



Coagh Primary School

Administration of Medication Policy

Policy Updated- May 2026
Review of Policy- May 2029

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Administration of Medication Policy

Protocol for the Administration of Medication in Coagh Primary School

The Board of Governors and staff of Coagh Primary School wish to ensure that pupils with medical needs receive appropriate care and support during the school day.

The Principal will accept responsibility in principle for members of school staff giving or supervising pupils taking prescribed medication during the school day where this is necessary to enable pupils to attend school, and where those members of staff have voluntarily agreed to undertake this role and have received appropriate training and guidance.

The school recognises that pupils should not be excluded from school or educational activities solely because they require medication or medical support during the school day.

Parents should keep their children at home if they are acutely unwell or infectious.

Parents are responsible for providing the Principal with comprehensive, accurate and up-to-date information regarding the pupil's medical condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the pupil's doctor, as indicated on the prescription label or accompanying medical documentation.

The school will only make changes to dosages or administration routines of prescribed medicines upon receipt of written medical instruction from a qualified healthcare professional.

Staff will not administer non-prescribed medication to a child unless there is specific prior written permission from the parent/carer, supported where appropriate by medical advice.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks' supply at any one time).

Where a pupil travels on school transport accompanied by an escort, parents must ensure that the escort receives written instructions relating to any medication sent with the pupil, including medication required during respite or extended services.

Each item of medication must be delivered to the school office, normally by the parent/carer. At this time, a School Parental Request for the Administration of Medication Form must be completed and signed.

All medication must be supplied in its original container as dispensed by a pharmacist and must be clearly labelled with:

- Pupil's name
- Name of medication
- Dosage
- Method and frequency of administration
- Date of dispensing
- Storage requirements (where applicable)
- Expiry date

The school will not accept medication in unlabelled containers.

Unless indicated otherwise, all medication will be stored in a secure location, inaccessible to pupils, in accordance with medication storage guidance and individual care plans.

Children with medical conditions that require ongoing support will be assisted by school staff in accordance with an Individual Healthcare Plan (IHP) or Medical Care Plan, agreed between the school, parents and relevant health professionals.

For pupils with long-term or complex medical needs, the Principal or Pastoral Care Co-ordinator will ensure that an Individual Healthcare Plan and Medication Protocol are in place. This will be developed in partnership with parents and health professionals and will include:

- Medication details
- Emergency procedures
- Identified trained staff
- Arrangements for school activities and trips

If a child refuses to take medication, staff will not force administration. Parents will be informed as soon as possible on the same day. If refusal results in an emergency situation, the school's emergency procedures will be followed immediately.

Parents must inform the school in writing when medication is no longer required or when a medical condition has changed.

Parents are responsible for ensuring medication is in date, supplied as needed, and replaced in good time when running low.

School staff will not dispose of medicines. Medication that is in date should be collected by parents at the end of each term or when no longer required. Expired medication will be returned to parents for safe disposal via a community pharmacist.

Staff who volunteer to administer medication will receive appropriate training and guidance through the School Health Service or Education Authority. Training will be refreshed regularly and whenever a pupil's medical needs change.

The school will make every reasonable effort to continue medication arrangements during off-site activities and educational visits. A risk assessment will be undertaken for all relevant visits, and additional arrangements made where necessary. However, there may be occasions where inclusion is not possible if safe arrangements cannot be guaranteed.

Where a pupil uses an inhaler, one clearly labelled inhaler must be kept in the classroom or appropriate storage area. Parents of P4–P7 pupils who wish their child to carry and self-administer an additional inhaler must complete the Self-Administration section of the Parental Request for the Administration of Medication Form. Only where this has been approved will pupils be permitted to carry their own medication.

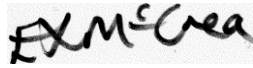
Monitoring, Review and Consultation

This policy will be monitored by the Principal and Board of Governors and reviewed in line with guidance issued by the Department of Education, Education Authority and other relevant bodies.

This policy was discussed with staff at a staff meeting on 27 April 2026, and revisions were agreed.

The Board of Governors discussed and ratified this policy at a meeting on 5 May 2026, and it was signed by the Chairperson of the Board of Governors.

Signed:



(Chairman of Board of Governors)

Signed:



(Principal)

Date: 5th May 2026

Appendix 1- Parental Request form for Administration of Medicine at Coagh Primary School

PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINE

Coagh Primary School has a duty of care to provide a safe and happy environment where all children will be cared for and treated in a manner which enables them to feel secure at all times. Neither teachers nor support staff have a legal or contractual duty to administer medicines or provide health care. **Consequently, medication that can be given at home, should be given at home.** However, when the taking of medication is necessary during the school day this **will only be undertaken** when clear written instructions and consent have been provided and where nothing more than administration is required. If school time medication is essential, please complete the form below.

Name of Pupil: _____

Date of Birth: _____

Class: _____

Contact Details of Parent/Guardian

Name _____

Tel: _____ Relationship to child _____

Brief Description of Medical Condition(s) and Symptoms {Add additional sheet if required}

PRECISE DETAILS OF IN SCHOOL MEDICATION REQUIREMENTS

Parents must ensure that in date medication, in a secure and labelled container as originally dispensed is supplied. The school will not accept items of medication in unlabelled containers.

Name of Medicine: _____

Expiry Date: _____

Dosage Required: _____

Time to be given: _____

Special precautions: _____

Side Effects: _____

Procedures to take in an emergency: _____

STATEMENT OF PARENTAL CONSENT:

I understand that I must deliver the medicine personally to the school office. I also understand it is my responsibility that a supply of the required medication held in school is kept maintained and is in date. I give full permission for Coagh Primary School to act in loco-parentis and in accordance with my written instructions as recorded above. I recognise it is my responsibility to inform school about any changes in the above medical requirements, in writing, and accept that the school staff members are under no obligation to administer medicines and therefore cannot be held responsible for an accidental failure to dispense it.

Signed: _____
Parent/Guardian

Date: _____

AGREEMENT OF PRINCIPAL

I agree that the above named pupil will receive medication as detailed at the agreed times. This pupil will be supervised whilst he/she takes their medication. This arrangement will continue until the school is notified otherwise in writing by the parent/guardian.

Signed: _____
Principal/authorised member of staff

Date: _____

Appendix 2- PARENTAL CONSENT FORM FOR THE ADMINISTRATION OF AN INHALER

Please complete the relevant part/parts of this form which relate to the administration of an inhaler to pupils at Coagh Primary School.

Part A should be completed by **all** pupils P1 - P7 if they require an inhaler to be kept in school.

Part B should only be completed for those pupils in P4, P5, P6 and P7 who wish to carry an additional inhaler with them and are able to self-administer.

PART A- ADMINISTRATION OF INHALERS WITH ASSISTANCE/SUPERVISION FROM STAFF (P1-7 PUPILS)

Pupil Name: _____

Class: _____

Dosage/Administering instructions:

Signed: _____
Parent/Guardian

Date: _____

Inhalers must be given personally to the child's teacher along with this form

PART B- SELF ADMINISTRATION OF INHALERS (P4-7 ONLY)



*If you wish your child to carry an **additional inhaler** in school and wish them to self-administer, please sign the consent declaration below.

I would like my child to keep an additional inhaler in his/her possession and to self-administer as detailed above in Part A of this form.

Signed: _____
Parent/Guardian

Date: _____

Appendix 3- Record of medicine administered to an individual child at Coagh Primary School

NAME OF SCHOOL _____

FORM AM4

Record of medicine administered to an individual child

Surname	
Forename (s)	
Date of Birth	__ / __ / __ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	__ / __ / __
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff signature _____ Signature of parent _____

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			