



ADMINISTRATION OF MEDICINES V3 (2026)

INFORMATION

Version: 3.1

Date created: 29/01/2026

Next review date: 31/07/2026

Applies to: All staff, students, parents



1. PURPOSE AND PRINCIPLES

This policy ensures pupils with medical needs are supported effectively and safely in school, in line with:

- Children and Families Act 2014 (Section 100)
- DfE Statutory Guidance: Supporting Pupils at School with Medical Conditions (Last updated 2017)
- SHINE Trust Policy for Supporting Pupils with Medical Conditions (January 2026)

2. PRINCIPLES

Medicines will only be administered in school when it would be detrimental to a child's health or school attendance not to do so.

Written parental consent is required for all medicines (prescribed or non-prescribed).

Non-prescription (OTC) medicines may only be administered with written parental consent and, where required on a regular basis, written confirmation from a GP, with approval from a member of SLT, in line with SHINE Trust guidance.

Staff will not make clinical decisions; responsibility for the appropriateness of medication remains with parents/carers and prescribers.

Pupils will not routinely carry medication. In line with SHINE Trust expectations, older pupils may carry and self-manage their own inhalers or emergency medication where this is agreed through an Individual Health Care Plan (IHP) and has been risk assessed.

3. ROLES AND RESPONSIBILITIES

- **Governing Body:** Ensures compliance with statutory guidance and reviews this policy annually.
- **Headteacher:** Implements the policy, ensures staff training, and oversees systems for safe administration and record keeping.
- **Staff:** Administration of medicines is voluntary. Staff must be trained and competent before administering medication.
- **Parents/Carers:** Provide medication in its original container, clearly labelled by a pharmacy where applicable, complete consent forms, and ensure medicines are in date. Parents are responsible for informing school of side effects and changes to medication.
- **Pupils:** Where appropriate, manage their own medication under supervision and in line with their IHP.



4. INDIVIDUAL HEALTHCARE PLANS (IHP)

Pupils with long-term or complex medical needs will have an Individual Health Care Plan (also referred to as an Individual Healthcare Plan or IHP). Plans are written in partnership with parents/carers, the pupil, relevant healthcare professionals and school staff, and reviewed annually or following changes.

5. PROCEDURES

5.1 CONSENT AND RECORDS

Written parental consent must be obtained before medication is administered.

Each dose administered will be recorded immediately on Medical Tracker and signed by the staff member administering it. Parents will be notified electronically, or directly in emergency situations.

5.2 STORAGE OF MEDICATION

Medication storage arrangements mirror SHINE Trust expectations:

- Prescribed medication (other than inhalers and emergency medication) is stored securely in a central locked location.
- Asthma inhalers are stored in clearly labelled containers in pupils' classrooms and are not locked away.
- Emergency medication (e.g. EpiPens) is stored in individual, clearly labelled containers with the pupil's IHP enclosed and accessible at all times.
- Controlled drugs are stored in a non-portable locked cabinet and logged in a controlled drugs register.

5.3 ADMINISTRATION

Staff must check the pupil's identity, medicine, dosage and timing before administration.

Hygiene procedures must be followed.

Staff will not force a child to take medication. If a child refuses, parents will be informed immediately and emergency procedures followed if required.

5.4 EMERGENCY MEDICATION

Emergency medicines must be readily accessible at all times. Staff will follow the IHP and call emergency services when necessary.



6. AUTO-ADRENALINE INJECTORS (AAIS)

Spare adrenaline auto-injectors (AAIs) may only be administered to pupils who are known to be at risk of anaphylaxis and where written parental consent has been provided, in accordance with their Individual Health Care Plan (IHP). A spare AAI may be used only when the pupil's own prescribed adrenaline auto-injector is unavailable or not working. The use, storage, care, administration and disposal of AAIs will be in line with Department of Health and Social Care guidance on the use of adrenaline auto-injectors in schools.

7. VISITS AND TRIPS

Medication and IHCPs must accompany pupils on school trips and residential visits. A named member of staff will be responsible for medication during off-site activities, and risk assessments will include medical needs. Procedures relating specifically to asthma and anaphylaxis are detailed further in the school's Asthma Policy.

8. DISPOSAL OF MEDICATION

The school will not dispose of medicines. Parents/carers are responsible for collecting unused or out-of-date medication and returning it to a pharmacy for safe disposal. Sharps boxes will be managed in line with SHINE Trust guidance and local arrangements.

9. TRAINING

Staff administering medication must receive appropriate training, refreshed as required, particularly for emergency or specialist medication.

10. REVIEW

This policy will be reviewed annually or sooner if legislation or Trust guidance changes.