



ABU HANIFAH FOUNDATION

Excellence in Islamic Education

“Where every child matters and every day counts”

Administration of Medicines Policy

UPDATED 2026

1. Introduction

The administration of medicines to a child remains primarily a **parental responsibility**. However, some pupils need medicines during the school day to protect their health and maintain attendance.

Abu Hanifah Foundation will support pupils with medical needs so they can access education safely. We will do this through clear procedures, trained staff, accurate records, and proportionate risk controls.

Staff do not have an automatic contractual duty to administer medicines. Where staff agree to do so, they act **voluntarily**, within their competence, and in line with training and this policy.

Throughout this policy, "parent/carer" means a person with **legal parental responsibility**.

2. Policy statement

We will administer medicines safely, lawfully, and with respect for dignity and confidentiality. We will:

- put the pupil's welfare first;
- support pupils with short-term, long-term, and emergency medical needs;
- prevent avoidable absence from school;
- protect staff through clear authorisation, training, and record keeping; and
- operate effective governance and oversight.

3. Purpose

This policy aims to:

- set clear rules for receiving, storing, administering, recording, and disposing of medicines;
- ensure effective support for pupils with medical conditions through **Individual Health Care Plans (IHCPs)**;
- ensure emergency readiness during the school day and on visits; and
- clarify accountability for parents/carers, staff, and leadership.

4. Scope

This policy applies to:

- all pupils;
- all staff, including volunteers and agency staff, when acting on behalf of the school; and
- all medicines brought onto the premises or used on school activities, including offsite learning.

5. Core principles

- We administer medicines in school **only when it would be detrimental to health or attendance not to do so**.
- Where clinically possible, medicines should be prescribed so they can be taken **outside school hours**.
- We will not administer any medicine without **appropriate consent and clear instructions**, unless an emergency requires immediate action to protect life.
- We will not force a pupil to take medicine.
- We will maintain confidentiality and share information on a need-to-know basis.

6. Consent and authorisation

6.1 General consent rules

- No pupil under 16 will receive any prescription or non-prescription medicine without **parental consent**, except in exceptional circumstances where a medicine has been prescribed without parental knowledge and the school must act in the pupil's best interests.
- Written consent is required for:
 - all **prescription medicines**;
 - any **long-term** medication arrangements;
 - any medication administered under an **IHCP**.
- Verbal consent may be accepted for **limited, short-term non-prescription** medicines only where this policy allows it, and where staff can verify safe dosing and timing.

6.2 Aspirin

A pupil under 16 will never be given medicine containing **aspirin** unless a doctor has prescribed it for that pupil.

7. Non-prescription medicines

The school will only administer non-prescription medicines (for example, pain relief) where:

- a parent/carer provides consent (verbal or written); and
- staff can confirm the correct dose, timing, and suitability.

Before administering, staff must check:

- the maximum recommended dose for age/weight (where relevant);
- when the last dose was taken; and

- whether the pupil has any relevant allergies, contraindications, or medical risks.

The school will inform parents/carers **on the same day** when a non-prescription medicine has been given.

We will not administer “general stock” medicines routinely. We will only do so where the school has an agreed procedure, documented consent, and safe controls in place.

8. Prescription medicines

The school will only accept prescription medicines where all conditions below are met:

- the medicine is **prescribed to the named pupil** by a medical practitioner;
- it is in date;
- it is supplied in the **original container** dispensed by a pharmacist;
- it is clearly labelled with:
 - pupil’s name;
 - medicine name and strength;
 - dose and route;
 - timing/frequency;
 - any special storage instructions;
 - expiry date.

Exception: insulin may be provided in a pen or pump rather than original packaging. It must still be in date and clearly identifiable for the pupil.

The label “take as directed” is not sufficient. Parents/carers must provide precise administration instructions.

The school will administer prescription medicines strictly in line with:

- the pharmacy label; and
- the signed parental consent form; and
- the pupil's IHCP (where one exists).

9. Controlled drugs

Controlled drugs present additional risks. The school will apply enhanced controls.

- The school will store controlled drugs in a **non-portable, double-locked container** within a locked room.
- Access will be restricted to **named, trained staff** authorised by the Health and Safety Lead.
- Staff will keep a controlled drugs record that includes:
 - receipt into school (date, quantity, who received it);
 - administration (date/time, dose, signatures);
 - running balance (stock check and reconciliation).

A pupil who has been prescribed a controlled drug may legally carry it if they are competent to do so and this forms part of an agreed plan. The school will only permit this where:

- the parent/carer requests it in writing;
- the prescriber's advice supports it (where needed); and
- the school completes a risk assessment and agrees safeguards.

Passing a controlled drug to another pupil is a criminal offence. The school will respond robustly to any misuse or diversion.

10. Receiving medicines into school

- Parents/carers must normally hand medicines directly to Reception or a named authorised member of staff.

- Pupils may carry certain medicines (for example, reliever inhalers) only where the school has agreed this in advance and recorded it.
- Parents/carers must supply:
 - the medicine in original packaging (where required);
 - the relevant consent form;
 - any required administration device (for example, oral syringe or 5ml spoon for liquid medicines).

11. Safe administration procedures

Medication will be administered by trained staff only. Staff must follow this sequence every time:

1. Confirm identity

- Confirm the pupil's name and date of birth where possible.
- Use an additional check if the staff member does not know the pupil (for example, photo record or second staff confirmation).

2. Confirm authorisation

- Confirm written consent is in place (or approved verbal consent where permitted).
- Confirm an IHCP exists and has been followed (where relevant).

3. Confirm medicine and dose

- Match the medicine label to the consent form/IHCP.
- Check route, dose, and time.

4. Check safety

- Confirm the medicine is in date.
- Confirm the pupil has not already received the dose.

5. **Administer or supervise**

- Provide privacy and dignity where needed.
- Ensure water or food is available if required by instructions.

6. **Record immediately**

- Record the administration and sign the log.

If staff have any concern at any stage, they must **not** administer. They must seek advice from the Health and Safety Lead, parents/carers, or a healthcare professional as appropriate, and record the action taken.

Refusal

If a pupil refuses medicine:

- staff must not force administration;
- staff must record the refusal;
- parents/carers must be informed the same day;
- staff must follow the IHCP or emergency procedures if refusal creates immediate risk.

12. Record keeping

The school will maintain:

- a **Medicine Administration Log** for all pupils receiving medicines in school; and
- additional IHCP-related records for pupils with ongoing medical needs.

Each record will include:

- pupil name;
- medicine name and strength;
- dose and method;
- date and time;

- administering staff name and signature;
- any observed side effects or concerns;
- actions taken where a dose was missed or refused.

Records are safeguarding-adjacent documents. The school will store them securely.

13. Storage and disposal

13.1 Storage

- The school will store medicines securely in a locked cupboard or locked cabinet accessible only to authorised staff.
- Emergency medicines must be **readily accessible** and never delayed by unnecessary barriers.
- Refrigerated medicines will be stored in a designated fridge with appropriate controls.
- The school will store controlled drugs separately under section 9 controls.

13.2 Expiry checks

The Health and Safety Lead will ensure termly checks of:

- expiry dates;
- storage conditions; and
- completeness of labels and instructions.

13.3 Disposal

- Parents/carers must collect out-of-date or unused medicines for safe disposal.
- Sharps must be disposed of in approved sharps containers. Parents/carers should supply sharps boxes where required.

14. Emergency medication and emergency response

The school will ensure immediate access to emergency medicines, including:

- **Adrenaline auto-injectors (EpiPens)**

Kept with the pupil where agreed, with a labelled spare stored in Reception.

- **Asthma reliever inhalers and spacers**

Carried by pupils where appropriate, with labelled spares stored in the First Aid Room.

- **Buccal Midazolam**

Stored securely in Reception alongside the consultant letter and the pupil's IHCP.

- Only trained staff may administer it. Staff must ensure an ambulance is called immediately when administration is required.

- **Other emergency medicines**

Stored and managed according to the pupil's IHCP and clinical instructions.

Emergency medicines must accompany pupils on trips and visits. The Trip Leader must confirm:

- the medicine is present;
- it is accessible;
- the plan is understood; and
- trained staff are present.

15. Individual Health Care Plans (IHCPs)

The school will put an IHCP in place where a pupil:

- has a chronic condition;
- needs ongoing medication support in school; or
- may require emergency treatment.

IHCPs will:

- be agreed with parents/carers and, where appropriate, healthcare professionals;
- specify daily management and emergency procedures;
- clarify what staff will do, and what staff will not do;
- record whether the pupil can self-manage medicines and under what safeguards;
- be reviewed at least annually, or sooner if needs change.

The school will ensure staff who need to know about an IHCP receive clear information and guidance.

16. Self-administration

Self-administration may be permitted where it is safe and appropriate, for example:

- asthma inhalers;
- adrenaline pens (where competent);
- blood glucose monitoring (where trained/competent).

The school will only permit self-administration where:

- parents/carers provide written consent;
- the IHCP supports it; and
- the school completes a risk assessment and agrees safeguards.

17. Offsite learning and educational visits

17.1 Day visits

- For short visits, pupils should take routine medicines before/after the visit where possible.
- For full-day visits, parents/carers must complete the relevant consent forms and provide necessary medicines and plans.

17.2 Residential visits

- The Trip Leader must obtain medical information early.
- The Trip Leader must review each IHCP and implement control measures.
- The Trip Leader must confirm access to emergency services and nearest medical facilities.

For all visits:

- the Trip Leader holds operational responsibility for implementing the medical arrangements on the day, supported by the Health and Safety Lead.

18. Roles and responsibilities

18.1 Health and Safety Lead (main responsible person)

Maulana Irfan Ally is the **Health and Safety Lead** and the main responsible person for the implementation of this policy.

He will:

- maintain day-to-day oversight of medicine management across the school;
- ensure safe systems for receipt, storage, administration, and disposal;
- oversee the creation, review, and quality assurance of IHCPs;
- ensure staff training, competence, and refresher provision;
- maintain checks on expiry dates, stock, and storage conditions;
- ensure emergency medication arrangements remain effective;
- provide advice to staff when concerns arise about administration;

- ensure auditing and compliance reporting to the Principal.

18.2 Principal (strategic oversight)

Hafidh Ismail Adam, as Principal, holds **overall strategic oversight and accountability**.

He will:

- ensure the policy is implemented consistently;
- ensure governance, monitoring, and resourcing remain effective;
- support the Health and Safety Lead to secure training and compliance;
- report to the Governing Body on health, safety, and medical provision;
- ensure the policy aligns with safeguarding and equality duties.

18.3 Staff

All staff will:

- follow this policy and relevant training;
- administer medicines only when authorised and competent;
- record administration immediately and accurately;
- escalate concerns promptly to the Health and Safety Lead.

18.4 Pupils

Pupils will:

- follow agreed medical arrangements;
- treat medicines responsibly;
- inform staff promptly if they feel unwell or need support.

18.5 Parents/carers

Parents/carers must:

- provide accurate medical information and updates;
- supply medicines in date, correctly labelled, and in required packaging;
- provide consent forms and administration devices;
- inform the school in writing of any changes to dosage, medicine, or treatment;
- collect unused/out-of-date medicines promptly.

18.6 Non-Executive Body

The Non-Executive Body will:

- ensure the school maintains clear accountability and safe procedures;
- receive reports on compliance, training, incidents, and audits;
- review this policy at least annually.

19. Confidentiality and information sharing

The school will treat medical information as confidential. We will share it only where staff need it to keep pupils safe and support education. We will store records securely and handle information in line with data protection requirements.

20. Training and competence

- The school will provide training for staff who administer medicines or support pupils with medical conditions.
- Training will be proportionate to pupils' needs and will include emergency response where required.
- The Health and Safety Lead will keep a record of trained staff and renewal dates.

21. Publicity and access

This policy will be:

- available to staff via the school's internal systems; and
- available to parents/carers via the school website or on request.

The school will display clear information about:

- first aid arrangements; and
- how to contact emergency services.

22. Monitoring and review

- The Health and Safety Lead will monitor implementation throughout the year.
- The Principal will oversee compliance and report to the Governing Body.
- The Governing Body will review this policy **annually** and after any significant incident or change in guidance.

Appendix A: Contacting Emergency Services

Requesting an Ambulance

Dial **999**, ask for an **Ambulance**, and provide:

- **Location:** Abu Hanifah Foundation, 92 Preston New Road, Blackburn, Lancashire, **BB2 6BH**
- **Telephone:** 01254 290244
- **Postcode (front entrance):** BB2 6BH
- **Postcode (rear entrance):** Adelaide Terrace, **BB2 6ET**
- **Patient details:** Name, date of birth, symptoms, and exact location in school
- **Access:** State the best entrance. Confirm a staff member will meet the crew and escort them.

Speak clearly. Speak slowly. Repeat information if asked.

Do not end the call until the emergency operator tells you to.

Individual Healthcare Plan (Template A)

Name of School/setting:	
Child's name:	
Group/Class/Form:	
Date of Birth:	
Child's Address:	
Medical diagnosis or condition:	
Date:	
Review Date:	
Family Contact Information	
Name:	
Phone no. (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone no. (work):	
(home):	
(mobile):	
Clinic/Hospital Contact	
Name:	
Phone no.	

G.P.	
Name:	
Phone no.	
Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	

Arrangements for school visits/trips etc.	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency? (state if different for off-site activities)	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	
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 _____

Record of medicine administered to an individual child (Template B)

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	