



# St Joseph's Catholic Voluntary Academy



*“Believe Achieve, Succeed”*

*Under Saint Joseph's guardianship and protection, we will be supported to achieve and succeed in the things the Lord wants us to do.*

## Administration of Medicine Policy

Reviewed: APRIL 2026

### Introduction

Regular school attendance is vital for every child, the Governors and staff do all that they can to maintain high attendance figures. However, there will be times when a child is ill and needs to have time away from school to recover. We ask parents to support the school and to keep children at home if they are infectious to others and are acutely unwell. Nevertheless, the Governors and staff of St. Joseph's wish to ensure that pupils with medication needs receive appropriate care and support at school.

### Legal Aspects

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. This is purely a voluntary role, which a member of staff is entitled to refuse to do. Staff should be cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child;
- Where there are potentially serious consequences if medication or treatment is missed;
- Or where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training to the child's medical need.

**Under no circumstances must any medication, even non prescription drugs such as paracetamol, be administered without parental approval.**

### **Protocol**

Parents are responsible for providing the Headteacher with comprehensive information regarding the pupil's condition and medication.

**Prescribed medication** will not be accepted in school without complete written and signed instructions from the parent. A Record of Administration Form (Appendix 1) must be completed for short term courses of medication. For ongoing medication, an Annual Medication Form must be completed and updated every academic year (Appendix 2)

Staff or children will **not** administer **non prescribed** medications to KS1 children, however parents may make arrangements to give their child non prescribed medication themselves if they wish to come to the school and administer it during a mutually convenient time (ie break or lunchtime periods).

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil.

Each item of medication must be delivered to the Headteacher or authorised person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Pupil's Name,
- Name of medication,
- Dosage,
- Frequency of administration,
- Date of dispensing,
- Storage requirements (if important),
- Expiry date.

**The School will not accept items of medication in unlabelled containers.**

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a medicine cabinet.

The school will keep records, which they will have available for parents. If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines which are in school; medicines which are in use and in date, should be collected by the parent at the end of each term. Expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long term or complex medication needs, the headteacher, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary, under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

Appendix 1: Record of Administration Form

Appendix 2: Ongoing Medication Annual Parental Consent Form

04/08/2015

**NAME OF SCHOOL** \_\_\_\_\_

**FORM AM4**

**Record of medicine administered  
to an individual child**

Surname	
Forename (s)	
Date of Birth	___/___/___ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___/___/___
Quantity returned	
Dose and frequency of medicine	

Checked by:

**Staff signature** \_\_\_\_\_ **Signature of parent** \_\_\_\_\_

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			



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Coventry Road,  
Market Harborough  
Leicestershire, LE16 9BZ  
Tel: 01858 465 359  
[office@stjosephs.leics.sch.uk](mailto:office@stjosephs.leics.sch.uk)  
[www.stjosephs.leics.sch.uk](http://www.stjosephs.leics.sch.uk)  
Headteacher: Mrs B Dabbs

### Ongoing Medication – Annual Parental Consent Form

*(For long-term / regularly administered medication)*

**Name of School:**

**Child's Name:**

**Date of Birth:**

**Class:**

#### Medication Details

*(Please complete fully. A new form is required if medication, dosage, or frequency changes.)*

- **Name of Medication:**
- **Strength / Dose:**
- **How often it needs to be administered in school:**
- **Reason for medication / medical condition:**
- **Expiry date on medication:**
- **Any special instructions (e.g. before food, with water etc)**

#### Parent / Carer Consent (Valid for the Academic Year)

I give consent for staff at **St Joseph's CVA** to administer the above medication to my child as detailed in this form.

I understand that:

- This consent will remain valid for the **current academic year only**, unless I withdraw it sooner.
- It is **my responsibility** to inform the school **immediately** of any changes to my child's medication, dosage, frequency, or medical condition.
- I will provide medication that is **in date, labelled** with my child's name, and in its original packaging.
- The school will keep an **internal record/log** each time medication is administered, which I may request to view.
- I understand that this form removes the need for me to sign each new administration sheet unless the medication or details change.

**Parent/Carer Name:**

**Signature:**

**Date:**

**Contact Number:**

#### School Use Only

