



Policy Statement & Principles

- **Aim:** To support children with medical needs so they can fully participate in school life (including trips and PE), in line with the Children and Families Act 2014.
- **Core Rights:** Children have the right to feel safe, remain healthy, and be treated with privacy, dignity, and a professional approach.
- **Serious Conditions:** The school recognises that conditions like asthma, cancer, diabetes, and epilepsy can be life-threatening and they require up-to-date risk assessments and staff training for them.

Responsibilities

There is no legal or contractual duty within the School Teachers' Pay and Conditions Document (STPCD) that requires teaching staff to administer medications.

Parents/Carers

- Must provide prior written consent; verbal instructions will not be accepted. (Appendix 3)
- Must ensure all medication is in date, in its original sealed container, and clearly labelled with the child's name, DOB, name/strength of medicine, dose, and expiry/dispensing dates.
- Must inform the school immediately if a child's medical needs change.
- Parent/Carers have overall responsibility for administering medicines, most medicines will be administered at home.

School Staff

- The Head Teacher is responsible for ensuring that designated staff are properly trained, competencies are signed off, and backup staff are available for absences.

- All staff (including lunchtime and office staff) will receive general awareness updates on supporting students with medical conditions.

Storage and Disposal of Medicines

- **Emergency Medicines:** Items like inhalers and adrenaline auto-injectors (EpiPen/Jext) must never be locked away. They must be kept in classroom first aid boxes or on the child, so they are readily accessible.
- **Prescription Medicines:** Must be stored in a lockable combination box inside the Key Stage 1 or 2 staffroom fridges (maintained between 2°C and 8°C).
- **Disposal:** Expired or unneeded medicines must be returned to parents for proper disposal. All medicines should be returned to parents at the end of each term.

Administration Protocols

Prescription Medicines

- **Designated Staff:** Stacy Smith (cover absences), Kathryn Greaves (upper key stage 2), Helen Cutt (lower key stage 2), Skye Wallace(F2 and nursery), and Karen Smith (key stage 1).
- **Frequency Rule:** Medicines prescribed 3 times a day must be given at home unless specific times are stated on the prescription. School will administer medication required 4 times a day.
- **Verification:** Before administering, staff must check the parental consent form, expiry date, child's name against the label, dose, and time of last dose.
- **Record Keeping:** A log will record what medicine was given, the dosage, time, and the staff member who administered the medicine. If a child refuses medication, staff cannot force them; the refusal must be logged and parents notified immediately.
- **Children will never be allowed to self-administer prescription medicines at school.**

Step by step protocol

- The parent will bring the medicine to the office and fill out and sign a medication form.
- The office staff will record this information onto the medication spreadsheet.

- The office staff will then inform the designated person in person that they will need to administer the medicine. It will then be their responsibility to ensure that the medicine is given
- Medicines will not be administered in the classroom. In key stage 2 this will be in the foyer in key stage 1 this will be in the staff room with the door open.
- Once the medicine has been administered the designated person will record the time and date on the spreadsheet, as per record keeping.

Non-Prescription Medicines (for example Calpol/throat sweets or throat sprays)

Given only at the Head Teacher's discretion for short periods (e.g., returning from illness). They will not be accepted on an "as and when required" basis (except for antihistamines).

- Requires written parental consent. In emergencies, temporary phone consent is accepted if followed immediately by an email/Dojo confirmation.
- Aspirin will never be given to children under 16 unless specifically prescribed by a doctor.
- Children will never be allowed to self-administer non-prescription medicines at school.
- Parents will be encouraged to come into school to administer non-prescription medication if they feel it is necessary.

Educational Visits & Travel

- **Residential Trips:** Leaders can administer over-the-counter medicine for minor ailments using the EV4 form authorisation, which must be confirmed by phone with parents at the time.
- **Travel Sickness:** Medication should be taken before leaving home. Return-journey doses must be handed over in a marked, sealed envelope to a named staff member with signed consent.

Sun Protection and Hydration

- **Sunscreen:** Long-lasting (8-hour) sunscreen should be applied at home. Labelled bottles may be brought to school for self-application only (no sharing).

- **Hats & Water:** Children must bring a labelled sun hat and a reusable water bottle daily.

Medical Plans & Specific Condition Guidelines

Intimate Care or Health Care Plans

Required for any child needing regular medical support or emergency intervention (appendix 1 and appendix 2). These will be written with parents, school staff, and health professionals if necessary (supported by the Children's Community Nursing Team: CCYPSReferral@nottshc.nhs.uk). Plans are reviewed at least annually.

Emergency Protocols

- In an acute emergency, we will call 999 immediately. Staff must never transport children in their own vehicles unless the correct insurances are in place, a second member of staff should accompany them for safeguarding purposes.
- A "grab pack" containing the child's medical info and Health Care Plan must be given to the emergency services.
- If parents cannot be reached, a staff member will accompany the child to the hospital but cannot sign for medical treatment.

Condition-Specific Instructions

For specific health conditions such as adrenaline auto-injectors, asthma, diabetes and cancer individual Health Care Plans and asthma plans will outline medicine administration procedures.

Policy Appendices

- **Appendix 1:** Intimate Care Form
- **Appendix 2:** Health Care Plan
- **Appendix 3:** School Dosage Request Form

**This policy will be reviewed annually.
Approved at Strategic July 26
Next Review July 27**

APPENDIX 1

Intimate Care Plan

Name of School / Setting:	
Child's / young person's name:	
Date of Birth:	
Class Name / Tutor Group:	
Child's Address:	
SEN Primary Need if applicable	
Medical Diagnosis or Condition:	
Date:	
Review Date (at least every 12 months):	

Contact Information

Contact 1		Contact 2	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic / Hospital Contact		GP	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms:
Daily care requirements (e.g. before sport / at lunchtime):
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):

APPENDIX 2

Insert photo

Name –

Health Care Plan (insert number)

Academic Year (insert year)

Name of School Setting	Northfield Primary and Nursery School
Child's name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or Condition	
Date	
Review Date	
Family Contact Information	
Name	
Phone Number – Mobile	
Home	
Work	
Email	
Name	
Phone Number – Mobile	
Home	
Work	
Email	
Clinic/Hospital Contact	
Name	
Phone Number	
G.P.	
Name	
Phone Number	

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sports/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs.

Follow up care

Who is responsible in an emergency (state if different for off-site activities.)

Forms Copied to:

1. Head Teacher: Julian Fieldwick
2. SENCO Carolyn Burgin
3. Class Teacher:
4. Key Stage First Aiders
5. Senior Lunchtime Leader
6. Staff Room – I give my permission for this form to be displayed in the staffroom.

Signed Parent/Carer:

Date:

APPENDIX 3

Northfield Primary & Nursery School

Dosage request for medicine 4 times a day only, or a time stated on the prescription.

*Date*_____

*Name of child*_____

*Type of medicine*_____

*Dosage*_____ *at*_____

*Reason for medication*_____

*Length of time medicine to be administered*_____

A record of medicine administered is recorded on the medicine spreadsheet on the server.

I give my consent for a member of staff to administer the above medicine/drugs. I understand that the same member of staff may not always be available and that the medicine/drugs may be administered by a different member of staff.

I acknowledge that any staff involved in the administering of medicine in school are not qualified medical practitioners nor claiming to be.

I acknowledge that due to the busy nature of school, there may be times when medicine cannot be administered.

Signature of

*parent/guardian/carer*_____