HAMPTON
PRE-PREP & PREP SCHOOL

Administration of Medicines Policy

Contents

Date of Review	August 2025	Date ratified by Governors	October 2025
Date of next review	August 2026	Reason for review	Annual review

This policy is for all pupils at Hampton Pre-Prep & Prep School (the School); it includes the Early Years Foundation Stage (EYFS), Pre-Prep and Prep Departments.

It is available to parents on the School website and may also be requested in hard copy from the School Office. It should be read in conjunction with the School's First Aid Policy, which is similarly available.

Aims

Hampton Pre-Prep & Prep School prioritises the wellbeing and health of all children in its care. In line with best practice and statutory guidance, the School facilitates, where appropriate, the administration of medication to enable pupils to attend and fully participate in school life. Staff are trained and authorised to administer medication on site, in accordance with this policy.

Procedure

In order for medication to be administered the following procedure must be adhered to by parents and staff for the health and wellbeing of all children in the School.

- All medicines are stored in the Medical Rooms (Pre-Prep and Prep) or refrigerated as appropriate. Medicines are stored strictly in accordance with the product instructions and in the original container in which they were dispensed.
- Staff should also be aware of any Allergy Management Plans that are in place for pupils. These are displayed at various points around the School premises – e.g., the School Kitchen, the School Office and the Medical Rooms.
- The School requires written and signed consent in advance from parents which clearly shows the date, dosage and expiry date of any medication to be given. A Request for School to Administer Medication Form **(see Appendix 1)** must be completed giving details of the prescribed medicine/cream including inhalers and/or Epipens (AAI's) should the need arise.
- **Boys using the School's Coach Service** must carry their own additional inhaler or Epipen with them as there are no adults on board, in addition to the medication held in school. (This additional medication should be left with the School Office, handed in via the member of staff on duty, and then collected at the end of the day in readiness for the return journey.)
- On all **residential trips (Years 3 – 6),** a member of staff accompanying the group is given responsibility for administering medicines and parents must complete the relevant form giving details of all medication **(see Appendix 2)**. They must also sign an 'in loco parentis' form, **(see Appendix 3)** including GP details and any relevant medical information, prior to their child joining the trip; every teacher on the trip has a copy of this information. Whilst every effort will be made to contact parents in advance should a child feel unwell whilst on a residential trip, pain relief will be administered if necessary.
- Upon the day of departure for a residential trip, all medicines to be taken by a pupil should be handed by the parent to the designated member of staff and these should be in their original packaging. All medicines must be clearly labelled with the name of the pupil and in either a sensibly sized container or clear plastic bag. On the return journey, travel sickness tablets can be administered if necessary and if permitted by parental consent on the 'in loco parentis' form.
- All medicines administered on a trip will be logged on the **Record of Administering Medicines on Residential Trips** (**see Appendix 4)** and recorded on the **Administration of Medicines to Pupils Record (see Appendix 5)**. These will be discussed at the 'post trip' debrief with a member of the Senior Leadership Team (SLT).
- Any medication that needs to be administered at School must be taken to the School Office or given to a member of staff by the parent, not the child, in a clear plastic bag and should be in the original container, bearing its original label. The label must be legible and have the name of the child on it**.** It is the responsibility of parents to deliver and collect medicines from the School on a daily basis.
- Prescription medication must only be administered if prescribed by a GP, dentist, nurse or pharmacist specifically for the child. **Medicines containing aspirin will only be administered if prescribed by a doctor.** ***If the medicine has not been prescribed for the child, staff must not under any circumstances administer it.***

- Medicine (both prescription and non-prescription) will only be administered to a child with the parent(s)'s written permission. The School must have written and signed consent in advance and, to this end, a Request for School to Administer Medication Form **(Appendix 1)** must be completed.
- All medication remains the property of the child to whom it is prescribed. Any surplus or unused medication will be returned to the parents.
- The School believes that if a child is only at school with the aid of medication (that is, in addition to any routine prescribed medication, including that already held at school i.e. inhalers/AAIs), then they may be too ill to attend, not only from their point of view (they should be resting), but also taking others into account as the child concerned could probably be infectious. In such cases, parents are urged to keep their child off school in order to rest and recover. The School also wishes to avoid situations whereby non-prescriptive medicines might mask signs of more serious illnesses. If a child suffers regularly from frequent or acute illness, parents are encouraged to refer the matter to their child's GP.

When administering medication staff should:

- Wash their hands;
- Refer to the Request for School to Administer Medication Form and to the administration record and carefully check details;
- Be certain of the identity of the child to whom the medication is given;
- Check the name of the child on the label matches the Request for School to Administer Medication Form;
- Check the name of the medication matches the Request for School to Administer Medication Form;
- Check that the prescription on the label of the medication is clear and unambiguous;
- Check the dose and method of administration;
- Check the expiry date;
- Keep clear and accurate, signed records (see Appendices 4 and 5) of all medication administered, withheld or refused.

In accordance with the Statutory Framework for the Early Years Foundation Stage (EYFS), a member of staff administering medication to a child in the EYFS must hold the following valid certificates: full paediatric first aid and administration of medication in schools.

Emergency Medication

A generic emergency inhaler and adrenaline auto-injector (AAI) are kept in School; however, these should only be used for a pupil where both medical authorisation and written parental consent have been provided. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/guardian must be obtained. A care plan template is available from the British Society for Allergy and Clinical Immunology (BSACI) - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/.

The School's spare AAI may be used in place of a pupil's prescribed AAI(s) if, for any reason, their own device cannot be administered correctly or without delay.

Controlled Drug Administration

The School complies with Department for Education (DfE) guidance on the management of controlled drugs.

Controlled drugs are stored securely in a non-portable, locked container and can only be accessed by authorised staff. They must, however, remain readily accessible in an emergency. The initial administration of a controlled drug is overseen by the Hampton School Nurse.

Authorised staff:
Prep: T. Zander and School Administrator
Pre-Prep: J. Parkinson and the relevant pupil's Class Teacher.

Controlled drugs must be administered in the presence of **two staff members**. The procedure outlined earlier in this policy must be followed precisely, in accordance with the prescriber's instructions.

A separate *Controlled Drugs Record Book* is maintained, detailing:

- Name of medication;
- Dosage and method of administration;
- Date and time;
- Staff involved;
- Any relevant notes.

Monitoring of children taking medication

All drugs have the potential to cause unwanted side effects or adverse reactions; therefore, children taking medication should be closely monitored. This is particularly important with any controlled drugs and all staff should be aware of the medication being taken and of the potential side effects. If a child develops adverse reactions or side effects to any medication, or if contra-indications (medical conditions which may be exacerbated or worsened by certain medications) are discovered, then the parent should be contacted without delay together with the Hampton School Nurse.

Appendix 1 - Request for School to Administer Medication

DETAILS OF PUPIL

Surname: ……..

Forename(s): ……

Address: ……

……

Male/Female: ……

Date of Birth: ……..

Class ……..

Condition or illness:

_____

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

_____

How long will your child take this medication?

Date dispensed:

FULL DIRECTIONS FOR USE:

Dosage and method:

Timing:

Special Precautions: ……..

Side Effects: ……..

Last dose given at home: (please state date & time):…….

TRAVEL SICKNESS MEDICINE

I/we agreed that travel sickness medicine can be administered to our child if necessary.

Name(s)……..

Signature(s)…… Date:……

…… Date:……..

CONTACT DETAILS:

Name:

Relationship to Pupil:

I understand that I must deliver (and collect) the medicine personally to my child's Form Teacher or the School Office and accept that this is a service that the School is not obliged to undertake.

Name…… …….(Please print) Signature:……..

Date: …….

Appendix 2 - Information for Additional Medicines to Accompany Pupils on School Residential Trips

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DETAILS OF PUPIL

Surname: ……. Forename: ……

Date of Birth: ……. Class: …….

Condition or illness potentially requiring medication:

MEDICATION

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

Circumstances under which medication should be given:

Dosage Required: Frequency or Timing of medication:

Special Precautions or Side Effects:

***Please note in line with our policy, prescription medicines will only be administered if they have been prescribed for your child by a doctor, dentist, nurse or pharmacist. Whilst your child is on a residential trip, the Hampton Prep Staff act in loco parentis and, with your consent, will administer piriteze/cetirizine if required.**

***All medicines must be labelled with your child's name and presented to staff in the original packaging to show the instructions for administering the medication, and it must be handed to the designated member of staff together with this form.**

I understand that it is my responsibility to personally collect this medicine from the School at the end of my child's trip.

Name: ……(Please print) Signature: ……

Date: ……..

Appendix 3 – Parental Consent for Medical Treatment

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My Son's Name: …….

Whilst my son is on a residential trip, I understand members of staff will be in loco parentis. I give permission for my son to be given emergency medical treatment by a qualified practitioner.

***If your son is feeling unwell the School will contact you before any medication, i.e., paracetamol or travel sickness pills, is administered by members of staff. This will be recorded on the appropriate form.**

Name of G.P.: ……. Tel. No.: …….

My contact numbers are: …… (Home)

…… (Work)

…… (Other)

Allergy/Dietary information.

My son is allergic to: ……

Please give any other information you feel may be relevant.

Appendix 4 – Record of Administering Medicines on Residential Trips

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Residential Trip - Record of Administering Medicines

Date	Name						
		Time:		**Time:**		**Time**	
		Medicine Name/Description	**Dosage**	**Medicine Name/Description**	**Dosage**	**Medicine Name/Description**	**Dosage**
		Time:		**Time:**		**Time:**	
		Medicine Name/Description	**Dosage**	**Medicine Name/Description**	**Dosage**	**Medicine Name/Description**	**Dosage**
Please note any other relevant information here:							

Name…….(Please print) Signature:……

Date:……..

Appendix 5 – Administering Medicines to Children at School

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PUPIL'S NAME:_____

Name of Medicine	Dosage	Date	Time Given	Medicine Withheld/Refused (Reason)	Member of staff	Parent /Guardian Informed