



Maria Fidelis
Catholic School FCJ

Administering Medicines Policy	
Committee	Finance, Premises and Staffing
Author	Admin team - based on government guidance
Approved By Governing Body	11 th May 2026
Frequency of Review	2 years
Next review Date	Summer 2028

The FCJ Schools' Vision

Our vision is that FCJ schools are communities of personal and academic excellence.

Strong in companionship, the unique giftedness of every person in these faith communities is recognised, nourished and celebrated.

Our hope and expectation is that, through God's grace working in us all, each young person grows into their best self, with zest for life and the generosity and confidence to use their talents and gifts in the service of others.

Administering Medicines Policy

1. Aims of this Policy

- To support regular attendance of all pupils.
- To ensure staff understand their roles and responsibilities in administering medicines.
- To ensure parents understand their responsibilities in respect of their children's medical needs.
- To ensure medicines are stored and administered safely.

The school is committed to ensuring that pupils may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy sets out a sound basis for ensuring that children with medical needs receive proper care and support in school.

2. Prescription Medicines

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day).
- All medicines taken directly to the school office by a responsible adult, unless it has been agreed that the child will carry and administer their own medicine.
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration.
- The medicine should be clearly marked with the child's name, year group and form class.
- The appropriate dosage spoon should be included with all medicines sent to school.
- Children who are competent should be encouraged to carry and administer their own medicines and relevant devices (see section 4).
- Any medicine administered by staff, or where staff have supervised a student taking their medication, will be recorded by the staff member in the Medication Book held in the school office (see Appendix 4).
- Medicines will only be accepted for administration in school on completion of Form Med 1 (Basic Care Plan / Request to Administer Medication) by a parent or carer (Appendix 1) if the child is under 16. Children over 16 can provide their own consent.

3. Non-Prescription Medicines

- We will also administer non-prescription medicines if there is a compelling reason, for example, seasonal use of anti-histamines, paracetamol/ibuprofen for headaches, period and joint pain. They must also be handed in to the school office by a responsible adult and they will not be given to children without prior written permission from parents as above, unless it has been agreed that the child will carry and administer their own medicine.
- They should be clearly marked with the child's name and class number.
- Children who are competent should be encouraged to carry and administer their own medicines and relevant devices.
- Any non-prescription medicine administered by staff, or where staff have supervised a student taking their medication, will also be recorded in the Medication Book in the school office (Appendix 4).

4. Request to carry and self-administer medicine

This should be considered on an individual basis. A risk assessment (Appendix 2b) must be done before allowing this which considers:

- Maturity of the young person
- Implications to the young person
- Implications to others
- Nature of the medication

Before agreeing, the school may seek further advice from:

- Relevant health professionals

If agreed by the school, Form Med 2 (Appendix 2a) should be completed by the parent/carer.

5. Individual Healthcare Plans

Some pupils need IHPs (Individual Healthcare Plans – Appendix 3) which can help to ensure that we effectively support pupils with serious or long-term medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

The school, healthcare professional and parent/carer should agree, based on written evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the School Business Manager is best placed to take a final view. The format of individual healthcare plans may vary for the specific needs of each child. They will be easily accessible to all who need to refer to them, while preserving confidentiality.

Plans should not be a burden on a school, but should capture the key information and actions that are required to support the pupil effectively. The level of detail within plans will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), Maria Fidelis will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- 1) The medical condition, its triggers, signs, symptoms and treatments;
- 2) The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- 3) Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete

- exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- 4) The level of support needed when taking medication, inhalers and EpiPens and / or monitoring their blood sugar levels when managing diabetes, including in emergencies;
 - 5) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - 6) Arrangements for written permission from parents and authorisation by the School Business Manager for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - 7) Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
 - 8) Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
 - 9) What to do in an emergency, including whom to contact and contingency arrangements.

5. Roles and Responsibilities of School Staff

- Amanda Burrows is responsible for accepting medication and checking that all relevant information has been provided by parents / carers including their written consent to administer the medication. Records of administration will be kept securely by Amanda Burrows.
- Amanda Burrows will ensure all medication kept at school is in date.
- Staff at Maria Fidelis are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self administration. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so.
- Staff must complete the 'Medication given out to pupils' form kept in the office each time medicine is administered within school time.
- Relevant staff will be trained on how to administer EpiPens each year.
- This school had chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained (see Appendix 5 for further information)
- This school had chosen to hold an emergency adrenaline auto injector (AAI) for use by pupils who have been prescribed an AAI and for whom parental consent for its use has been obtained (see Appendix 6 for further information).

6. Parents' Responsibilities

- Parents must provide the school with sufficient and up-to-date information about their child's medical needs. They can do this by updating their child's Arbor record, by contacting Amanda Burrows on the office email: office@mariafidelis.camden.sch.uk or by visiting the school reception.
- At Maria Fidelis Catholic School, parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan (IHP).
- Parents/carers are expected to carry out any action they have agreed to as part of the implementation of an IHP, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- In most cases, parents/carers will administer medicines to their children themselves out of school hours, but where this is not possible, parents/carers of children in need of medication must ensure that the school is accurately advised about the medication, its

usage and administration. Parents/carers must complete the parental agreement form kept in the office before a medicine can be administered by staff.

- Pupils may be able to carry and self-administer their own medication, but only with parental agreement given through the Parental Agreement Form / Basic Care Plan form.
- Parents/carers are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epipens, are kept up to date.
- Parents/ carers are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

7. Long-Term and Complex Needs

Where a child has significant or complex health needs parents/carers should give full details on entry to school or when the child first develops a medical need. Where appropriate, a 'Individual Healthcare Plan' (Appendix 3) may be put in place involving the parents/carers and relevant health care professionals.

8. Safe Storage of Medicines

The school is responsible for ensuring that all medicines are stored safely:

- Medicines are stored in the supplied container, clearly marked with the child's name, year group and form class, dose and frequency of administration.
- All medicines are stored securely in the office medical room in a filing cabinet or, if appropriate, in the fridge in the office medical room with access only for staff.
- Asthma inhalers are kept in the school office.
- Epipens are kept in an **open** cupboard in the school office in clearly labelled drawers to ensure swift and easy access; individual Epipens are kept in clear labelled bags.

9. Managing Medicines on School Trips

On school visits the teacher is responsible for taking the class medicine chest e.g. asthma pump, Epipen, other essential medicine with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics following the above procedure.

10. Record keeping

Written records will be kept of all medicines administered to children. See Appendix 3.

11. Emergency procedures

First Aiders will define what constitutes as an emergency on a case by case basis. If specific care is required for a pupil this will be documented in the individual's healthcare plan kept with the pupil's medicine, this information is also available on Arbor, and the relevant staff will be made aware of what the procedure is in case of an emergency.

If a child needs to be taken to hospital, an ambulance will be called and the child's contact details and their healthcare plan will be printed and given to the paramedics. A member of staff will accompany the child until a parent / carer is able to attend.

12. Immunisations

The school supports all child immunisation programmes. The following immunisations are carried out at school:

- Flu protection (years 7-11)
- HPV (Year 8)
- 3 in 1 teenage boosters Td/IPV – tetanus, diphtheria and polio (Year 9)

Parents are contacted by the NHS via letter asking for parental consent for the vaccination.

14. Support of Diabetics

The pupil's diabetes plan is sent from the diabetes specialist nurse to the school nurse. This is then discussed/shared with Amanda Burrows. The parent/carer is invited to review and authorise the plan. This plan then goes on the pupil's file on Arbor and the hard copy is put in a pack created for the pupil with the pupil's testing kit.

The level of care required is tailored to the individual child. In some cases, a pupil may have a dedicated first aider (and a second) who will work with the pupil to ensure that they are taking their readings correctly and will follow a specific plan if the readings are higher or lower than the expected range.

Key First Aiders have diabetics training at the Whittington Hospital.



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Appendix 1: Form Med 1 (Basic Care Plan - Request to Administer Medication)

Please **complete all shaded boxes on this form**. This form should only be completed where it would be detrimental to the child's health if the medicine were not administered during the school day

Name of Child	Date of Birth	Form Group
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My Child has been diagnosed as having (condition)	
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(S)he has been considered fit for school but requires the following prescribed/non-prescribed medicine during school hours:	Name of Prescribed Medication	Name of Non-Prescribed Medication
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I give permission for the medication to be administered (indicate yes in the appropriate box)...	by an adult only	by the child in front of an adult
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Administration details	Dosage (how much)	At (times)	Starting from (date)	Until (date) leave blank if there is no defined end date
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Administered to...	Mouth	Ear	Nose	Other (please specify)
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Declaration

- I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication;
- I understand that the school cannot monitor the use of self-administered medication and that the school is not responsible for any loss of / or damage to any medication carried by your child;
- I understand that the medication will be stored by the school unless your child carries an asthma pump / inhaler or EpiPen which is required outside of the school premise;
- I understand that staff will be acting voluntarily in administering medicines to children;
- I undertake to collect all medicines from the school when they are no longer required, expired, and at the end of each term.

Signature of Parents/Carer with legal responsibility for the child	Name of Parent/Carer	Date
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Parent/carers contact Details	Mobile	Work	Home
GP Details	Name and Address: Phone Number:		



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Appendix 2a: Form Med 2 (Request for young person to carry and self-administer medication)

Please **complete all shaded boxes on this form**

Name of Child	Date of Birth	Form Group
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My Child has been diagnosed as having (condition)	
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(S)he has been considered fit for school but requires the following prescribed/non-prescribed medicine during school hours:	Name of Prescribed Medication	Name of Non-Prescribed Medication
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Outcome of risk assessment – any specific details agreed	
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Declaration

- I give permission for my child to carry and self-administer the above-named medication
- I undertake to update the school with any changes to my child's condition and/or medication;
- I understand that the school cannot monitor the use of self-administered medication and that the school is not responsible for any loss of / or damage to any medication carried by your child;
- I undertake to ensure my child carries the minimum amount of medication needed

Signature of Parents/Carer with legal responsibility for the child	Name of Parent/Carer	Date
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Parent/carers contact Details	Mobile	Work	Home
GP Details	Name and Address:		
	Phone Number:		
Action to be taken in an emergency			

Appendix 2b

Risk assessment for young person to carry and self-administer medicine.

To be completed by the Head of Year with support from Amanda Burrows

Name of students:

Medical condition:

Medication taken:

	LOW RISK	MEDIUM RISK	HIGH RISK
Maturity of the young person	Highly mature and responsible		Immature
Implications to the young person of carrying and administering the medicine			
Implications to others			
Nature of the medication			
STATE OVERALL RISK			

Signature Head of Year

Counter signed by Amanda Burrows

Appendix 3 – Individual Healthcare Plan

About my Needs:

Name of school	Maria Fidelis Catholic School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. Home:	
Mobile:	
Work:	

Name	
Relationship to child	
Phone no. Home:	
Mobile:	
Work:	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Medication: Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

In an Emergency

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with:

Staff training needed/undertaken – who, what, when

Appendix 5

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school holds a register of children prescribed an inhaler and this list is kept with the emergency inhaler. Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP. Parents/carers will be informed if their child has used the emergency inhaler.

Consent form **Use of emergency salbutamol** **inhaler**

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day or that is stored at school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:	
Parent's name:	
Parent's address:	
Parent's email:	
Parent's mobile:	
Child's name:	
Child's class:	
Date:	

Appendix 6

The school has chosen to hold an emergency adrenaline auto-injector (AAI) – often referred to as an EpiPen - for use by pupils who have been prescribed an AAI and for whom written parental consent for its use has been obtained.

The protocol for the use of the AAI is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

The use, storage, care and disposal of the AAI will follow the school's policy on Supporting Pupils with Medical Conditions. Specific guidance on storage and care is provided on page 11 of the Department of Health Guidance on the use of adrenaline auto injectors in schools.

The school holds a register of children prescribed an adrenaline auto injector and this list is kept with the emergency adrenaline auto injectors.

Written parental consent is sought for the use of the emergency adrenaline auto injector. Where consent is received the use of the emergency adrenaline auto injector will be included in the pupils IHP. Parents/carers will be informed if their child has used the emergency adrenaline auto injector.

Consent form **Use of emergency Adrenaline** **Auto-Injector Device (AAI)**

4. I can confirm that my child has been has been prescribed an AAI (e.g. EpiPen or Jext)
5. My child has a working, in-date AAI, clearly labelled with their name, stored at school.
6. In the event that my child's AAI is not available or is unusable, I consent for my child to receive an emergency AAI (either EpiPen or Jext) held by the school for such emergencies.

Signed:	
Parent's name:	
Parent's address:	
Parent's email:	
Parent's mobile:	
Child's name:	
Child's class:	
Date:	

