medication	**Side effects**

SECTION E — CONTACTS

	PARENT /CARER/CONTACT 1	PARENT /CARER/CONTACT 2
Name		
Relationship		
Mobile telephone number		
Phone number (home)		
Phone number (work)		
E-mail address		

GP Details	
Name	
Address	
Phone No	
Email address	
Hospital clinician/consultant details	
Name	
Address	
Phone No	
Email address	

Details of any other essential contacts (eg specialist nurse, etc)			
Name	Role	Phone Number	Email address

SECTION F— STAFF RESPONSIBILITIES
Everyone listed here should have read this IHP and be aware of their responsibilities, including emergency procedures

	Name	Job role	Responsibilities
Staff member with primary responsibility			
Cover arrangement			
Other responsible staff			
Other responsible staff			

List here any staff members responsible for providing support and the training required to *provide it correctly*			
Name of staff member	Training required	Training received (+ valid until date)	Person arranging training

SECTION G — DAILY CARE REQUIREMENTS Please list any regular care/ support requirements that may be needed in the following areas	
Dietary	
Educational	
Attendance	
Activities	
SEND	
Social activities	
Emotional	
Other	

SECTION H —EXTRA-CURRICULAR ACTIVITIES	
Is any additional support required for extra-curricular activities, for example after-school clubs, day trips or overnight stays? *This support should facilitate the child/ staff memberto be as involved as possible in these activities*.	
Who is primarily responsible for providing medical care during activities outside of regular timetabling or while offsite?	
Who is responsible in case of an emergency during activities outside of regular timetabling or while offsite	

SECTION I: CHILD'S/ STAFF MEMBER'S VIEWS

SECTION J: SIGN OFF			
Plan prepared by:		**Date:**	
Parent/carer/staff member's signature:		**Date:**	
Headteacher's / EYU Lead's signature:		**Date:**	
Review date:			

Form 5

KEREM SCHOOL

Parental agreement for school to administer medicine
in respect of a reaction to food allergy

The school will not give your child medicine unless you complete and sign this form. In the case of liquid medicine, a measured spoon must be provided with the medicine. All medicines must be provided in their original containers.

I give consent to the medicines described below being administered to my child in accordance with the attached Individual Health Plan (IHP). I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the IHP changes.

Date	
Child's name	
Year	
Name of medicines	
Expiry Dates	

Agreed review date by Head Teacher	

Parent's signature _____

Print name _____

Date _____

Form 6

KEREM SCHOOL

School Administrator's agreement to administer medicine in accordance with IHP

It is agreed that [name of child] _____will be administered medicine in accordance with the IHP provided by _____ [name of parent].

This arrangement will be reviewed on the review date below.

Date _____

Signed _____ (Welfare Officer)

Review Date _____

Form 7

KEREM SCHOOL

Staff training record – administration of medicines

Name	
Type of training received	
Date training completed	
Training provided by	
Profession and Title	

I confirm that [name of member of staff] _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that training is updated [please state how often] _____

Trainer's signature _____

Date _____

I confirm that I have received the training above

Staff signature _____

Date _____

Suggested review date _____