Administering Medicine Policy

Updated for:	September 2026
Next review:	September 2027

James Montgomery Academy Trust

Administering Medication Policy

1. Statement of intent

The James Montgomery Academy Trust (JMAT) is committed to ensuring that children with medical conditions, including allergies, receive appropriate, safe and effective support to enable full access to education.

The Trust will ensure:

- children with medical conditions are properly supported
- Staff are trained and confident in managing medical needs
- Robust systems are in place to manage allergies and anaphylaxis risks
- Emergency responses are effective, timely and safe

This policy is based on:

- DfE Supporting pupils with medical conditions
- Working Together to Safeguard Children (2023)
- Current best practice in allergy and anaphylaxis management

Our key principles are:

- Pupils with medical conditions will not be disadvantaged
- Parents/carers must provide accurate medical information
- Schools will act in partnership with parents and healthcare professionals
- All staff share responsibility for pupil safety

2. Legal framework

This policy complies with the following legislation, including, but not limited to:

- The Education Act 2011
- The Children Act 1989 and 2004
- The Equality Act 2010
- Keeping Children Safe in Education (KCSIE) 2025

This policy has consideration for, and is compliant with the following statutory guidance:

- The Children and Families Act 2014
- DfE ‘Supporting pupils at school with medical conditions’ 2015
- DfE ‘Working together to safeguard children’ 2023
- DfE “Allergy safety in schools” guidance (effective September 2026)

3. Definitions

James Montgomery Academy Trust makes the following definitions:

- “Medication” as any prescribed or over the counter medicine.
- “Prescription medication” as any drug or device prescribed by a doctor.
- A “staff member” as any member of staff employed at the school, including teachers.
- For the purpose of this policy, “medication” will be used to describe all types of medicine.

4. Key roles and responsibilities

4.1 Headteacher will:

- Ensure implementation of this policy
- Ensure appropriate Individual Healthcare Plans (IHCPs) are in place **(Appendix 1)**
- Ensure staff receive regular, appropriate medical and allergy training and that competency sign-off is recorded
- Ensure risk assessments are in place, including for trips
- Ensure systems for managing allergies across school are robust
- Ensure regular audit of medication records and escalation to the Trust SEND & Inclusion Lead where issues are identified.

4.2 Staff will:

- Follow this policy and all related procedures
- Be aware of all children with medical conditions and allergies
- Undertake training relevant to their role and maintain currency of competency
- Respond appropriately in emergencies, including administrating medication where necessary.
- If a child is sent to hospital, at least **one** member of staff will accompany the child until their parent/carer has arrived (unless paramedics advise otherwise).

4.3 Parents/carers must:

- Provide up-to-date medical information
- Provide medication in original packaging
- Complete consent forms for routine administration of medicines
- Work with school and healthcare professionals to create IHCPs.

5. Training of staff

Teachers and support staff will receive regular and on-going training delivered by an appropriate healthcare professional (for example an NHS nurse, specialist allergy nurse or equivalent). A record of training will be kept and competency formally signed off.

- Initial training for staff named on an IHCP will be delivered by an appropriate healthcare professional and competency will be signed off by that trainer.
- Training will be refreshed at least annually and following any incident where practice needs updating. A formal competency check will be recorded every 12 months on the school training log **(Appendix 4)**.
- The school will ensure a minimum of two trained members of staff are available during each school session (including lunchtimes) and on every off-site visit attended by a child who may require medication, unless an explicit, documented risk assessment justifies otherwise.
- A first aid certificate does not constitute appropriate training in supporting children with complex medical needs; it may complement but not replace condition-specific training.

The headteacher will ensure that supply teachers are appropriately briefed regarding a child's medical needs before they take responsibility for the class.

Laughton Junior & Infant school will provide whole-school awareness sessions where appropriate so that all staff (including office, catering and lunchtime staff) are aware of the Administering Medication Policy and how to summon help.

6. Individual Healthcare Plans (IHPs) (Appendix 1)

(Individual Healthcare Plan for ALLERGIES & ANAPHYLAXIS Appendix 2)

(PARENTAL CONSENT FORM – ADRENALINE AUTO-INJECTOR (AAI / EPIPEN) Appendix 3)

Individual Healthcare Plans will:

- Be co-produced with parents/carers and, where appropriate, healthcare professionals
- Clearly detail:
    - Medical condition and triggers
    - Medication and dosage
    - Signs of deterioration
    - Emergency actions
- Be reviewed at least annually or sooner if needs change
- Name a responsible member of staff for the plan and be signed and dated by the Headteacher/Designated Medical Lead and parent/carer.
- Parental consent must be given before any

7. Allergy Management

JMAT schools recognise that allergies, including life-threatening anaphylaxis, require robust and proactive management.

7.1 Identification and Planning

All children with allergies must have an IHCP. The school will maintain an up-to-date allergy register and key staff will be informed of all children with severe allergies. The register will be accessible to staff in a way that respects confidentiality.

7.2 Risk Reduction

Schools will minimise risk by:

- Implementing allergen-aware practices in classrooms and lunch areas
- Ensuring food handling procedures consider allergies
- Monitoring activities involving potential allergens (e.g. cooking, crafts)
- Communicating clearly with parents regarding food-related events

7.3 Medication

- Children with severe allergies should have at least **two AAIs (EpiPens or equivalent)** available in school: the child's prescribed device and a spare as appropriate. The AAI(s) supplied must be in date and clearly labelled.
- Medication must be clearly labelled and easily accessible to trained staff in an emergency; it must not be stored in a way that prevents prompt access.
- The policy specifies exact storage locations for emergency medication for Laughton Junior & Infant school. Records must show where each child's emergency medication is stored (primary and backup locations) and who the named responsible person is.

7.4 Awareness

All staff will:

- Be aware of children with allergies
- Understand signs of allergic reactions
- Know emergency procedures and location of emergency medication

8. ANAPHYLAXIS AND EMERGENCY RESPONSE

Anaphylaxis is a life-threatening medical emergency requiring immediate action.

8.1 Signs of Anaphylaxis May Include:

- Difficulty breathing
- Swelling of lips, tongue or throat
- Wheezing or coughing
- Collapse or loss of consciousness
- Rapid onset of symptoms

8.2 Emergency Procedure

In the event of suspected anaphylaxis:

1. **Call for help immediately**
2. **Administer the adrenaline auto-injector (AAI) without delay (use the child's prescribed device if available; if not, use the school spare).**
3. **Call 999 immediately** and state "ANAPHYLAXIS"
4. Keep the child lying down (or seated upright if breathing difficulty) and monitor breathing.
5. If no improvement after 5 minutes and a second AAI is available, **administer second dose**
6. Inform parents/carers as soon as reasonably possible
7. Record incident, actions taken and review procedures. The incident must be reported to the Trust SEND & Inclusion Lead as part of the termly audit and immediately where there is a significant concern.

8.3 Emergency Administration of Medication

In an emergency, any member of staff may administer life-saving medication (for example an AAI) where delay would put the child at risk, even if that member of staff has not received condition-specific training. The school will not delay life-saving treatment to obtain written parental consent.

The school will notify parents/carers and record the administration as soon as reasonably practicable after the event.

Emergency medication (e.g. inhalers, AAIs) must:

- Be recorded on the IHCP.
- Never be stored in a way that prevents immediate use in an emergency (for example locked in a cupboard without accessible key).
- Be monitored for expiry; expiry checks will be logged weekly/termly as determined by each school's storage requirements and responsibilities.

9. Receiving, storing and managing medication

- All medication must be provided in the original container as dispensed and labelled with the child's name, dose, frequency and expiry date.
- Medication required to be refrigerated will be stored in a designated, clearly labelled refrigerator with thermometer; temperature checks will be logged daily during term time.
- Each school will publish the named primary and backup storage locations of emergency medication (AAIs/inhalers) and ensure staff are aware of those locations.
- Out-of-date medication will not be used and parents/carers will be reminded promptly to replace expired items.

The parents /carers of children who require medication to be administered must complete and sign the medication consent form and return it to school before staff can administer medication to children **(Appendix 6)**

The consent form must make it clear if the medication is prescribed or non-prescribed, and the reason for use, for example antibiotics, antihistamines, skin cream, eye drops, etc.

10. Administering medication

Prior to administering medication staff members must wash their hands before and afterwards, wear PPE (gloves and apron) where needed and clean any equipment after use if necessary.

Staff must also check:

- The child's identity.
- That there is written consent from a parent/carer.
- That the medication name, strength and dose instructions match the details on the consent form and IHCP.
- That the name on the medication label is that of the child being given the medication.
- That the medication to be given is in date.
- That the child has not already been given the medication.

If there are any concerns surrounding giving medication to a child, the medication will not be administered until advice is sought from the parent/carer or a healthcare professional and the action recorded. Where delay would put the child at immediate risk, staff will act in the child's best interests.

If a child cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the child's parent/carer.

Where age appropriate, children will be encouraged to take their own medication under the supervision of a staff member, provided that parent/carer consent for this has been obtained. Parents/carers will be consulted before a child is given approval to be responsible for their own medication e.g. asthma inhaler.

If a child refuses to take their medication, staff will not force them to do so but will follow the IHCP procedure for refusals, inform parents/carers and document the refusal.

Staff members have the right to decline to administer medication; however, the Headteacher must ensure sufficient alternative trained staff are available so that the child's care is not compromised. Where a pattern of refusal to administer exists, the Headteacher must report to the Trust SEND & Inclusion Lead.

8. Out of school activities and trips

In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and children.

If the medication is not one that should be carried by children, e.g. capsules, or if children are very young or have complex needs that mean they need assistance with taking the medication, 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 activity which children with medical conditions will attend.

Staff members will ensure that they are aware of any children who will need medication administered during the trip or activity and will make certain that they are aware of the correct timings that medication will need to be administered.

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

All staff members, volunteers and other adults present on out-of-school trips or activities will be made aware what should be done in the case of a medical emergency with regard to the specific medical needs and conditions of the child, e.g. what to do if a child has a seizure.

A copy of the child's IHCP and medication log will be taken on the trip by the designated staff member.

11. Monitoring and review

This policy will be reviewed annually in September by the Trust SEND & Inclusion Lead and approved by the Trustees.

Termly audits of IHCP completeness, medication stock and expiry dates, training records and incident logs will be conducted by each school and reviewed by the Trust SEND & Inclusion Lead.

Any significant incident or pattern of concern (e.g., repeated missed medication, repeated refusals, failures of access) must be escalated immediately to the Trust SEND & Inclusion Lead and the Headteacher.

12. Document history

Previous versions archived in accordance with document retention requirements.

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	JMAT	July 2025	PRG	08/07/25	• Section 4.1 Removal of governor responsibilities. • New section 4.1 Role of the headteacher in regards to storage of medication. • Section 5 Addition of the need for training to be led by a healthcare professional and HT responsibility for reviewing effectiveness of training. • Section 6 Additional of temperature-controlled storage. • Section 6 Schools need to add re location of inhalers. • Section 7 Schools need to add information re auditing records. • Section 9 Schools need to add name and date of responsible person for IHCP • Appendix 1 Addition to Daily Care section re actions to be taken if a child refuses medication.
V2	JMAT	July 2026	PRG	09/07/26	• Updated using new guidance • Added Individual Healthcare Plan for ALLERGIES & ANAPHYLAXIS • Added PARENTAL CONSENT FORM – ADRENALINE AUTO-INJECTOR (AAI / EPIPEN) • Added photos to Individual health care plans.

Key:
PRG – Policy Review Group
A & R Committee – Audit and Risk Committee

Appendix 1

Individual Healthcare Plan

Date of plan:		Review date:	

Name of school:	
Child's name:	
Class:	
Date of birth:	
Child's address:	

Add photo of child

Add photo of child

Medical diagnosis or condition:		
Family contact information	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
	Home phone number:	
	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
	Home phone number:	
Clinic / hospital contact details:	Name:	
	Phone number:	
GP / Doctor:	Name:	
	Phone number:	

Name of member of staff responsible for providing support in school?	
Who is responsible in an emergency? (state if different for off-site activities)	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	

Medication:			
Dose:			
When to be taken:			
Method of administration:			
Administered by: Member of staff:	Self-administration ☐	With supervision ☐	Without supervision ☐
Side effects/contra-indications:			

Daily care requirements:
Specific support for the child's educational, social and emotional needs: (PLEASE STATE WHAT ACTION NEEDS TO BE TAKEN WHEN / IF CHILD REFUSES MEDICATION)
Arrangements for school visits/trips etc:
Describe what constitutes an emergency, and the action to take if this occurs:
Any other information:

Staff training:

Name	Training needed	Training completed	Training to be renewed

Plan developed with:

Name	Role	Signature	Date
	Headteacher		
	Parent/carer		
	Designated Medical lead (medical practitioner)		

Appendix 2 Individual Healthcare Plan for ALLERGIES & ANAPHYLAXIS

Date of plan:		Review date:	

Name of school:		Add photo of child
Child's name:		
Class:		
Date of birth:		
Child's address:		

Medical Condition	
Type of Allergy/Allergies	
Severity (mild / moderate / severe)	
Has the pupil previously experienced anaphylaxis? (Yes/No)	
Details of previous reactions (if applicable)	

Know triggers- please list all known allergens	
Allergen	Risk Level (High/Medium/Low)
Signs and Symptoms	

Early Signs (Mild to Moderate):	**Severe** Symptoms (Anaphylaxis)
☐ Itching	☐ Difficulty breathing
☐ Rash / hives	☐ Wheezing or coughing
☐ Swelling (lips, face)	☐ Swelling of throat/tongue
☐ Stomach pain / nausea	☐ Collapse/loss of consciousness
☐ Other: _____	☐ Other: _____

EMERGENCY ACTION PLAN (CRITICAL) IF ANAPHYLAXIS IS SUSPECTED:

1. **Call for help immediately**
2. **Administer AAI (EpiPen) without delay**
3. **Call 999 – state "ANAPHYLAXIS"**
4. Keep pupil lying down (or seated upright if breathing difficulty)
5. Monitor continuously
6. If no improvement after 5 minutes and second AAI available → **give second dose**
7. Inform parents/carers
8. Record incident

Medication Details	
Type/Brand of AAI (e.g. EpiPen / Jext / Emerade)	
Dose	
Primary storage location of AAI in school	
Back up storage location of AAI in school	
Expiry date(s)	
Daily Management and Risk Reduction	
In school	
Lunchtime	
Classroom	
Educational Visits	
Additional precautions required:	
Medication arrangements: Named responsible adult:	
Staff Responsibilities	
Role	Name
Named responsible adult for medication	
Trained AAI Staff	
First Aider(s)	
Child's voice	

The child is able to/ I am able to (tick as appropriate):

☐ Recognise symptoms
☐ Inform an adult
☐ Carry own medication
☐ Self-administer (if appropriate and agreed)

Additional notes:

Emergency contact details		
Contact	Name	Phone Number
Parent/Carer 1		
Parent/Carer 2		
Emergency Contact		

Medical Contacts	
Clinic / hospital contact details:	Name:
	Phone number:
GP / Doctor:	Name:
	Phone number:

CONSENT AND AGREEMENT

We confirm that:

- This plan has been developed **in partnership between school and parent/carer**
- (Where appropriate) medical advice has been considered
- All staff will follow this plan
- Emergency procedures may be followed without delay
-

Role	**Name**	**Signature**
Parent/Carer		
School Representative		
Healthcare Professional 1		
Healthcare Professional 2 (if appropriate)		

Staff training log:

Name	Training Type	Date completed	Date to be renewed

Appendix 3

PARENTAL CONSENT FORM – ADRENALINE AUTO-INJECTOR (AAI / EPIPEN)

School:	

Parents/carers must normally provide consent for routine administration of prescribed medication and supply in-date medication.

In a life-threatening emergency, staff will act in the child's best interests and may administer life-saving medication (for example an adrenaline auto-injector) without prior written parental consent where delay would put the child at risk.

Parents/carers will be informed as soon as possible after any emergency administration.

Child's name:		Date of birth:		Class:	

Medical Information		
GP Name	**GP Surgery**	**GP Phone Number**

Diagnosed Allery/Allergies	
Known Triggers (eg nuts, dairy, insect stings)	
Type/brand of AAI (e.g. EpiPen/Jext/Emerade)	
Prescribed Dose	
Expiry Date(s)	
Medication Supplied to School	
AAI Device 1	
AAI Device 2	

Emergency contact name:	
Emergency contact number:	
Relationship to child:	

PARENTAL CONSENT

I give permission for **school staff to administer an adrenaline auto-injector (AAI)** to my child in the event of a suspected allergic reaction or anaphylaxis.

I understand and agree that:

In an emergency:

- Any member of staff may administer the AAI
- This may include staff who are **not specifically trained**, where delay would put my child at risk

Emergency services will be called (999) immediately after administration

A second dose may be given if symptoms persist and another AAI is available

☐ **I give full consent for emergency administration of an AAI**

I confirm that:

- My child has an **Individual Healthcare Plan (IHP)** in place (or will have one created)
- I will work with the school and, where appropriate, healthcare professionals to ensure it is accurate and up to date

  ☐ **Yes**

I confirm that I will:

- Provide **in-date medication** at all times
- Replace medication before expiry
- Inform the school of any changes to my child's condition
- Ensure my child understands their allergy (age appropriate)
- Provide updated medical advice where required

  ☐ Yes

By signing I confirm that:

- The information provided is accurate
- I have discussed my child's condition with the school
- I understand how the school will respond to an allergic emergency

Name of Parent/Carer:	
Date form completed:	

Signed by Parent/Carer:	
Check list with parents present	
AAI received (Y/N)	
Expiry Checked (Y/N)	
Stored in designated location (shared with parents)	
Staff informed	
IHP in place	

Record of administered medication

Child's name:					
Date	Time	Name of medication	Dose given	Any reactions	Staff signature

Appendix 4

Record of medicine administered to all children

School:	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 5

Staff training record – administration of medicines

School:	

Name	Training	Training provider	Date completed	Date to be renewed	Signature

Specific Training

- Name
- Type of training received
- Date of training completed
- Training provided by
- Profession and title

I confirm that [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [*name of member of staff].*

Trainer's signature:		Date:	
I confirm that I have received the training detailed above.			
Staff signature:		Suggested review date:	

N.B. Certificate is to be uploaded to staff file.

Appendix 6

School:	

Please note: this form must be completed and signed by parent/carer before any medication is administered by school staff.

WE WILL ONLY ADMINISTER PARACETOMOL/ IBUPROFEN FOR A MAXIMUM OF 3 DAYS UNLESS PROVIDED WITH A DOCTOR'S NOTE.

Child's name:		Date of birth:		Class:	

Name of medication:		
Expiry date:		
Reason for medication:	**Prescribed**	**Non-prescribed**
	☐	☐
Dosage to be given:		
Time of dosage:		
Duration of medicine:		
Method of administration: (e.g. spoon/syringe)	**Self-administered:**	
	Yes	**No**
	☐	☐
Any special precautions/instructions:		
First date of medication:		

Emergency contact name:	
Emergency contact number:	
Relationship to child:	

PARENTAL CONSENT

*I consent to school staff giving my child the above medication.

*I confirm that the medication supplied is in the original container and is labelled with my child's name.

*I confirm that my child has already had one dose of this medication and has not suffered any unwanted reactions.

Name of Parent/Carer:	

Date form completed:	
Signed by parent/carer:	