Lamberhurst St. Mary's CE Primary School

Administration of Medicines Policy

Date Written	November 2026
Written By	Mrs. C Vickery-Booth
Date Agreed by Governing Body	
Headteacher	Mrs. C Vickery-Booth
Chair of Governors	Mr. P Edgesmith
Date of next full review	November 2027

Inspired by the Parable of the Sower, all children and adults in our inclusive Christian school community are able to thrive and flourish. Like seeds on good earth, all are nurtured with supportive loving care.

This policy will be reviewed following any lessons learnt and/or updates to national or local guidance and procedures.

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1. Purpose and principles

The school aims to ensure that pupils with medical conditions are supported safely, effectively and inclusively, so they can access learning, physical education, trips, Forest School and wraparound provision. Medicines will be administered only where appropriate and in accordance with parental consent, prescribed instructions, individual healthcare arrangements and relevant training. The school will not unnecessarily prevent attendance or participation because a pupil requires medication.

This policy sets out operational procedures for administering medication. The wider assessment and management of medical conditions is addressed in the Supporting Pupils with Medical Needs Policy, and the detailed management of allergic reactions and adrenaline devices is addressed in the Allergy Policy.

2. Legal and guidance framework

This policy takes account of section 100 of the Children and Families Act 2014, the Department for Education statutory guidance Supporting pupils at school with medical conditions, the Equality Act 2010, the applicable EYFS framework and Department of Health and Social Care guidance on emergency salbutamol inhalers in schools. Staff will follow current clinical emergency advice and pupils' individual plans.

3. Responsibilities

- Governing body: ensure suitable arrangements are in place, approve and monitor the policy, and consider training, capacity and risk.
- Headteacher: oversee implementation, training, delegated responsibilities, emergency procedures and safe information sharing.
- Designated medical/office staff: receive and check medicines, manage storage and expiry checks, maintain records and coordinate parent communications.
- Trained/authorised staff: check the correct pupil, medicine, dose, time, route and instructions before administration, and accurately record every dose.
- Parents/carers: provide accurate medical information, written consent, appropriately labelled in-date medication, replacement supplies and updates when needs change.

- Pupils: where competent, participate in planning and self-management, supported and supervised as appropriate.

4. Medical information gathering and healthcare plans

On admission and whenever a medical condition is identified or changes, parents/carers are sent the school Healthcare Plan Information Form. This is an initial information-gathering form and is not automatically an Individual Healthcare Plan (IHP). It captures diagnoses or suspected conditions, symptoms, triggers, medicines, emergency responses, healthcare contacts and adjustments needed.

The school reviews the completed form, follows up missing details and determines whether a specific IHP is needed. Where necessary, a bespoke IHP is drawn up with parents/carers, the pupil where appropriate, and relevant healthcare professionals. Conditions requiring emergency treatment or complex care, including asthma or severe allergy, will have an appropriate action/healthcare plan. Relevant information and agreed plans are then securely uploaded or recorded on Meditracker, with appropriate staff access. Plans are reviewed at least annually and sooner if needs change, an incident occurs or a transition requires it.

Urgent support must not be delayed while administrative forms or system uploads are completed.

5. Consent and acceptance of medicines

The school will normally administer medicines only when failure to do so would adversely affect the pupil's health or attendance. Written parent/carer agreement must specify the pupil, medicine, dose, route, time, purpose and any relevant instructions; an email containing sufficient details may be accepted and recorded on Meditracker. Emergency actions will follow applicable law, professional advice and the pupil's emergency plan.

Where possible, families are encouraged to arrange doses outside the school day, including asking their prescriber whether a suitable dosing schedule is available. This will never prevent a pupil from receiving medicine needed during the school day or being included in school activities.

- Prescription medicines must normally be in the original dispensed packaging, in date, with the pupil's name, dispensing label and instructions. Insulin pens/pumps are an exception to original-container requirements.
- Staff must check packaging/instructions, previous doses when relevant, allergies and any maximum daily dose before giving a medicine. Unclear or conflicting instructions must be resolved before routine administration.
- No pupil under 16 will be given aspirin unless prescribed by a doctor. Medicines must not be shared between pupils.
- Medicines are received and returned through an agreed adult handover; pupils should not transport routine medicines unsupervised unless an agreed self-management arrangement applies.

Parents/carers may, by prior arrangement with the school office, attend school to administer medication or apply prescribed creams to their own child. This is an option, not a condition of the school providing appropriate medical support.

6. Non-prescription medicines

In accordance with the school's Supporting Pupils with Medical Needs Policy, non-prescription paracetamol may be considered for short-term mild pain or minor ailments, with specific parent/carer consent and adequate information on previous doses and contraindications. It must be supplied for the individual child, in its original packaging with instructions. The school does not retain a communal supply. Parents/carers should collect it within three days; any uncollected medication will be referred for safe disposal following the school's procedure. Persistent symptoms should prompt medical advice.

Other over-the-counter medication, including ibuprofen and antihistamines, is not routinely administered without an individually agreed arrangement and appropriate authorisation. Antihistamines prescribed or specified in an Allergy Action Plan are handled in accordance with that plan and the Allergy Policy. The school will not administer medication merely to enable an unwell pupil to remain in school.
Pupils must not bring medicines, throat lozenges, mouth gels or similar products into school without following the school's medicines procedures. Where an individual self-management arrangement has been agreed, the pupil and relevant staff will be briefed on safe carrying and use.

7. Administration and Meditracker records

Before administration the responsible adult checks identity, medicine, consent, dose, route, timing, expiration and any relevant healthcare plan. The administration is entered promptly on Meditracker, including medicine, dose, time, staff member and any observations or refusal. Parents/carers receive the Meditracker notification; where this fails, staff will use an alternative direct communication method as soon as practicable.

The school office will normally be the point of handover and collection for routine medication. Staff must not rely on pupils to remind adults when a scheduled dose is due: responsibility for administration rests with the agreed school procedure and designated staff.

All first aid and medication incidents, including errors, refusals and unexpected reactions, must be recorded and escalated appropriately. For head injuries, staff additionally telephone home in line with the school's first-aid arrangements; a digital notification alone is not a substitute for that call.

If a dose is missed, refused, vomited or given incorrectly, staff must not simply repeat it. They must obtain appropriate medical advice as needed, ensure the pupil is safe, tell the headteacher or delegated leader, contact parents and document actions and timing on Meditracker. Serious incidents must follow safeguarding and incident-reporting procedures.

8. Storage, access, expiry and disposal

Routine medicines are stored securely in the school office or other agreed location, following manufacturer requirements, including refrigeration where required. Access is restricted to authorised adults while preserving prompt access in an emergency. Controlled drugs are managed in a secure, recorded manner, subject to relevant legal requirements and the pupil's arrangements.

The school has a dedicated medical fridge in the school office for medicines requiring refrigeration. Medicines will be kept in their original, clearly labelled containers, separate from food and in accordance with the manufacturer's instructions. A designated member of staff will check and record the fridge temperature each school day when refrigerated medicines are held, investigate readings outside the required range, and seek pharmacy or clinical advice about the suitability of affected medicines before they are used. Access will be controlled while ensuring medication can be retrieved without delay. Arrangements for power failure, malfunction and safe transfer or replacement of affected medicines will be followed.

Emergency medicines and devices—including prescribed reliever inhalers, adrenaline auto-injectors and glucose equipment—must be accessible immediately, never unnecessarily locked away. Their locations are communicated to relevant staff and pupils. Office staff coordinate routine expiry checks and parent reminders, supported by Meditracker. Parents are responsible for providing timely replacements. Unused medicines are normally returned to parents for pharmacy disposal; sharps are disposed of using an appropriate clinical disposal route.

9. Emergency school salbutamol inhaler

The school intends to keep an emergency salbutamol reliever inhaler, with compatible single-pupil spacers, for emergencies when a pupil's own prescribed reliever inhaler is unavailable, broken or empty. The emergency kit will be clearly labelled and stored in an easily accessible location in the school office, not in a locked cupboard. It is a backup and does not replace a pupil's own prescribed inhaler.

The emergency inhaler may be used only for pupils diagnosed with asthma and prescribed a reliever inhaler, or pupils otherwise prescribed a reliever inhaler, AND whose parents/carers have given written consent for use of the school emergency inhaler. A current asthma register, parental consent and the pupil's asthma action plan/IHP are available to relevant staff. Consent is reviewed at least annually.

At morning break and lunchtime a named, trained member of staff will take the emergency inhaler kit from the school office to a designated, readily accessible playground location under adult supervision. The kit will be protected from damage and temperature extremes and returned promptly to its office location after each session. A named backup will cover staff absence. The school will assess arrangements to ensure an emergency inhaler remains promptly accessible to pupils inside the building while the playground kit is outside; a second kit will be provided where necessary.

Pupils' own prescribed reliever inhalers must remain readily available at all times, including for PE, Forest School and wraparound care.

Staff trained in asthma response will check the relevant asthma register and follow the child's plan and the emergency inhaler guidance. In severe or worsening breathing difficulty, call 999 promptly and follow emergency asthma instructions. After any use, staff will record the incident and doses on Meditracker, contact parents without delay, check the kit and replace the used spacer (single-pupil use). The inhaler itself is cleaned/maintained in accordance with current manufacturer and national guidance. A nominated person will check stock, expiry, operation and spacers at least monthly and after each use.

10. Allergies and anaphylaxis

The school has a Kitt Medical wall-mounted emergency anaphylaxis kit containing spare adrenaline auto-injectors. Access is through the supplied keys, including the emergency break-for-access key box. The designated allergy leads monitor stock and expiry, staff allergy training, routine checks and relevant incidents through the Kitt Medical Portal. Individual pupils' own prescribed adrenaline devices must remain promptly accessible as set out in their Allergy Action Plans and Individual Healthcare Plans. Staff will follow the dedicated Allergy Policy: suspected anaphylaxis requires immediate treatment in accordance with the current action plan and an urgent 999 call. Incidents and near misses are recorded in Meditracker and, where relevant, the Kitt Medical Portal.

11. Activities, educational visits and wraparound care

Trip leaders, Forest School leaders, PE staff and wraparound leaders must check relevant medical information, medication availability, parental consent, designated trained staff and emergency communication arrangements before activities. Risk assessments must identify travel and location-related access to medication. Medicine records and any administration are added to Meditracker promptly after the activity, or recorded securely during it for later entry. Reasonable adjustments should be made so pupils are not unnecessarily excluded.

12. Self-administration, refusal and errors

Competent pupils may carry and use their own medicines/devices where agreed with parents, staff and, where needed, healthcare professionals. This arrangement is recorded in an IHP. Staff will not force medication if a pupil refuses; they will follow the agreed plan, assess any risk, alert parents and document the refusal. A medication error, suspected overdose, allergic reaction or other concern must be escalated immediately to the headteacher/designated lead, with urgent medical advice or 999 as indicated, parent contact and factual recording. The incident will be reviewed for learning and follow-up.

13. Training, confidentiality and monitoring

Staff administering medicines will receive appropriate training and confirmation of competence where a procedure requires it. Relevant medical information is shared on a need-to-know basis, including with supply and wraparound staff. Meditracker records and forms are processed in line with the school's privacy and safeguarding procedures. The headteacher will monitor incidents, expiry checks, training and compliance, and review arrangements after significant incidents.

Appendix A – Medication handover and administration checklist

- Confirm pupil identity and written consent / agreed plan.
- Check medicine name, label, expiry, dosage, route, timing and previous dose.
- Check allergies, contraindications and clear instructions; seek clarification if needed.
- Administer or supervise safely, maintaining dignity and hygiene.
- Record immediately on Meditracker and notify parents.
- Return medicine to its correct storage location and report any concern.

Appendix B – Emergency inhaler operational checklist

- Maintain an up-to-date register of eligible pupils and written parental consent.
- Ensure prescribed pupil inhalers remain readily accessible.
- Check emergency kit, inhaler expiry/function and suitable spacers regularly.
- Assign a named person and backup to take the kit to break and lunchtime provision.
- Ensure accessible coverage indoors and outside simultaneously.
- Follow asthma emergency action plans; call 999 for severe or worsening symptoms.
- Record use, notify parents and replenish/clean equipment appropriately.

Appendix C – Documents and guidance

DfE: Supporting pupils at school with medical conditions — https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

DHSC: Emergency asthma inhalers for use in schools — https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

School: Supporting Pupils with Medical Needs Policy

School: Allergy Policy 2026–2027

School: Healthcare Plan Information Form and Meditracker record / consent workflow