

THE MOUNT SCHOOL

ADMINISTRATION OF MEDICATION POLICY

2026–2027

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This policy extracts and replaces the medication-administration provisions previously contained within the First Aid Policy. It applies across the School, Nursery/EYFS, Cedar Club, educational visits, residential trips and other School-supervised activities.

1. Purpose and relationship with other policies

The Mount aims to enable pupils who need medication to attend and participate safely while ensuring medicines are received, stored, administered, recorded and disposed of consistently. Administration of medicines is distinct from first aid: first-aid qualification alone does not automatically demonstrate competence to administer every medicine.

Read with the Supporting Pupils with Medical Conditions Policy, Allergy Safety Policy, First Aid Policy, SEND Policy, Safeguarding & Child Protection Policy, Attendance Policy and current EYFS procedures.

2. Legal and guidance framework

- EYFS statutory framework for group and school-based providers applying from 1 September 2026;
- DfE Supporting pupils at school with medical conditions guidance (used by The Mount as relevant good-practice guidance);
- DfE First aid in schools, early years and further education guidance;
- Human Medicines Regulations 2012 and applicable controlled-drug legislation;
- Equality Act 2010; and
- DfE Allergy safety in schools guidance, July 2026, used as the School's benchmark pending equivalent independent-school requirements.

3. Responsibilities

The Headteacher has overall responsibility for safe implementation. A designated medical/medication lead will maintain operational oversight, records, stock checks and staff competence. Parents/carers provide accurate information and in-date medicines. Staff administer medicines only within the scope of their training, competence and the agreed procedure.

No member of staff will be required to undertake a specialised healthcare procedure without appropriate instruction/training. In an emergency, staff must summon emergency help and provide first aid within their competence.

4. When medicines will be administered

Medicines should normally be administered at School only where doing so is necessary to support the child's health, wellbeing or attendance. Where clinically possible, parents may ask prescribers whether dose timing can avoid the School day, but this must not become a barrier to attendance or appropriate treatment.

Fitness to attend depends on the child's condition, infectious-disease considerations and ability to participate, not simply on whether medicine is required.

5. Parental consent and instructions

For children under 16, written parental consent will normally be obtained before routine prescription or non-prescription medicine is administered, subject to lawful exceptional circumstances and emergency treatment.

School-age pupils use the Request for School to Administer Medication form or equivalent approved digital record. Nursery/EYFS medication information and consent may be recorded through Family using the setting's prescribed medication form.

The record should identify the child, medicine, reason, dose, unit, route/method, timing/frequency, start/final date where relevant, expiry/opened expiry, known side effects and any special precautions.

6. Receiving medicines

- medicines should normally be handed directly to an authorised adult by the parent/carer rather than sent loose with a child;
- prescribed medicines must be in date and normally in the original container as dispensed, with a legible pharmacy label naming the child and giving administration/storage instructions;
- insulin may be supplied in an insulin pen/pump rather than its original outer container;
- non-prescription medicines must be in original packaging with legible manufacturer instructions;
- the School will clarify any discrepancy between the parent's request and the prescription/manufacturer label before administration; and
- medicines must never be decanted into unlabelled containers.

The former appendix statement that medicines prescribed three times daily will not be administered in School is removed. The School will consider the actual prescribed schedule and the child's needs.

7. Prescription medicines

Prescription medicines will be administered only for the child for whom they were prescribed and in accordance with the prescriber's instructions. Medicines containing aspirin will not be given to a child under 16 unless prescribed by a doctor.

If a dose is refused, spat out, vomited or only partly taken, staff will not automatically give a replacement or 'top-up' dose. The event will be recorded and appropriate advice/parental contact sought.

8. Non-prescription medicines

The Mount may administer agreed non-prescription medicines where there is a clear need, appropriate consent and safe dosage information. Staff must check maximum dosage, age restrictions, contraindications and when any previous dose was given.

Non-prescription medicine must not be used simply to mask significant illness so that a child can remain in the setting. Where a child is unwell, staff will assess whether collection or medical advice is needed.

Nursery/EYFS use of any setting-held paracetamol, antihistamine or other non-prescription product must follow the current agreed EYFS procedure, manufacturer instructions and recorded parental consent. The product, age range, indications and collection/escalation rules will be reviewed whenever the product or guidance changes.

9. Safe administration checks

Before administration, the authorised member of staff will:

- wash/sanitise hands as appropriate and prepare a clean area;
- confirm the child's identity;
- check the consent/medication record;
- check medicine name against the record and label;
- check dose, unit, route/method and time;
- check expiry date and, where relevant, date opened;
- check when the previous dose was given;
- check known allergies/contraindications and special instructions;
- measure/administer accurately using the supplied device; and

- record administration immediately afterwards, including any refusal, omission or problem.

A second checker may be used where the individual plan, risk assessment or medicine complexity warrants it. Two-person witnessing is not presented as a universal legal requirement for every controlled drug.

10. Recording and parent notification

The School/Nursery will keep an accurate record of what was administered, dose, time/date and by whom. Refused, withheld, missed or erroneous doses will also be recorded with the action taken.

EYFS parents/carers will be informed of medicine administered in accordance with the EYFS framework and Mount procedures, including Family records where used. Significant or unexpected administration, errors or adverse reactions will prompt direct contact.

11. Storage and access

Medicines will be stored safely according to product instructions. Routine medicines will be inaccessible to children. Refrigerated medicine will be stored in a designated, labelled location inaccessible to children.

Emergency medicines and devices - including inhalers, A&Is, glucose/diabetes equipment and prescribed rescue medication - must remain rapidly accessible and must not be locked away in a way that causes avoidable delay.

Children who are competent to carry/self-administer medication may do so under an agreed plan. Staff must know where essential medication is at all times.

12. Controlled drugs

Controlled drugs prescribed for a pupil will be handled in accordance with applicable law and the child's healthcare plan. Where retained by the School they will normally be securely stored in a non-portable locked receptacle with access restricted to authorised staff, while remaining available when required.

A detailed administration record will be maintained. Where a child is legally and safely able to possess a prescribed controlled drug, arrangements will be individually risk assessed.

13. Emergency medication and rescue treatment

Emergency medication will be governed by the pupil's IHP/allergy plan and relevant emergency protocol. Parental contact must never delay 999 or life-saving treatment.

Antihistamine must not be used as a substitute for adrenaline where anaphylaxis is suspected. Staff will follow the Allergy Safety Policy and give adrenaline promptly where indicated.

14. Staff competence

. Staff administering routine medicines must understand this policy; specialised medicines/procedures require appropriate additional training and competency.

Training and competency records will be maintained for specialised administration such as seizure rescue medication, insulin/diabetes support or other delegated healthcare procedures.

15. Monitoring after medication

Staff will remain alert to side effects, adverse reactions and deterioration. Serious breathing difficulty, anaphylaxis, collapse, altered consciousness, prolonged/severe seizure or other potentially life-threatening deterioration requires 999.

Any temporary exclusion following a new medicine will be based on the child's condition, clinical advice, product risk and individual circumstances rather than a fixed universal period.

16. Long-term medication and IHPs

Children requiring long-term or emergency medication may require an IHP setting out indications, storage, administration, independence, emergency thresholds, staff training and arrangements for trips/activities. Plans will be reviewed at least annually and sooner when needs change.

17. Educational visits and residential trips

Trip leaders will ensure necessary medication accompanies the pupil, remains accessible, is stored appropriately and is allocated to a named competent adult. Administration will be recorded.

For residential visits, parents will provide current medication and medical information using the approved trip documentation. The School will not rely on a broad 'in loco parentis' consent to override medicine-specific safety checks.

Non-prescription pain relief or travel-sickness medicine on residential trips will only be administered under the School's agreed consent and dosage arrangements.

18. Staff medication

Staff must ensure personal medication cannot be accessed by children. Emergency personal medicines may remain readily accessible to the staff member while being kept out of children's reach. Medication that may affect safe performance of duties should be discussed confidentially with the appropriate manager so that risk can be assessed.

19. Medication errors and near misses

Wrong medicine, wrong child, wrong dose, wrong time/route, missed essential medicine, expired medicine, inaccessible emergency medicine or a significant near miss must be reported immediately to the Headteacher/medical lead. Appropriate clinical advice, 999/111, pharmacist/prescriber advice and parental contact will be obtained according to risk.

The incident will be recorded and reviewed for learning. Safeguarding concerns will be referred to the DSL.

20. Disposal and return

Unused, surplus or expired medicine will normally be returned to the parent/carer for safe disposal. Sharps will be disposed of in an approved sharps container. Medicines will not be disposed of in ordinary waste or drains.

21. EYFS-specific requirements

EYFS medicine administration will comply with the statutory framework applying from 1 September 2026. Medicine must not be administered unless it has been prescribed for the child by a doctor, dentist, nurse or pharmacist,

except where the EYFS framework permits non-prescription pain/fever relief or other medication under the setting's procedures and parental permission.

The Nursery will maintain written/digital records of medicines administered and inform parents/carers as required. Staff taking medication that might affect their ability to care for children must seek medical advice and only work directly with children if medical advice confirms the medication is unlikely to impair safe care.

22. Review

This policy will be reviewed annually and sooner following a serious medication incident, change in EYFS/DfE guidance, medicines law, pupil needs or School procedure.

Appendix 1 - Request for School to Administer Medication

Pupil name / form / DOB:

Condition/reason:

Medicine and strength:

Prescriber/pharmacy label details:

Dose and unit:

Route/method:

Time/frequency:

Start/final date:

Expiry/opened expiry:

Special precautions/side effects:

Storage:

Parent contact:

Parent consent/signature/date:

School agreement/authorised staff:

Appendix 2 - Administration Record

Date | Time | Medicine | Dose | Route | Administered by | Second check if required | Refused/withheld/error | Action/parent informed

Appendix 3 - Residential Trip Medication Information

Pupil / trip:

Condition:

Medicine:

Circumstances for use:

Dose/route:

Timing/frequency:

Storage:

Special precautions/side effects:

Emergency instructions:

Parent consent/contact:

Named staff responsible:

Return of medication confirmed:

Appendix 4 - Medication Error / Near-Miss Review

Pupil/date/time:

Medicine involved:

What should have happened:

What happened:

Immediate clinical action/advice:

Parent informed:

Outcome:

Safeguarding issue?

Contributing factors:

Learning/actions/owner/deadline:

Headteacher review: