

Driffield Church of England
(VC) Infant School



'Learn to let your light shine'

Matthew 5: 14-16

Supporting Children with Medical Needs Policy

(Including Administration of Medicines)

January 2026

Driffield Church of England Infant School

Supporting Children with Medical Needs Policy: Including Administration of Medicines CONTENT

1. Statement of intent and ethos
2. Definitions
3. Rationale and Aims
4. Entitlement
5. The Role of Parents/Carers
6. The Role of Staff
7. Prescription Medication
8. Long Term Medical Needs
9. Controlled Drugs
10. Intimate or Invasive Treatment
11. Non-Prescription Medication
12. Administering Medicines
13. Asthma Emergency Inhalers
14. Refusing medication
15. Offsite visits
16. Disposal of Medicines
17. Monitoring and Review

Appendix 1 - Permission for school to administer medicine for short term medical needs

Appendix 2 - Permission for school to administer prescribed medicine for long-term medical needs

Appendix 3 - Record of short-term medicines administered to children

Appendix 4 - Asthma Emergency Information

Appendix 5 – Emergency Salbutamol inhaler record

1 Statement of intent and ethos

Driffield CE Infant School welcomes all God's children and their families and is a place where children of all faiths and none flourish and are inspired by the Christian character and values of our school and learn to love God, one another and themselves (Mark 12:30-31) in order that they can 'Live life in all its fullness' (John 10:10)

It is this ethos underpinned by the words from Matthew 5: 14-16 'Learn to let your light shine' that underpins our approach to the way we support those children with medical needs and administer medication.

Most pupils will, at some time, have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. Driffield CE Infant School is committed to ensuring that children with medical needs have the same right of access as other children.

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

2. Definitions

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities when they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

3. Rationale

LA's and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at work Act 1974 make employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, place a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the East Riding Managing Medicines in Schools: Guidance and Procedures Policy which encourages self-administration of medicines when possible. Contact details for our School Nurse can be obtained from school.

3.1 Aims

The school aims to:

- Assist parents in providing medical care for their children
- Educate staff and children in respect of special medical needs
- Adopt and implement the LA policy of Medication in School
- Arrange training for staff to support individual pupils
- Liaise as necessary with medical services in support of the individual pupil
- Ensure access to full education if possible
- Monitor and keep appropriate records

4. Entitlement

The school accepts that pupils with medical needs (either short-term or long-term) should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved
- receive appropriate training
- work to clear guidelines
- have concerns about legal liability
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs

5. The Role of Parents/Carers

The major role of caring for a child rests with the parents/carers and it is their responsibility to monitor the child's health and to ensure attendance at school (Section 7 of the 1996 Children's Act).

It is the responsibility of parents/carers to:

- provide school with full details of any medical conditions
- Provide any medication to the school office in a pharmacy container clearly labelled with the following:-
 - the child's name
 - name of medicine
 - dose and frequency of medication
 - special storage arrangements
- Complete a Permission for school to administer medicine for short term medical needs (Appendix 1)
- Complete a Permission for school to administer prescribed medicine for long-term medical needs (Appendix 2)
- Collect and dispose of any medicine held in school at the end of each day/term
- Ensure that medicines have not passed the expiry date

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be by spacing the doses so that they are not required within school hours, or by the parent/carer coming in to school at lunchtime to administer the medication. However, this might not be practicable and in such a case parents/carers may make a request for medication to be administered to the child at school (see Appendix 1).

If medicine needs to be administered during school time, then a parent or carer must bring it to the school office and fill in the appropriate form (see above). Medication must not be given to the class teacher (unless prior agreement has been made), or brought into school by the child themselves. If medication is for a short-term condition, any remaining medication must be collected from the office by a parent or carer at the end of the school day.

6. The Role of staff

It is expected that:

- Employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- The school will liaise with the School Nursing Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interest of the pupil.
- Any medicines brought into school by the staff, headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of pupils. Any staff medicine is the responsibility of the individual concerned and not the school

7. Prescription Medication

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bed time. Parents are encouraged to ask the GP to whether this is possible. Prescription medicines will only be administered by the school where it would be detrimental to a child's health if it were not done.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container. The school will not accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases, it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

No medication will be given without the parent's written consent.

NB medicine will only be administered at lunchtime unless directly directed by a GP or for a chronic ongoing condition such as asthma.

Prescribed medication, other than emergency medication, will be kept in the locked medicine cupboard or the refrigerator in the staff room as appropriate. All emergency medicines (asthma inhalers, auto-injector pens e.g. epi-pens etc.) should be kept in the locked labelled Emergency Medicine cabinet in each year group corridor and be readily available.

8. Long Term Medical Needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long-term medical needs. Where appropriate, the school will draw up a health care plan for such pupils, involving the parents and the relevant health professionals. This will outline the children's needs and level of support required in school. The Health Care Plan will be reviewed at least annually.

The Health Care Plan will ensure that all staff are aware of schools planned emergency procedures. These will be displayed in the appropriate classrooms and the staffroom.

Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an auto-injector pen, Buccal midazolam, insulin etc.) Staff should not administer such medicines until they have been trained to do so.

9. Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally, controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.

Controlled drugs should be stored in a locked non-portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered, it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines, any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible, it should be returned to the dispensing pharmacist. It should not be thrown away.

10. Intimate or Invasive Treatment

This will only take place at the discretion of the Headteacher or Governing Body and with written permission from parents/carers and only under exceptional circumstances.

Two adults, where possible, one of the same gender as the child, must be present for the administration of such treatment. Training will be given and all such treatment recorded.

11. Non-Prescription Medication

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, at the Headteacher's discretion, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, perhaps to apply a lotion or the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor.

If non-prescription medication is to be administered, then the parent/carer must complete a Permission for school to administer medicine for short term medical needs (Appendix 1)), and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

11.1 Administration of paracetamol oral suspension

This will only be administered short term, for 3 days maximum. Parents must provide the paracetamol oral suspension in a 5ml sachet. This must be brought to the front **office only on the day it is required in a sealed envelope with the pupil's name, class and date clearly marked on the front**. Parents must complete the Permission for school to administer medicine for short term medical needs (Appendix 1) giving clear details of any previous doses. This medication must never be sent in a child's book bag.

12. Administering Medicines

Medicines will only be administered by members of staff who have been trained in the safe administration of medicines. This will usually be the class Teaching Assistant or Senior Midday Assistant, but in their absence another appropriately trained member of staff may carry it out. Staff should not administer specialist medicines until they have been trained to do so. A list of all staff trained in administration of medicines will be maintained by the SBM.

Before administering any medication, staff must check that the consent form has been completed and authorised by the parent. When administering oral paracetamol, they must also check that the details on the envelope concur with the child's details.

Ensure that the pupil has taken the full amount required and that the Record of short-term medicines administration form is completed (Appendix 3)

13. Asthma Emergency Inhalers

In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school will keep an emergency reliever (blue) inhaler for the emergency use of children whose own inhaler is not available for any reason. They will be stored in the locked medicine cupboard in the staffroom, along with an appropriate spacer. Parents must complete an Asthma Emergency Information form and consent to their child being allowed to use the emergency inhaler. These will be kept in the Administration of Medicines file in the locked cupboard in the staffroom. Any use of the emergency inhaler will be recorded on the Emergency Salbutamol Inhaler Record (Appendix 5).

14. Refusing medication

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform the parents.

15. Offsite visits

All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments will be completed. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit. Inhalers must be taken for all children who suffer from asthma.

Travel Sickness - Tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete a Permission for school to administer medicine for short term medical needs (Appendix 1)

Residential visits – All medicines which a child needs to take should be handed to the teacher in charge of the visit. The parents will sign a consent form for any medicines which they need to take during the visit, plus consent of emergency treatment to be administered.

16. Disposal of Medicines

Admin staff will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. These will be obtained by school should the need arise.

18. Monitoring and Review

This policy will be reviewed annually by the Headteacher and the Governing Body.

The next scheduled review date for this policy is **January 2027**

Any changes made to this policy will be communicated to all relevant stakeholders.

APPENDIX 1

Driffield CE Infant School

**Permission for school to administer medicine for short term
medical needs**

Name of child	
Class	
Date of birth	
Medical diagnosis/condition	
Name/type of medicine <i>(as described on the container)</i>	
	Prescribed Yes/No (please delete as appropriate)
Dosage	
When to be given	
Are there any side effects that the school need to know about	
Any other instructions/precautions	
Expiry date of medication	

**Medicines must be in the original container as dispensed
by the pharmacy**

Name & telephone number of GP

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Contact Details

Contact name

Daytime telephone number

Relationship to child

Address

Any other information

I give consent for school staff to administer the above-mentioned short-term medication to my child. I understand that I must deliver the medication personally to the school office. I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school in writing of any changes in my child's condition/medication.

Parent/Carer signature

Relationship to child

Date

If more than one medicine is to be given, a separate form should be completed for each medication.

APPENDIX 2

Driffield CE Infant School

Permission for school to administer prescribed medicine for long term medical needs

Name of child	
Class	
Date of birth	
Medical diagnosis/condition	
Name/type of medicine (as described on the container)	
Dosage	
When to be given	
Expiry date of medication	
Date returned	School use only

Medicines must be in the original container as dispensed by the pharmacy

Name & telephone number of GP	
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Contact Details

Contact name	
Daytime telephone number	

Relationship to child	
Address	
Any other information	

I give consent for school staff to administer the above-mentioned long-term medication to my child. I understand that I must deliver the medication personally to the school office. I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school in writing of any changes in my child's condition/medication.

Parent/Carer signature	
Relationship to child	
Date	

If more than one medicine is to be given a separate form should be completed for each medication.

Record of prescribed medication for long term medical needs

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					

Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

w/c	Mon	Tue	Wed	Thur	Fri
Time given					
Dose given					
Staff initials					

APPENDIX 4

ASTHMA EMERGENCY INFORMATION

This plan should be completed by parents, school and the specialist/school nurse and if necessary, a copy sent to the child's GP.

Child's Name	
Class/form	
Date of birth	
School Year	
Parent/Carer Name(s)	
Home Contact Number	
Mobile Contact Number	
GP/Medical Centre Number	
School Nurse Number	

Known triggers	
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Location of medication in school	
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Designated school health official	
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Instructions for reliever inhaler use (please tick the appropriate statement)	
<input type="checkbox"/>	My child does not understand the proper use of his/her inhaler and requires help to administer them.
<input type="checkbox"/>	My child understands the proper use of his/her asthma medications, and in my opinion, can carry and use their inhaler at school independently; notifying the designated school health official after using their inhaler.

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/school nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices and if necessary, I give permission for the school to use the emergency inhaler if required. I approve this Asthma Care Plan for my child.

Parent/s Signature	Date
Health Care Practitioner Signature	Date
Headteacher's Signature	Review Date

SIGNS OF ASTHMA ATTACK

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences - some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

NB: Not all symptoms need to be present for a child to be having an asthma attack.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted.
- Has a blue/white tinge around lips.
- Is going blue.
- Has collapsed.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler - if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.

IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL VIA THE SPACER



If there is no immediate improvement, continue to give

TWO PUFFS AT A TIME EVERY TWO MINUTES, UP TO A MAXIMUM OF 10 PUFFS



IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

Document medication given. Dose may be repeated if symptoms return. However, if this is within four hours, contact parent(s) as medical review is recommended.

NO IMPROVEMENT

If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**



The information in this flowchart is taken from the Department of Health - Guidance on the use of emergency salbutamol inhalers in schools (March 2015)

www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

If an ambulance does not arrive in 10 minutes **GIVE ANOTHER 10 PUFFS IN THE SAME WAY**

