



**Tenterden Infant School**  
*'Together, we learn, grow and flourish'*



**Tenterden Church of England Junior School**  
*'With God as our companion, we learn, grow and flourish'*

## Tenterden Primary Federation

### Medication Policy

**Date approved:** September 2025

**Review due:** September 2026

It is the school's policy to follow the guidance given by the Department for Education in Supporting Pupils with Medical Needs, unless this is superseded by advice from the health authority. Parents are notified of the school's policy in the school's induction pack and it is available on the school's Federation website.

#### 1. Procedures

While the school will assist in administering medicines, the primary responsibility for a child's health rests with the parents.

And therefore, parents are responsible for informing the school about any medical condition regarding their children.

The school will obtain this information before admission so that any briefing/training of staff can be arranged, probably through a school nurse, who is likely to have received notes or a briefing from the health visitor regarding children under five years of age with medical needs.

Parents must inform the school if any medical treatment becomes necessary after admission or if any changes are made.

#### 2. The Points of Contact for Medicines

Infant/Junior School: Mrs S Crook, Office Manager.

Junior School: Mrs A Hickmott, Administration Assistant.

Junior School: Ms A Whybrow, Administration Assistant.

#### 3. Prescription Medicines

Prescription medication should only be brought into school when absolutely necessary in its original named packaging and all relevant medical forms completed at the school office. Acutely unwell children should be kept at home.

Prescribed medicines will only be administered in school where a fourth dose is required during the day.

Injections must be given by an appropriate medical practitioner or a member of staff specifically trained and authorised. In situations of extreme emergency, e.g. anaphylaxis, action may be necessary by staff acting in loco parentis. In some cases, e.g. diabetes, children may give their own injections, but may need some supervision.

#### **4. Non Prescription Medicines (e.g. paracetamol, ibuprofen).**

When absolutely necessary, the school will administer painkillers in the form of syrups and tablets only, and only when all relevant medical forms have been completed by the parent/carer and submitted to the school office, e.g. children with chronic health conditions on the advice of a GP or hospital consultant only.

The school will only administer one dose carefully noting the appropriate dose and restrictions printed on the container. If this does not relieve the pain the parent will be contacted.

#### **5. Arrangements for Recording Medicines Administered and the Documentation to be used.**

A health care form (Appendix 1) must be completed by the parent before any medicine can be administered. The time and date of any medication given is carefully recorded.

#### **6. Access to Medicines in school**

Medicines are locked in a medical cupboard. Children are not allowed to carry medicines on their person. For children who have to carry their medication (E.g. inhalers, EpiPens and insulin) specific plans will be put in place in conjunction with school staff and the child's parent.

#### **7. Storage of Medicines for lessons away from the school site and for school trips**

When absolutely necessary, or detailed on a health care plan, medicines will be carried by a staff member on school trips.

We can only administer medicines from the original labelled container that was issued by the GP and must be collected from the school office at the end of the day. In the case of painkillers, staff will need to be informed of the time of the previous dose.

#### **8. Arrangements for children with complex conditions.**

A pupil may have a long or short-term condition which could require emergency intervention (e.g. anaphylaxis, epilepsy, or specific management arrangements e.g. after surgery).

In these circumstances, school staff, parents/carers and, where appropriate, medical professionals and the pupil should agree from the outset:

- what emergency situation could arise (Indicate possible symptoms)
- what action would be needed (include any strategies to avoid an emergency from developing)
- what staff are permitted to do. (The school nursing service will advise)
- which staff would be prepared to give assistance themselves
- what training will be given
- arrangements for review of the procedures
- arrangements for school trips, (including off-site swimming or games)
- in what circumstances an ambulance should be called
- how and when parents or emergency contact should be notified
- whether there are any other issues

It is important to establish from the outset what can and cannot be done so that staff and parents understand and accept the level of risk and so that the named staff are satisfied and confident about the role which they might be asked to undertake. The arrangements should be written down and signed by the Executive Headteacher/Deputy Head/SENCO (where this is a SEND pupil or FLM and the parent/carer.

Parental agreement to the arrangements for children with complex conditions will include the identity of the trained members of staff who will be called upon to help is particularly important if the procedures might be regarded as intermittent. It is our policy that all of the parties involved in meeting a child's needs feel comfortable, secure and confident in the procedures involved in the health care plan.

#### **9. Circumstances requiring an Ambulance**

It is the responsibility of the qualified first aider to make the decision to call an ambulance. The first aider will direct an adult to dial 999 while carrying out initial first aid. The ambulance service will ask for specific information that should be given to them. Ideally, this call should be made on a hands free phone so it can be taken to the first aider and first hand, observations of the condition can be reported accurately. The office staff need to know an ambulance is on the way to open gates and direct them to the casualty.

The ambulance control may give advice to the first aider. Once the ambulance has been requested, the first aider will follow all advice and remain with the casualty. After the ambulance has been called the parents will be telephoned and emergency numbers will be used if there is no response from the parents. Once the child is dispatched to hospital the area should be cleaned and all rubbish disposed of safely. The relevant health and safety reports compiled.

#### **10. Parental consents for first aid and emergency treatment**

All parents are asked to read and sign relevant consent forms on school admission. These are kept in the child's file and a copy is kept in a class file which will be taken on events that happen off school site.

#### **11. Self - Medication.**

In consultation with parents, we will determine whether a child is required to carry their medication with them. In this instance all relevant forms will be completed and all necessary staff informed of the procedures set up.

If a child is to carry their own medication they must understand that it is only for their use and must not be shared with anyone else. They must clearly understand the instructions for use. All medication must be in the original labelled box and we require additional prescription labels to be attached to the body of the inhaler and any spacers. We require an asthmatic child who is self-medicating to have a spare named inhaler in the school office.

#### **12. Procedures for Checking/Destroying out of date Medicines.**

The school cannot take any responsibility for checking whether medicines kept in school are out of date. It is the parents' responsibility to know the expiry date of medicines stored by the school and provide replacements before this time. Parents must notify the school immediately of any medication changes and provide a new correctly labelled supply. All medicines (including inhalers and EpiPens) will be sent home at the end of each year. Parents are expected to supply new medicines and complete new consent forms at the beginning of the new year.

Parents should collect discontinued medicines as soon as they are no longer needed and make their own safe arrangements for their disposal.

### **13. Packaging of Medicines**

Medicines **MUST** be packaged in the original container with the dispenser's label and current directions.

### **14. Arrangements for Training Staff (including refresher training if necessary).**

Reference in the schools Health and Safety Policy for the administration of medicines. This includes online training.

### **15. Training and Support**

As the management of children's health is the responsibility of their parents and appropriate health professionals, school staff can expect appropriate advice and support as necessary.

The usual point of contact will be the SENCO, who will liaise with the school nurse and other health professionals as required. The school nursing service offers a range of INSET programmes which the SENCO will organise. They can also give detailed advice on specific conditions (e.g. epilepsy, anaphylaxis, etc).

In some circumstances, it may be appropriate to seek guidance from the child's general practitioner or consultant –parental consent is required and SENCO will liaise with parents and staff.

N.B. There are specific occasions when the consultant for communicable disease control (CCDC) will advise on communicable diseases (e.g. meningitis or food poisoning).

### **16. Treatment of Anaphylactic Reactions**

If a child has an allergy which puts them at risk of an anaphylactic reaction, then the parents need to provide the school with a copy of the letter from the hospital/ GP to state the procedures that need to be followed if an anaphylactic reaction occurs.

The individual pupil's details, parents' consent and the summary guidelines for treatment should be kept with the pre-loaded adrenaline syringe, with the child's records, and where appropriate in the child's classroom.

Parents should obtain an additional pre-loaded adrenaline syringe from their general practitioner to be kept at the school. As with other medication, the syringe should be clearly labelled with the child's name, and should only be used for that child. Parents should be reminded they are responsible for supplying the school with a new syringe before the expiry date of the present one, and for notifying the school of any change in treatment.

All sharp waste will become the responsibility of the parent to dispose of, if necessary the parent may have to provide the school with a Sharps Bin. Used EpiPens will accompany the child in the ambulance.

## **17. Monitoring, Review and Effectiveness of the Policy**

The Executive Headteacher has responsibility for the day to day operation of this policy and reports to the full Governing Body. The Governing Body reviews the effectiveness of the policy every two years.

### **Other relevant policies and documents linked to this policy:**

Mental Health and Wellbeing Policy

Health and safety risk assessments

Child Protection Policy



# Tenterden Primary Federation

## Health Care Plan for pupils with medical conditions at school

### Pupil's information

Name of school ..... Name of pupil  
.....

Class/Form ..... Date of birth ..... male  
 female

Member of staff responsible for  
home-school communication  
.....

### Contact information

Pupil's address  
.....  
.....  
..... Postcode  
.....

### Family contact 1

Name  
.....  
.....

Phone (day) ..... Mobile  
.....

Phone (evening) ..... Relationship with child  
.....

### Family contact 2

Name  
.....  
.....

Phone (day) ..... Mobile  
.....

Phone (evening) ..... Relationship with child  
.....

### GP

Name ..... Phone  
.....

**Specialist contact**

Name ..... Phone  
.....

**Medical condition information**

**Childs Name** .....

**Details of pupil's medical conditions**

Signs and symptoms of pupil's condition:

.....  
.....  
.....  
.....  
.....

Triggers or things that make pupil's condition/s worse:

.....  
.....  
.....  
.....

**Routine healthcare requirements**

(For example, dietary or toileting before physical activity)

During school hours:

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.....  
.....  
Outside school hours, including any medication given:  
.....  
.....  
.....

## What to do in an emergency

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.....  
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.....  
.....  
.....  
.....  
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.....

## Childs Name

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Medication taken during school hours

### Medication 1

Name/type of medication & expiry date (as written on the container)

.....  
.....  
.....

Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection)

.....  
.....  
**Time of day due:**

.....  
.....  
**Describe what signs or symptoms indicate an emergency for this pupil**

.....  
**Are there any side effects that could affect this pupil at school? And is there any follow-up care necessary.....**

.....  
.....  
**Are there any signs when medication should not be given.....**

**Arrangements for off-site activities**  
.....

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**Medication 2**

**Name/type of medication & expiry date (as written on the container)**  
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.....

**Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection)**  
.....  
.....

**Time of day due:**  
.....  
.....

**Describe what signs or symptoms indicate an emergency for this pupil**  
.....

**Are there any side effects that could affect this pupil at school? And is there any follow-up care necessary.....**  
.....  
.....

**Are there any signs when medication should not be given.....**

.....

**Childs Name**

.....

**Any other information relating to the pupil's healthcare in school?**

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.....  
.....

.....  
.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

**Signature(s)** .....

**Date** .....

Date form completed .....

Date for review .....

Copies held by .....



# Tenterden Primary Federation



## Daily Medication

Following the school's medication policy, the school is unable to administer any medicine until this form is completed and signed.

Name of School	
Name of Child	
Date of Birth	
Class	
Medical Condition/ Illness	

## Medicine

Name/Type of Medicine	
Expiry Date	
Dosage & Method	
Time to be Administered	
Special Precautions	
Are there any side effects?	
Self-administration Y/N	
Procedure in an emergency	

**NB: Medicines must be in the original container with the child's name and dosage label as dispensed by the pharmacy**

## Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	

**I understand that I must personally deliver the medicine to the school office.**

**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 policy. I will inform the school immediately, in writing, if there are any dosage or frequency or if the medication is stopped.**






# Tenterden Primary Federation



## Short Term Medication

Following the school's medication policy, the school is unable to administer any medicine until this form is completed and signed.

Name of School	
Name of Child	
Date of Birth	
Class	
Medical Condition/ Illness	

## Medicine

Name/Type of Medicine	
Expiry Date	
Dosage & Method	
Time to be Administered	
Special Precautions	
Are there any side effects?	
Self-administration Y/N	
Procedure in an emergency	

**NB: Medicines must be in the original container with the child's name and dosage label as dispensed by the pharmacy**

## Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	

**I understand that I must personally deliver the medicine to the school office.**


