

FOREST FEDERATION
ADMINISTERING MEDICATION IN SCHOOL FOR SHORT-TERM CONDITIONS
FEBRUARY 2026



SHORT-TERM ADMINISTRATION OF MEDICATION

1. Purpose and scope

This policy sets out how the school will safely receive, store, administer and record short-term medications for pupils who are otherwise well enough to attend school. It sits alongside the school's policies on Supporting Pupils with Medical Conditions, First Aid, Trips and Visits, Safeguarding/Child Protection, Data Protection and Health & Safety.

Most children will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. We are committed to ensuring that children with medical needs have the same right of access as other children.

The definition of 'short-term conditions' is... 'those requiring medication for a limited period (typically less than four weeks) and not requiring an Individual Healthcare Plan (IHP) unless a risk assessment indicates otherwise. Examples are completing antibiotics, short courses of steroid inhalers/tablets, analgesia following dental work and eye/ear drops. Good practice emphasises minimising in-school dosing where possible by scheduling once/twice-daily regimens.

2. Accepting medication

The school will administer short-term medication if all the following apply:

- 1) The pupil is well enough to attend school
- 2) Timing cannot reasonably be adjusted to out-of-school doses (e.g. it is required four times daily)
- 3) A parent/carer consent form is completed
- 4) The medicine is in original packaging with pharmacy label (name, dose, route, timing, expiry).

3. Types of medication covered

Prescription medicines (e.g., antibiotics, eye drops). Accepted with pharmacy label and consent.

Non-prescription (OTC) medicines (e.g., paracetamol for dental pain) only with written parental consent and clear dosing instructions; school reserves the right not to administer if risk assessment indicates.

Controlled drugs (rare for short-term use). If required, must be stored per controlled drug guidance, with witnessed administration.

4. Receipt and storage

Medicines should be handed to a member of the school office team by a parent/carer. These will then be stored in a locked cabinet/fridge (temperature-monitored), accessible to authorised staff only. It will segregate by pupil with a name-labelled container with a check of expiry dates weekly while in school.

5. Administration procedure (step-by-step)

1. Confirm identity of pupil against photo/class list and medicine label.
2. Ensure hand hygiene; prepare dose using supplied oral syringe/spoon; follow label (shake suspensions).
3. Explain what is being given to pupil and supervise swallowing/application. Do not crush tablets or alter form unless prescriber/pharmacist confirms.
4. Record immediately in the Medication Administration Record (Appendix B).
5. Observe for reaction. If adverse effects suspected, inform parents.
6. Ensure secure storage after administration and clean equipment

6. Self-administration and supervision

Where age-appropriate and risk-assessed, pupils may self-administer (e.g., eye drops) under staff supervision in a quiet area. The dose is still logged on the Medication Administration Record.

7. Refusals or missed doses

Record 'refused/missed' with the reason and notify parents promptly. Follow any clinical instructions provided (e.g., do not double dose unless prescriber specifies).

Template A

Medication protocol letter, letter to give consent for the administration of medication

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Template B: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials
