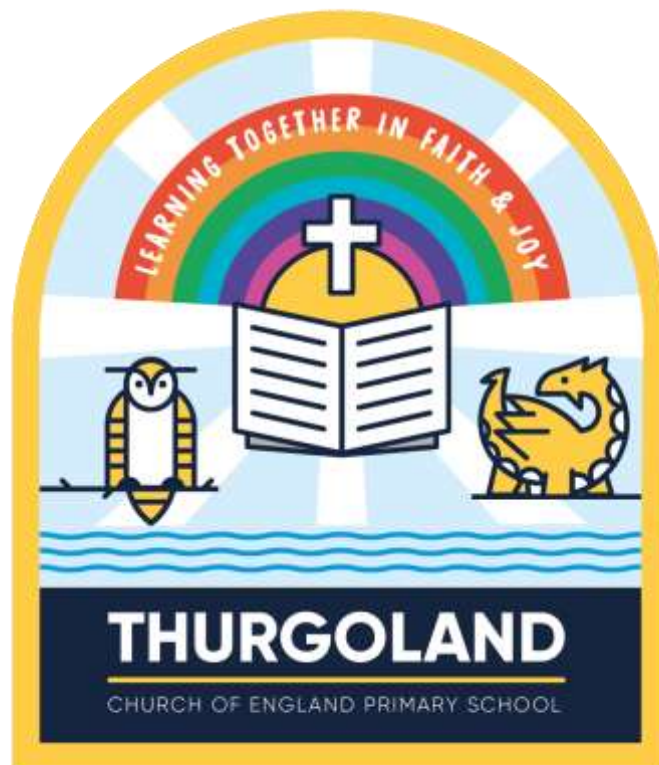


# Thurgoland CE Primary

## Administering Medication Policy



Approved by:  
Headteacher Mr D Jordan  
Chair of Governors Mrs Laura Gregory-White  
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# Christian Vision

*Loving God,*

*Bless Thurgoland school and may it be a place of faith and joy.*



Children at Thurgoland CE Primary are encouraged to see that everyone is special and unique and, in this way, gain a sense of themselves as a unique individual – that true self, or best self, God has created us to be.

The Church of England states that, when it comes to education, *“The vision is of God-given fullness of life in which each person is both blessed and a blessing” (Church of England Vision for Education p.12)*



As educators we are all passionate about the way children are formed by the environment in which they grow. To become our best selves, we need the environment that enables this.

Our vision is rooted in the Parable of the Mustard Seed (Matthew 13 31-32):

A mustard seed ... *“The kingdom of heaven is like a mustard seed, which a man took and planted in his field. Though it is the smallest of all seeds, yet when it grows, it is the largest of garden plants and becomes a tree, so that the birds come and perch in its branches.”*

We are a small school in a valley – but we believe, like the mustard seed, that high standards of education can have far-reaching impact and that our children will grow into those who bless others through their careers, caring and vocations. One tiny seed, just like one small child, carries a world of potential.

Thurgoland CE Primary School is surrounded by beautiful countryside where farming and growing is part of daily life. The parable of the mustard seed provides a link with the historic roots of the school.

With our caring and nurturing ethos firmly embedded in all that we do, every member who joins our school, whether child or adult, like the small mustard seed, is welcomed into a learning environment so that they grow and flourish in its broadest sense—academically, socially, morally, physically and spiritually.

*By working and playing together we can love, learn and respect.*



Through working and playing together in peace and harmony, Team Thurgoland embodies the concept born from the African philosophy of “ubuntu” — a concept in which your sense of self is shaped by your relationships with other people – underpins how we work together in peace and harmony to become our best self. It’s a way of living that begins with the premise that “I am” only because “we are.”

“I am because we are.”

Our children, our staff, our families and our community – together we are Team Thurgoland.

“It has been said beautifully and profoundly that our God in his most inner mystery is not solitude, but a family.” (John Paul II)

We know you are with us.

Help us to become our best self.



At Thurgoland CE Primary School, everyone is inspired to reach their full potential and become their best self, to make the world a better place.

*“Beloved, we are God’s children now; what we will be has not yet been revealed” (1 John 3:2a)*

We are committed to promoting a growth mindset. In line with Christian teaching, at Thurgoland CE Primary School there is a big emphasis on everyone striving to move from their former self to a self that has to be found: growth and renewal.

To make the world a better place.



Amen

## **Administering Medication Policy**

### **Introduction**

To be read in reference to the DFE documentation 'Supporting pupils at school with medical conditions' (2015) and also the school policy for supporting pupils with medical conditions.

Legal advice states that it is a matter for the Headteacher's discretion whether or not to administer medicines to pupils. The Headteacher is responsible for the operation of the policy on the administration of medication in the school. The Headteacher can in turn authorise a member of staff to be responsible for the administration of medication for a particular pupil (or pupils) and this member of staff would then become an 'Authorised Person'. The member of staff taking on this role does so voluntarily and then only when they have received appropriate information and training.

We are a caring staff and recognise that from time-to-time pupils do have additional medical needs. We also acknowledge that pupils may need to take long term medication during the school day. Some children with medical needs are protected from discrimination under the Equality Act 2010.

## Aim

Under the DFE guidance 'Supporting pupils at school with medical conditions' (2015) school procedures for managing medicines on school premises will reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in an emergency;
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps;
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held;
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school;

## Objectives

The DFE documentation 'Supporting pupils at school with medical conditions' (2015) states that where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. If this cannot be arranged and medication must be provided during the school day, staff will administer medication approved by the Headteacher (or authorised person - Mrs C Beecroft and Mrs J Warttig).

## Short Term Medications

Staff can administer most types of short-term medications that have been prescribed by a doctor, for example antibiotics, provided the parent has completed the **Administering Medication Form** (Appendix 1) to request us to do so on their behalf. This form is available from the school office. All details will be transferred onto Medical Tracker software by a member of the office team.

Pain relief **that has not been prescribed by a doctor** e.g. Paracetamol or Ibuprofen can be administered at the head teacher's (authorised person's) discretion for the following circumstances:

- Broken limb;
- Following an operation;
- When it would be detrimental to a child's health or school attendance not to do so.

## Staff will NOT be able to administer the following:

- Eye drops; injections; any 'timed' medication or specialist treatment which would result in serious consequences to a pupil if staff were to forget to administer the dose at a precise time of day.
- Packets of medicated sweets are unsuitable for pupils to have at school as we are unable to monitor if these are being eaten at the correct time intervals.

## Long term medication

Pupils who need to take long term medication for example inhalers to relieve asthma will be supervised by staff provided the parent has completed the **Administering Medication Form** to request this. Parents will also need to state in writing the pupil's medical condition and other information on the **Medical Information** section of the **Pupil Information and Consent Form** (Appendix 2). This form is initially completed when the pupil joins the school and regular reminders to update information, if necessary, are sent to parents. All details will be transferred onto Medical Tracker software by a member of the office team.

Medication for other medical conditions may be administered by school staff after discussion with parents. We may need to seek advice from outside agencies for example school nursing and will need to be trained in how to appropriately administer certain medications for example the use of an EpiPen for pupils who have severe allergic reaction to certain triggers. The schools '**Supporting pupils with**

**medical conditions'** policy provides a clear process for developing individual healthcare plans. All details will be transferred onto Medical Tracker software by a member of the office team.

**Parents are welcome to come to school to administer medication to their child if they would prefer to do so.**

### **Individual healthcare plans**

Some pupils may require their own individual healthcare plan. This will be written by the school alongside external agencies such as school nursing to support pupils with long term, complex medical conditions whilst at school. All details and documents will be transferred onto Medical Tracker software by a member of the office team.

### **Asthma**

Pupils who need to use an inhaler must have a spare one that they can keep at school at all times. This is to avoid confusion or forgetting to bring it to school. Pupils will administer their own medication whenever possible. A member of staff will supervise them and record this in line with school reporting procedures. Parents of pupils with asthma will be required to complete the school administering medication form.

As a school, we are able to have an emergency salbutamol inhaler without a prescription, which will be only used in emergencies.

Where an emergency inhaler has been used (in guidance with the DOH Use of emergency salbutamol inhalers in schools, 2015) this will be recorded and parents/ carers will be informed.

### **Staff Medication**

Medication for staff self-use in relation to a medical condition can be brought on site and stored safely without the need to declare this to management or for it to be recorded. Staff are responsible for managing their own medical needs. The Headteacher and HR will be available, should a staff member require support or advice in relation to their medical needs.

### **When administering medication staff should:**

- wash their hands;
- use medical tracker to refer to the permission to administer medication form and to the administration record and carefully check that all details are correct;
- be certain of the identity of the child to whom the medication is being given;
- check that the prescription on the label of the medication is clear and unambiguous;
- check the name of the medication matches the permission/administration form details stored on medical tracker;
- check the name of the child on the label matches the permission/administration form;
- check the dose and method of administration;
- check the expiry date;
- check that the child is not allergic to the medication;
- administer the medication as instructed on the label and as specified in the permission to administer medication form found on medical tracker;
- use medical tracker to keep clear and accurate, signed records of all medication administered, withheld or refused;
- monitor any children taking medication and report any side effects immediately to the person in charge;
- inform parents/guardians that the medication has been given by sending a notification on medical tracker;
- all medication should be kept securely in the cupboard provided. Unused or surplus medication should be returned to the parent/guardian;
- asthma inhalers and adrenaline auto-injectors which are prescribed to specific children for emergency purposes should not be locked away, but should be kept in a safe place where they can be instantly accessed if needed. The safe place should be designated for purpose, well known to all staff and out of the reach of children;
- if a child refuses to take their medication (including spitting out medication) staff should never attempt to force or coerce compliance. They should note the refusal in their records and follow any agreed procedures set out in the individual child's health care plan. Parents should be informed of the refusal on the same day;
- if a refusal to take medicines results in an emergency, the organisation's emergency procedures should be followed;
- the organisation will administer certain non-prescription medication but insist that any request for this is accompanied by a permission form which is signed by the parent/guardian. Staff can administer non-prescribed medication for a maximum of three days, after which time they will no longer be able to continue giving the medication. At any time during the three days, if the staff



deem that the child's health has deteriorated or they have concerns for his/her health, the parent/guardian should be contacted and asked to collect the child (or make arrangements for the child to be collected by another named person) and refer them to their GP;

- written permission is required for emergency treatment of chronic illnesses, such as asthma where inhalers may need to be given on a long-term basis;
- staff will be asked to attend general training in the administration and monitoring of medication and to meet specific needs concerning administration, or other health-related matters;
- staff will agree to this policy annually to say they are willing to administer medicine. This is a voluntary decision by staff and no pressure will be brought by the management to perform this role;
- the management of the organisation is responsible for ensuring that there are enough staff who have been appropriately trained in the administration of medication to cover all working shifts. The off duty rota should always be planned with first aid and medicines administration in mind;
- in an emergency situation the first aider should be called, an ambulance called for and parents informed immediately;
- the management should monitor staff to ensure the procedures are being carried out, and that they are clear to all. Staff will be asked to feedback at meetings any areas of concern or to identify training needs that they may have;
- the policy will be reviewed annually and amendments and changes will be made as appropriate;
- medical information, including details about medicines, should be treated as confidential by all staff.