



Working together to improve outcomes for learners to be the best that they can be

Medication Policy

At Sound school and Nursery, we follow guidelines that ensure children's safety when it comes to the administration of medication. These guidelines are influenced by Care Inspectorate and National Care Standard.

1. Parental Consent

- Schools and nurseries require **written consent** from parents or guardians to administer any medication to a child. See Appendix 1 for the medication administration permission form.
- Parents should inform the nursery about the medication, the dosage, any adverse reaction, and the times it needs to be administered.
- **First doses** of medication should be administered at home to ensure the child does not have any adverse reactions.
- For children to carry their own medication in school, for example an older child having their inhaler in their school bag, we require parents/carers to complete a medicine request – pupil to carry own medication form, see Appendix 2.

2. Medication Storage

- Medication should be stored in its **original packaging with the dispensing label**, clearly labelled with the child's name, dosage instructions, and any relevant medical information. The information leaflet also needs to be shared with school.
- All medication will be stored **securely** and kept out of reach of children to prevent accidental ingestion in the designated medicine cabinet. In Sound School this is a locked medicine cabinet in the school office and in the Nursery, it is a locked medicine cabinet on the wall near the kitchen.
- Some medications, especially those that need to be kept cool (e.g., certain antibiotic medicines), may require specific alternative storage arrangements. At Sound Nursery this will mean any medication requiring to be kept cool will be stored in the staff fridge in the Nursery. In school, medication requiring to be kept cool will be kept in the fridge in the staffroom.
- Spacers used with inhalers for asthmatics will be returned to parents/carers at the end of each term for them to be washed. This will be recorded on the permission form.
- If pupils are carrying their own medication then it should be stored appropriately and school will take no responsibility for this.

3. Administering Medication

- Only trained staff may administer medication in Sound school and nursery. The staff member will follow the instructions provided by the parent/carers or the child's healthcare provider.

- Staff will record the **time** and **dosage** of the medication given on the medication log on the rear of the permission form.

4. Emergency Medication

- Children who require emergency medications, such as epinephrine for allergies or inhalers for asthma, must have the medication stored on-site, and staff should be trained in its use.
- **Emergency action plans** should be in place, and staff should be aware of any conditions that may require urgent care (e.g., severe allergic reactions). For asthmatic children we ask that parents/carers complete an Asthma card in addition to the administration permission form.

5. Managing Non-Prescription Medication

- Non-prescription medications (e.g. painkillers) may only be administered with parental consent.
- Parents/carers should be informed as soon as possible if their child is given non-prescription medication (e.g. Calpol), and there should be a clear understanding of the situation.

6. Returning Medication

- Any unused medication should be returned to the parents at the end of the day.
- Expired medications should not be administered and will be returned to parent/carers for then to be disposed of correctly, following safety protocols.

7. Reviewing Medication Policy

- Sound School will review their medication policy to ensure they comply with current regulations and best practices.
- Parents/carers will be informed about any changes to the policy and the updated policy will be shared on the school blog.

For more detailed information, you can refer to the Care Inspectorate's guidance on managing medication in childcare settings, December 2024:

- [Care Inspectorate - Medication Policy](#)

Appendix 1



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Parental Request for Staff to Administer Medication

Sound School and Nursery will not give your child medicine unless this form is completed and signed

Surname of pupil.....Forename(s).....

Address.....

M/F..... Date of Birth..... Class.....

Condition or illness.....

Name/Type of Medication (*as described on the container*).....

Form of medication (*e.g. tablet, liquid, cream*):

For how long will your child take this medication?

Date dispensed.....

☐

Dispensing label

☐

Information leaflet

(*Please tick to show that school has received these.*)

FULL DIRECTIONS FOR USE

Dosage.....

Timing.....

Route e.g. oral, injection etc.....

Side Effects.....

Self Administration.....

Procedures to take in an emergency

Emergency contact name.....

Relationship to pupil Daytime phone no.

Address

Created: March 2025

Review date:

Please read and sign this declaration;

I understand that:

- 1. I must deliver the medicine personally to the School Office.**
- 2. If no member of staff who is trained to give medication is available, then the medication will not be given and I will be informed.**

Signature(s)..... Date.....

Relationship to pupil.....

Record of medication administered

To be completed by Staff

Surname of pupil..... Forename(s).....

M/F..... Date of Birth..... Class.....

Name/Type of Medication (*as described on the container*)

Head Teacher Signature Date

Date and Time Administered	Reason	Dose Given	Any adverse reaction	Signature of adult administering	Shared with Parent/Carer and How – Email/Face to Face/Phone	Date Shared	Staff Signature

Appendix 2



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Parental Request for Pupil to Carry their Medication

To be completed by parent/carer

Please note, we recommend that inhalers can be carried by children confident in administering it themselves.
We would recommend that all other medicines be stored securely in the school office.

Surname of pupil..... Forename(s).....

Address.....

M/F..... Date of Birth..... Class.....

Condition or Illness

Name of Medicine

Dosage Frequency

Procedures to be taken in an Emergency

.....

Name of Contact..... Relationship to pupil

Daytime Contact Number.....

I would like my son/daughter to keep and administer his/her own medication as necessary.

Signed..... Date.....

Relationship to Pupil

Created: March 2025

Review date: