

Administering Medicines Policy

Date of review: September 2026

Date of Next Review: September 2027

Signed: A Harvey

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Statement of intent

Fulcrum Education will ensure that pupils with medical conditions receive appropriate care and support at school, for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils' medication.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

For the purposes of this policy, "medicine" means any prescribed or non-prescription medicine that the school has agreed to store or administer. "Medical device" includes equipment used to deliver or support treatment, such as asthma inhalers, spacers, adrenaline auto-injectors (AIs), insulin pens and blood-glucose monitoring equipment. "Controlled drug" means a medicine subject to additional legal controls because of the risk of misuse, dependence or diversion.

1. Legal Framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015, as updated) 'Supporting pupils at school with medical conditions' – statutory guidance for maintained schools, academies and PRUs and adopted by Fulcrum Education as relevant good practice.
- DfE 'Using emergency adrenaline auto-injectors in schools' and DfE (2026) 'Allergy safety in schools' – used by Fulcrum Education as relevant good practice for an independent special school.
Education (Independent School Standards) Regulations 2014
Human Medicines Regulations 2012 (as amended)
Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR)
DfE 'Keeping children safe in education 2026'
DfE and Department of Health 'Special educational needs and disability code of practice: 0 to 25 years'

This policy operates in conjunction with the following school policies:

- First Aid Policy
- Complaints Procedures Policy
Child Protection and Safeguarding Policy
Records Management Policy
Data Protection Policy
Allergen and Anaphylaxis Policy
Educational Visits Policy

2. Roles and Responsibilities

The Directors are responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including the protected characteristics as defined by the Equality Act 2010.
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who administer medication to pupils, or help pupils self-administer, are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted to guarantee that pupils taking medication are properly supported.

- Managing any complaints or concerns regarding this policy, the support provided to pupils, or the administration of medication in line with the school's Complaints Procedures Policy.

The Headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

All staff are responsible for:

- Adhering to this policy and supporting pupils to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing an administering medication parental consent form prior to them or their child bringing any medication into school. It should be noted that this will form part of the admissions paperwork unless new medication is issued during the duration of the pupil's time at the school.
- Discussing medication with their child prior to requesting that a staff member administer the medication.

It is both staff members' and pupils' responsibility, taking account of each pupil's age, SEND, communication needs and level of understanding, to know how to raise the alarm in a medical emergency. This may include staff administering emergency medication to the pupil involved where they are trained and authorised to do so.

SEND and communication needs: Fulcrum Education recognises that pupils may communicate pain, illness, distress or medication side effects through changes in behaviour, presentation or regulation rather than through verbal reporting. Staff will use professional curiosity, the pupil's preferred communication methods and agreed reasonable adjustments, and will not assume that a change in behaviour is solely behavioural where a medical cause may be possible.

Safeguarding concerns arising in connection with medical care, including unexplained injuries, suspected withholding or misuse of medication, fabricated or induced illness concerns, concerning patterns around medicines, or disclosures made during medical or intimate support, will be reported promptly to the DSL in accordance with the Child Protection and Safeguarding Policy.

3. Training staff

The Headteacher will ensure that sufficient staff are appropriately trained and competent to support pupils with medical needs. All staff will receive awareness training so they can recognise a medical emergency, summon appropriate help and follow individual emergency arrangements. Staff who administer medicines or undertake delegated healthcare tasks will receive role-specific training and competency checks appropriate to the task.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.

Staff will be advised not to agree to take on the responsibility of administering medication until they have received appropriate training and can make an informed choice. The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that

this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school.

Training will also cover the appropriate procedures and courses of action regarding the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child.
- Some technical or medical knowledge is required to administer the medication.
- Intimate contact with the pupil is necessary.

Staff members who administer medication or undertake a delegated healthcare task must follow their training, the pupil's individual healthcare plan (IHP), the medicine label and any written instructions from an appropriate healthcare professional. Staff must not undertake a task for which they have not been trained or do not feel competent, except where immediate emergency action is necessary to preserve life and is within their training.

Training for administering AAls

The school will arrange specialist training for staff on a termly basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAls will be appointed to administer this medication. As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAls in case of an emergency.
- How the dosage correlates with the age of the pupil.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members for administering AAls are.
- How to administer an AAI safely and effectively if there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

There will be enough staff who are trained in and consent to administering AAls on site at all times.

4. Receiving, storing, and disposing of medication

Receiving prescribed medication from parents

Where medicine is to be administered by staff, parents/carers will normally complete and sign an administering medication parental consent form before the medicine is brought into school. For secondary-age pupils, the pupil will be involved in decisions about their medicines as far as is appropriate to their age, understanding and competence. Where there is uncertainty about consent, capacity or the lawful basis for treatment, the school will seek advice from parents/carers and relevant healthcare professionals before routine administration. Consent arrangements will be reviewed at least annually and whenever medication or circumstances change.

The school may store and administer prescribed medicines and, where agreed by the Headteacher or designated senior member of staff, appropriate non-prescription medicines. All medicines must be supplied in accordance with this policy and recorded appropriately. A pupil under 16 will never be given aspirin unless it has been prescribed by a doctor. The school will store only a reasonable quantity of medication, normally no more than four weeks' supply unless a different arrangement is agreed for an individual pupil.

Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

Storing pupils' medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g., asthma inhalers and AAls, will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g., a locked cupboard.

The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g., by ensuring that the identities of any key holders to the storage facilities are known by these pupils.

Medication stored in the school will be:

- Kept in the original container alongside the instructions for use.
- Clearly labelled with:
 - The pupil's name.
 - The name of the medication.
 - The correct dosage.
 - The frequency of administration.
 - Any likely side effects.
 - The expiry date.
- Stored alongside the accompanying administering medication parental consent form.
Controlled drugs will be stored securely in a locked, non-portable receptacle with access restricted to authorised staff. A separate record of controlled drug stock received, administered, returned or disposed of will be maintained where appropriate.

Medication that does not meet the above criteria will not be administered.

Disposing of pupils' medication

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupils' doctor or pharmacist, parents will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely, e.g., using a sharps disposal box.

5. Administering medication

Medication will only be administered at school where this is necessary to support the pupil's health, wellbeing or access to education. Controlled drugs will only be administered by staff who are appropriately trained and competent. Staff will check the expiry date, prescribed or agreed dose, timing and route of administration and, where relevant, when the previous dose was given. Controlled drugs will be stored securely with access limited to authorised staff, and records of receipt, administration, return and disposal will be maintained.

Medication will be administered in a private, comfortable environment and as far as possible, in the same room as the medication is stored; this will normally be the school office. The room will be equipped with the following provisions (or the following provisions will be made in another room):

- Arrangements for increased privacy where intimate contact is necessary.
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary.
- Available PPE for use where necessary.

Before administering medication, the responsible member of staff should check:

- The pupil's identity.
- That the school has the necessary written consent or other lawful authority for routine administration, taking account of the pupil's age, understanding and competence.
- That the medication name, dosage and instructions for use match the details on the consent form.
- That the name on the medication label is the name of the pupil being given the medication.

- That the medication to be given is within its expiry date.
- That the pupil has not already been given the medication within the accepted frequency of dosage.

If there are concerns about administering a medicine, staff will not administer it unless delay would create an immediate medical emergency. Advice will be sought promptly from the pupil's parent/carer and/or an appropriate healthcare professional, and the concern and action taken will be documented.

Medication will not be altered, crushed, opened, mixed with food or administered by a different route unless this is supported by written instructions from an appropriate healthcare professional or pharmacist and is consistent with the medicine's directions.

Where appropriate, pupils will be encouraged to manage and self-administer their own medicines, with the level of supervision determined by an individual risk assessment, their IHP and their age, understanding and competence. If a pupil refuses medication, staff will not force them to take it. The refusal will be recorded and the pupil's IHP or medical instructions followed. Parents/carers will normally be informed and healthcare advice sought where appropriate. Emergency procedures will be followed immediately where refusal creates an immediate risk to the pupil's health.

Any adverse reaction, suspected side effect, medication error or near miss will be responded to promptly in accordance with the pupil's IHP, medicine instructions and emergency procedures. Appropriate medical advice will be sought where required, parents/carers will be informed as appropriate, and the incident will be recorded and reviewed.

Written records will be kept of all medication administered to pupils, including the date, time, dose, route where relevant, name of the medicine and the name of the staff member responsible. Records will also be kept of refusals, omissions, medication errors and near misses. Records will be stored securely in accordance with the Records Management Policy and data protection requirements.

6. Medical devices

Asthma inhalers

Pupils who are able to carry and use their own inhalers safely will be supported to do so in accordance with their IHP or individual arrangements. A spare prescribed inhaler should be available where appropriate. Emergency inhalers and associated devices will be stored so that they are immediately accessible in an emergency and are not subject to routine locked-storage arrangements that would delay access.

AAls

Pupils who are able to carry and use their own AAls safely will be supported to do so in accordance with their IHP or individual arrangements. Spare prescribed AAls should be available where appropriate, and emergency AAls will be stored so they are immediately accessible in an emergency.

Where the school holds spare emergency AAls, these will be obtained, stored, checked and replaced in accordance with current legal requirements and DfE guidance. Allergy risks will be assessed across the school environment, including food, curriculum activities, trips and visits. All relevant staff will know how to recognise anaphylaxis, where emergency AAls are located and how to summon emergency assistance.

Use of any spare emergency AAI will follow the pupil's allergy action plan/IHP, current medical authorisation and applicable legal and DfE guidance. In an emergency, staff will call 999 without delay and follow the pupil's emergency plan. Parents/carers will be informed as soon as practicable. All allergic reactions, use of emergency medication and relevant near misses will be recorded and reviewed.

Pupils' and spare AAls will be obtained, stored and administered in line with the school's Allergen and Anaphylaxis Policy.

7. IHPs

For pupils with chronic or long-term medical conditions, disabilities or other health needs that require coordinated support, an IHP will be considered on admission and whenever a significant medical need becomes known or changes. Where an IHP is required, it will be developed in liaison with the pupil, their

parent/carer, the Headteacher, SENCO and relevant healthcare professionals. The plan will reflect the pupil's age, SEND, communication needs, level of understanding and any reasonable adjustments required.

- The medical condition and its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements.
- The specific support needed for the pupil's educational, social and emotional needs.
- The level of support needed and whether the pupil will be able to take responsibility for their own health needs.
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role.
- Which staff members need to be aware of the pupil's condition.
- Arrangements for receiving parental consent to administer medication.
- Separate arrangements which may be required for out-of-school trips and external activities.
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised.
- What to do in an emergency, including whom to contact and contingency arrangements.
- What is defined as an emergency, including the signs and symptoms that staff members should look out for.

The pupil's preferred communication method and any reasonable adjustments required because of SEND.

Any allergy action plan, emergency medication and arrangements for avoiding known triggers or allergens.

Arrangements for transport, off-site learning, work-related learning, educational visits and residential activities where relevant.

How medical needs interact with the pupil's EHC plan, behaviour support, sensory needs and risk assessments.

The Directors will ensure that IHPs are reviewed at least annually and sooner where a pupil's medical condition, medication, emergency arrangements or needs change. IHPs will be monitored throughout the year by a designated member of staff and coordinated, where appropriate, with the pupil's EHC plan, risk assessments and other support plans.

8. Education trips and visits

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where possible and appropriate, e.g., for asthma inhalers.

If the medication is of a type that should not be carried by pupils, e.g., capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. Staff members will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g., timing and dosage, for administering their medication.

If the out-of-school trip or visit is over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g., what to do if an epileptic pupil has a seizure.

Risk assessments for trips, transport and off-site learning will identify how medicines, emergency equipment, copies of relevant IHPs and emergency contact information will remain available throughout the activity. Where transport is provided, responsibility for any medicine that may be needed during the journey will be clearly allocated.

9. Medical emergencies

Medical emergencies will be handled in line with the First Aid Policy.

Emergency medication must be readily accessible to staff and to pupils who are authorised and able to self-administer it. It will not be stored in a way that causes avoidable delay in an emergency. Emergency services will be given clear information about the pupil, the medicine administered and the response observed. A member of staff will remain with the pupil and parents/carers will be contacted as soon as practicable.

10. Monitoring and review

This policy will be reviewed annually by the Directors and Headteacher.

Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made to this policy will be communicated to the relevant stakeholders, including pupils whose medication is stored at school and their parents.

Administering medication parental consent form

Fulcrum Education normally requires this form to be completed and signed before staff administer routine medication. Pupils will be involved in decisions about their medicines in accordance with their age, understanding and competence. Where different consent arrangements are legally appropriate, these will be agreed and documented by the school in consultation with relevant professionals.

Name of pupil	
Date of birth	
Form group	

Medical condition or illness		
Prescribed medication		
Name and/or type of medication as described on the container		
Date dispensed		
Expiry date		
Agreed review date		
Review to be initiated by		
Dosage, timing, and method of administration		
Special precautions		
Likely side effects		
Self-administration	Yes	No
Additional details		