

TANFIELD LEA COMMUNITY PRIMARY SCHOOL

MEDICINES POLICY



Opening Doors, Enriching Lives

Date: September 2025

To be Reviewed: September 2026

INTRODUCTION

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

Aims of this Policy

- To support individual children with medical needs to achieve regular attendance.
- To reduce cross infection risk between children, to increase whole school attendance.
- To ensure that medicines given at school are stored and administered safely.

Parents should not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

Non-Prescribed Medicines

- The school will not be able to store or give medicines that have not been prescribed to a child (eg Calpol, Piriton or cough medicines, painkillers, such as paracetamol or ibuprofen, may NOT be brought in to school unless in exceptional circumstances).
- Please arrange to come into school if you wish to give your child these medicines.

Prescribed Medicines

- In line with other school's policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours.
- Only prescribed medicines (including eye drops) in the original container labelled with the child's name and dosage will be accepted in school.
- Medicines to be stored in a secure, locked cupboard or fridge as appropriate.
- Medicines will not be accepted in school that require medical expertise or intimate contact without an agreed care plan.
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession.
- The adult is required to complete a parental agreement form (see appendix) at the school office for the medicine to be administered by school staff.
- Tablets should be counted and recorded when brought to the office and when collected again.
- No medicines, other than asthma inhalers, may be kept in the classroom

Procedure for Administering Medicines

- Children who are to receive medicines should report to the office at the required time or be sent for (age appropriate).
- A visual check against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
- Where possible, a second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
- A record will be made to certify that the name/visual check has been made (see above) and that the dosage has been checked. A record will also be made of the date and time of the administration.
- Parents may come to the school office to administer medicines if necessary.
- Some children may self-administer medication, eg insulin, if this has been directed by the parents when filling in the medicine form.

- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed.

Longer Term Needs

Where a child has a long-term medical need a written health care plan will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the care plan.

Disposal of Medicine

The school will store medicine in a locked cabinet, or fridge, as necessary. Medicines that have not been collected by parents at the end of each term will be safely disposed of.

Medicines on School Trips

- The Educational Visits Leader is responsible for designating a school First Aider for the trip.
- The Educational Visits Leader is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip.
- The designated school First Aider on the trip will administer any medicines required and record the details on the Medical Form.
- The First Aider will return the form and any unused medicines to the office on return to school.

Emergency Treatment and Medicine Administration

The school will call for medical assistance and the parent or named emergency contact will be notified. The governing body will support any member of staff who assists with medicine in a reasonable, good-faith attempt to prevent or manage an emergency situation, regardless of the outcome.

PARENTAL CONSENT FOR A CHILD TO RECEIVE PRESCRIBED MEDICATION IN SCHOOL

Only medicines prescribed by a doctor (**FOUR TIMES A DAY**) or medication included within a healthcare plan will be administered by staff unless in exceptional circumstances. Unfortunately, we are unable to administer medication that has NOT been prescribed by a doctor.

Name of Child:		
Class	Home Telephone Number	
Date of Birth	Emergency contact number	
Name of GP	GP Telephone number	
Hospital consultant (if applicable)	Hospital telephone number if applicable	
I consent to my child being administered the following medication during school hours:		
Name of prescribed medicine	Dose to be given	Any Special instructions ie self-administer, storage in the fridge
Number of tablets brought into school	Number of tablets administered	Number of tablets returned

- I undertake to ensure that the school has adequate supplies of the medication/equipment.
- I undertake to ensure that the medication/equipment supplied by me and prescribed by my child's doctor is correctly labelled, in date, with storage details attached and that the school will be informed of any changes.
- I understand that the medication/procedure will be carried out by a member of staff according to these instructions.

Signed: _____ (Parent/Carer) Date: _____

Medicine received in school by: _____ (Staff) Date: _____

Medicine returned to parent by: _____ (Staff) Date: _____

Administration of Medication Form

[illegible]

School Illness Exclusion Guidelines

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles/rubella	Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed.
Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school only if have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread.
Impetigo	Until treated for 2 days and sores have crusted over.
Measles	For 5 days after rash appears.
Mumps	For 5 days after swelling appears.
Ringworm	Until treatment has commenced.
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed.
Slapped cheek	No exclusion (infectious before rash).
Threadworms	No exclusion. Encourage handwashing including nail scrubbing.
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	First dose must be given at home, and first 24 hour doses must be given by parent or carer.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).

Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.