

## **A Questions and Answers Guide to the Administration of medicines in schools & colleges (including over the counter (OTC) medicines, salbutamol and adrenaline auto injectors)**

The following questions and answers (Q&A) document has been developed in conjunction with Bedford Borough Council, Central Bedfordshire Council, Cambridgeshire Community Services NHS Trust and Bedfordshire Clinical Commissioning Group (BCCG). The information reflects the statutory guidance and non-statutory advice in the Department for Education ([DfE Supporting Pupils at School with Medical Conditions guidance](#)) and the Statutory Framework for [the Early Years Foundation Stage guidance](#) and local and national health care policies and should be used in conjunction with these guidelines.

While the document refers to schools the guidance is equally relevant to colleges, nurseries and child minders.

### **Key Advice on Managing Medications on School Premises**

All schools will have an effective policy in place on giving medicines to children in your setting, it should reflect the following details:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 **should be given prescription or non-prescription medicines without their parent's/carers written consent** – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed. **A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.**
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept medicines if these are in-date, labelled, provided in the original container (for prescribed medicines a pharmacy dispensing label) and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- When no longer required, medicines should be returned to the parent to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### 1. What is a prescription and non-prescription (OTC) medication?

A **prescription medicine**, also known as prescription-only-medicines (POM) is a pharmaceutical drug that legally requires a medical prescription to be dispensed and supplied to a patient.

A **non-prescription medicines**, also known as an over-the-counter (OTC) medicine, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicines) or on general sale through retailers such as garages and supermarkets (GSL medications). Medications are classified as OTC (P or GSL), based on their safety profiles and to enable access to those medicines without recourse to a GP.

### 2. Does a GP need to prescribe a non-prescription (OTC) medicine in order for a school/nursery/child minder to give it?

Non-prescription (over the counter) medicines do not need to have been prescribed or authorised by a GP or other prescriber to be administered by a school, nursery or childminder.

The [DfE Supporting Pupils at School with Medical Conditions guidance](#) states that Schools should set out circumstances in which non-prescription medicines should be administered.

**When agreeing to administer a non-prescription medicine schools should be reassured that they are not making the clinical decision that the medication is appropriate for the child's health condition. This responsibility remains with the parent and/or carer following their written consent.** No child under 16 should be given non-prescription medicines without their parent's and/or carers written consent.

Non-prescription medicines can come in various forms including tablets, capsules, liquids, eye drops, creams, ointments and nasal sprays.

### 3. Why are GPs being asked not to Prescribe Medications OTC Medications for administration at school?

In March 2018 NHS England published guidance for Clinical Commissioning Groups (CCGs) to free up to almost £100 million for frontline care each year by curbing prescriptions for 'over the counter' medicines which can be purchased from community pharmacies, shops and supermarkets.

The new over the counter medicines guidance will curb the routine prescribing of products that are for a self-limiting condition, which does not require any medical advice or treatment as it will clear up on its own, such as sore throats, coughs and colds. Condition that are suitable for self-care, which can be treated with items that can easily be purchased over the counter from a pharmacy, such as indigestion, mouth ulcers and warts and verrucae.

The [British Medical Association](#) also considers it to be an inappropriate use of NHS resources to take up a GP appointment to obtain a non-prescription/OTC medicines to satisfy the request of a school or nursery.

#### **4. What is the best way to avoid the administration of medicines in schools?**

**Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.** Ideally once or twice daily medications should be purchased or prescribed for children to avoid the need for dosages to be given during school hours. A table in appendix A gives a list of non-prescription medicines that could be given as alternatives to non-prescription medications that schools are commonly asked to administer.

Antibiotics should not routinely be given in school. Three times a day antibiotics such as amoxicillin can be given in the morning before school/setting, immediately after school (provided this is possible) and at bedtime.

#### **5. What consent is required for a school to administer a prescription only or non-prescription medicines to a child?**

No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.

Staff should obtain written parental/carer consent for each medicine that is to be administered in school. A parental/carer consent to administer non-prescription medication form and a prescription medication form can be found respectively in appendix C and D of this document. A separate form is required for each medication.

The consent form should document that the child has been administered the medication in the past without any adverse effect.

#### **6. What should schools do before agreeing to administer or accepting prescription only medicines?**

Prescription medicines (POMs) must not be administered to a child unless they have been prescribed by 'Appropriate Practitioner', which includes a doctor, dentist, nurse or pharmacist.

Before administering a prescription medicine, schools should ensure that parents have completed the parenteral/carer consent form and check that the instructions on the medicine are in line with what is being requested on the consent form.

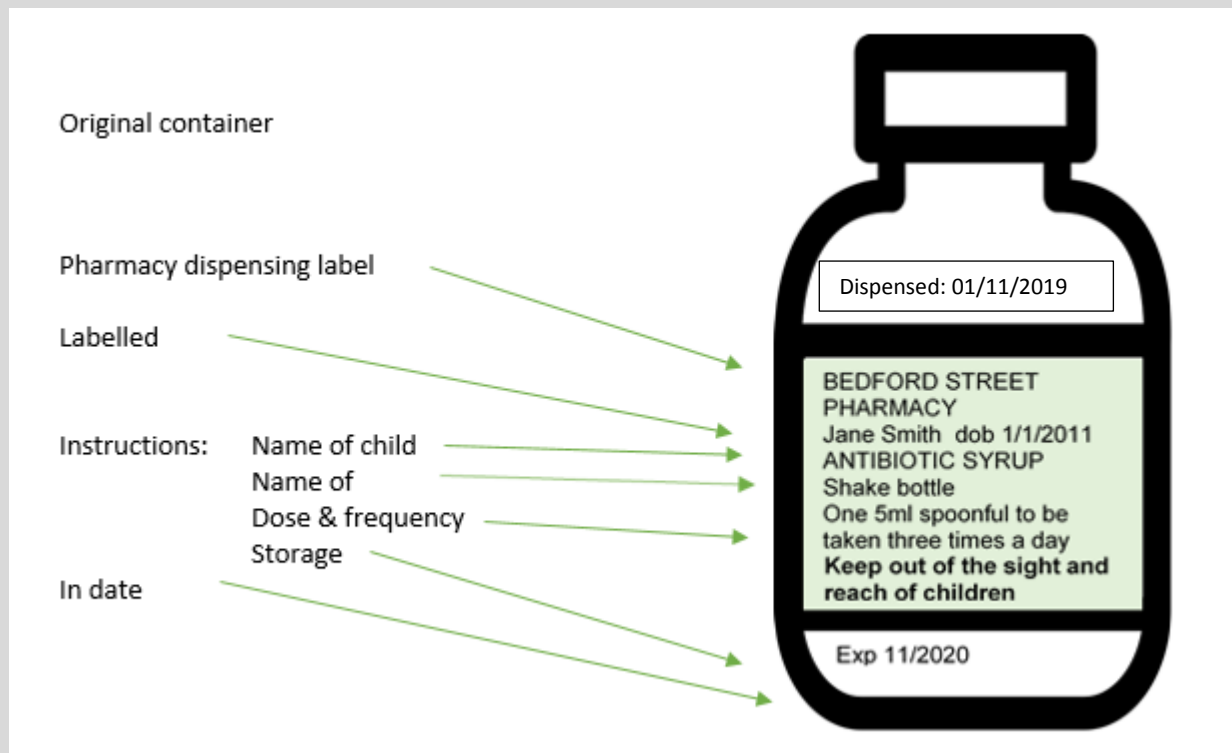
All prescribed medicines (with the exception of insulin) must be in the original container as dispensed by the pharmacy. It must include the:

- Childs name
- Name of the medicine
- Dose and the frequency of administration,
- Expiry date and
- Date of dispensing included on the pharmacy label.

Expiry dates should be checked before administering or applying medicines. Information on expiry dates for medications can be found in appendix D.

If in doubt about any procedure, staff should not accept the medicine or agree to administer the medication.

## Example



## 7. What should a school do if any of the directions on a prescription only medication are different to those on the consent form?

**No medicines should be administered if instructions on the consent form are different to the instruction on the medicine.** This would include:

- where the dose or frequency of the medication requested on the consent form is different to the guidance on the box or bottle.
- the timings of medication administration on the consent form are different to the timings on the bottle.

If in doubt about any procedure, staff should not administer the medicine but check with the parents or contact a healthcare professional before taking further action.

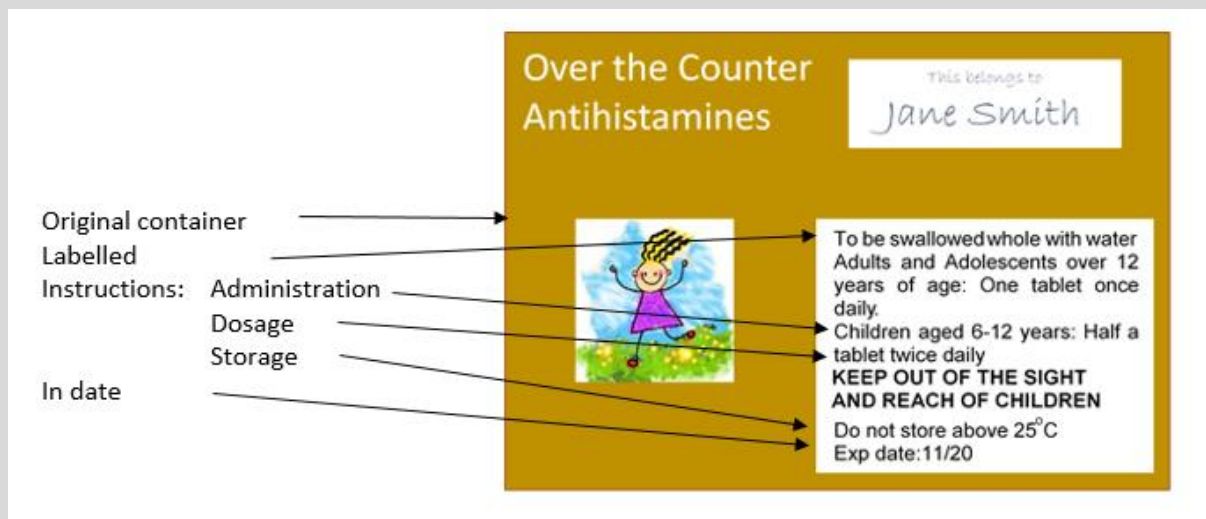
## 8. What should schools do before agreeing to administer or accept non-prescription (OTC) medicines?

Before administering a non-prescription/OTC medicine, schools should ensure that parents have completed the parenteral/carer consent form and check that the instructions on the medicine are in line with what is being requested (e.g. dose and frequency on the consent matches the guidance on the box for the child's age).

Expiry dates should be checked before administering or applying medicines. . Information on expiry dates for medications can be found in appendix B.

All OTC medication must be in the original container and contain the following:

- Dose and frequency information (appropriate to the child's age)
- Expiry date
- Child's name is written on the OTC medicine container



## 9. What should a school do if a parent/guardian request a non-prescription medication to be administered those on the consent form?

**No medicines should be administered if instructions on the consent form for OTC medicines are different to the instruction on the medicine.** This would include:

- where the dose or frequency of the medication requested on the consent form is different to the guidance on the box or bottle.
- the dose requested for the child is higher than the recommended dosage for their age on the box or bottle.

If in doubt about any procedure, staff should not administer the medicine but check with the parents or healthcare professional before taking further action.

## 10. Should a school keep a written record of medications administered?

Schools and nurseries must keep a written record each time a medicine is administered to a child stating what, how and how much was administered, when and by whom. Any side effects to the medication to be administered at school should be documented in school. A record of medicines administered to an individual child can be found in appendix E.

Parents/carers should be informed as soon as is reasonably practicable that a medicine has been administered. If a child spits out or refuses the dose, the school should record this and contact the parent/carer to advise them as soon as possible.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed

## 11. What is the Child's role in Managing their Own Medicine?

The DfE Supporting Pupils at School with Medical Conditions guidance state that, *'after discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.'*

The statutory guidance does not prohibit children from carrying their own medication at school, *'Where ever possible, children should be allowed to carry their own medicine and relevant devices or should be able to access their medicines for self-medication quickly and easily'*. A risk assessment may be required for children who are carrying their own medication.

Children who can take or apply their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. This includes oral medicines, ear and eye drops and injectable medicines. **The National Union of Teachers (NUT) advises that application of topical medications, such as sunscreens, should be by self-administration, with appropriate supervisions if required due to the potential for allegations of abuse.** A consent form should still be completed by a parent/carer where it has been agreed that a child should carry and/or administer their own medication.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers should be informed so that alternative options can be considered.

## 12. What are the storage requirements for medicines and devices in schools?

All medicines should be stored safely.

**Non-emergency medications** should be stored in a locked cupboard, preferably in a cool place. It is not a legal requirement to store medicines in a locked cupboard as long as they are secured in a safe location known to the child and relevant staff. Possible locations could include a medical room, school office or head's teacher's office.

Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person or in a lockable facility.

Medications requiring refrigeration should be stored in, an appropriate refrigerator with restricted access in a closed, clearly labelled plastic container. The temperature should be monitored daily (2-8°C).

Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

**Emergency medicines and devices**, such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. It is important that the safe location is known to the child and relevant examples may include the classroom, medical room, school office or on the child themselves. This will be dependent on the school size geography and the child's age and maturity. This is particularly important to consider when outside of school premises, e.g. on school trips.

Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person (e.g. in their school bag).

**Controlled-drugs** where administer by schools should be stored in a locked non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

In addition to standard written records, a record should be kept for audit and safety purposes of any doses used and the amount of the controlled drug held.

Type of Medication	Examples	Storage	Notes
<b>Non-emergency medicines</b>	Prescribed medicines OTC Medicines	A locked cupboard (not a legal requirement, but good practice).  Can be carried by a child if competent to do so (e.g. secondary school).	Possible locations include the classroom, medical room, school/setting office or head's office.
<b>Emergency Medicines</b>	Rectal Diazepam Adrenaline (Epipen) Glucose (Hypostop) Asthma Inhalers	Not locked away, secure location.  Preferably carried by child if competent to do so (e.g. kept in school bag)	This location will be different in every school/setting; according to where the pupil normally has lessons/ spends most of their day, the size and geography of the school and the pupil/child's age and maturity. Possible locations include the classroom, medical room, school/setting office or head's office.
<b>Refrigerated Medications</b> (Store 2-8 C)	Antibiotics (e.g. flucloxacillin liquid)	Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day.	All storage facilities should be in an area which cannot be accessed by children. Insulin pens may be kept out of the fridge for up to 28 days once opened.
<b>Controlled Drugs (CDs)</b>	Buccal Midazolam [CD2] Dexamfetamine [CD2] Lisdexamfetamine [CD2] Methylphenidate [CD2] Morphine [CD2] Tramadol [CD3] Codeine [CD5]	Securely stored in a non-portable container and only named staff should have access.	Schools should keep a record of doses used and the amount of controlled drug held.

### **13. What staff training and support is required?**

The school's policy should set out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training. Training may be provided by local healthcare professionals, such as school nurses. It is good practice to keep a record of all training undertaken.

Schools should ensure that all children have access full access to education but they must consider that the administration of medicines in schools or nurseries is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description.

### **14. How should prescription and non-prescription paracetamol and ibuprofen be managed?**

In children paracetamol and ibuprofen are usually used for the treatment of mild-to-moderate acute pain and are usually for short term use. Paracetamol is usually given every 6 hours and ibuprofen every 8 hours, so for the majority of children they can be administered before and after school.

When administered in the school settings there should be a clear reason why the medication is required and the duration that the medication is likely to be required for documented in the consent form. The consent form should document that the child has been administered the medication without adverse effect in the past. For non-prescription (OTC) medicines the dose on the consent form should not exceed the age appropriate dosing on the product packaging. If in doubt about any procedure, staff should not accept the medicine or agree to administer the medication. Administering either a prescription or non-prescription (OTC) medicines is at the discretion of each school.

Schools should use their discretion around the duration of treatment and may challenge if they have concerns around the continuing need for pain relief, where there are concerns contact the Bedfordshire Community Health Services Nursing team. Administering either a prescription or non-prescription (OTC) medicines is at the discretion of each school.

NICE guidance on mild-to-moderate pain for children under 16 years states that for the majority of children paracetamol or ibuprofen should be administered alone, and that both are a suitable first line choice for mild-to-moderate pain. In certain circumstances where a child has not responded sufficiently to appropriate doses of either drug alone, it may be appropriate to consider alternating paracetamol and ibuprofen for example, administering the second drug 2-3 hours after the first drug.

Before administering paracetamol or ibuprofen schools should confirm the maximum dosage and when the medication was last administered. For non-prescription (OTC) medicines age appropriate dosing and maximum dosage can be found on the product packaging.

A child under 16 years should never be given medicine containing aspirin unless prescribed by a doctor. Codeine is only advised for the relief of acute moderate pain in children older than 12 years old if pain cannot be relieved by other analgesics such as paracetamol or ibuprofen. Schools should only administer codeine tablets or codeine linctus if it has been prescribed by a doctor. Children should not be administered ibuprofen for Chicken Pox.



## 15. Can Sunscreens be prescribed for Schools?

The prescribing of sunscreens is restricted on a FP10 prescription unless they are approved by the Advisory Committee on Borderline Substances (ACBS) for the following indications: Genetic disorders, photodermatoses, and vitiligo from radiotherapy and chronic or recurrent herpes simplex labialis.

The NUT health and safety briefing on sun safety advises that schools should develop a Sun Safety Policy. The policy should recognise that teachers cannot be required to apply sunscreen to pupils and advises teachers not to apply sunscreen to pupils due to the potential for allegations of abuse and, in particular, the time it would take to apply sunscreen to a class of pupils prior to break time or lunchtime.

Advice for schools on developing a policy and approach to sun safety in school. Cancer Research UK – Sun Protection Guidelines for: Nurseries and Pre-schools (PDF); Primary Schools (PDF) and Secondary Schools (PDF).

## 16. Asthma inhalers (and spacers) in Schools

Schools may purchase salbutamol inhalers and spacer devices for use in schools in the event of an emergency.

Schools that choose to keep emergency inhalers and spacers should establish a protocol for their use. Schools should consider including a cross-reference to the asthma protocol in their policy on supporting pupils with medical conditions. This is in line with guidelines for Bedfordshire Asthma Friendly Schools which highlights the need for all schools to keep a register of all children with Asthma inhalers, an up to date policy –self audited on a regular basis, careplans (which will be completed by the GP or practice nurse), Asthma leads (2 per school) and annual update training (delivered by the 5-19 team). Further information and support can be obtained from your local 5-19 team (contactable on [ccs.beds.childrens.spa@nhs.net](mailto:ccs.beds.childrens.spa@nhs.net)).

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

Salbutamol is still classified as a prescription only medicine; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

For more information, see the Department of Health Guidance on [the use of emergency salbutamol inhalers in schools](#), March 2015 and the Royal Pharmaceutical Society document on [Supplying salbutamol inhalers to schools: A quick reference guide](#).

## 17. Adrenaline auto-injectors (AAIs) in Schools

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders.

Children at risk of anaphylaxis should have their prescribed Adrenaline auto-injectors (AAIs) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

While it is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school, where this occurs, the pupil must still have access to an AAI when travelling to and from school. Therefore even in situations where the AAI is not carried by the pupil at school, it may be advisable that the AAI is left by a parent/carer on arrival at school and collected on leaving to ensure it is available to and from school.

### **Spare Adrenaline auto-injectors (AAIs) in School**

From October 2017 the Human Medicines (Amendment) Regulations 2017 have allowed all schools to buy adrenaline auto-injector (AAI) devices without a prescription, from emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken or out of date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has 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/carer must be obtained. Such a plan is available from the [British Society for Allergy and Clinical Immunology \(BSACI\)](#).

**Any spare AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s), if one is prescribed.**

This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. Those facilities choosing to hold a spare AAI(s) should establish a policy or protocol for their use. The protocol could be incorporated into the wider medical conditions policy required by Supporting Pupils. An effective protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of spare AAI(s) in line with Supporting Pupils
- a register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan.
- ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions.

- keeping a record of use of any AAI(s), as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device

Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. A supplier will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating, the name of the school for which the product is required; the purpose for which that product is required, and the total quantity required. Template letters are available at: [www.sparepensinschools.uk](http://www.sparepensinschools.uk). Please note that pharmacies are not required to provide AAIs free of charge to schools: the school must pay for them as a retail item.

AAIs are still classified as prescription only medicines; legislation changes only affect the way the medicine can be obtained and not the class of medicine.

For more information, see the Department of Health Guidance on the [use of adrenaline auto-injectors in schools, September 2017](#) and Royal Pharmaceutical Society document on [Supply of spare adrenaline auto-injectors \(AAIs\) to schools](#).

#### **Who to contact for further information if further questions:**

To speak to your local Bedfordshire School Nurse, contact the:

- Bedfordshire Community Health Services' 0-19 team  
Tel: 01525 631150  
[Ccs.beds.childrens.spa@nhs.net](mailto:Ccs.beds.childrens.spa@nhs.net)  
<http://www.cambscommunityservices.nhs.uk/bedfordshire/school-nursing>

Bedfordshire Clinical Commissioning Group (BCCG)

- BCCG Medicines Optimisation Team  
Tel: 01525 624275  
[bedccg.bedsmeds@nhs.net](mailto:bedccg.bedsmeds@nhs.net)

## References

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12. Royal Pharmaceutical Society (2017) Supply of spare adrenaline auto-injectors (AAIs) to schools: Quick reference guide <https://www.rpharms.com/resources/quick-reference-guides/supply-of-spare-adrenaline-auto-injectors-aais>
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14. NICE Clinical Knowledge Summaries (CKS). Chicken Pox (last updated: August 2018) <https://cks.nice.org.uk/analgesia-mild-to-moderate-pain>

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## Appendix A: Suggested alternative non-prescription (OTC) Medication that May Not need to be given during school hours

Below is a list of non-prescription (OTC) medications are commonly requested to be administered during school hours, with non-prescription (OTC) medications that may be suitable alternatives and would not need to be given in school hours. The list below is a suggestion only and it may not always be appropriate to switch to one of the medication below due to product license, clinical effectiveness, allergy, patients other medical conditions (e.g. ibuprofen and patients with asthma) or interaction with other purchased or prescribed medication.

Community pharmacists can advise on available the most appropriate non-prescription (OTC) medications for a child's conditions. Parents/carers should always check with a Community Pharmacist to ensure the alternative medication is appropriate for the child.

Medication	Normal Frequency	Action/Indication	Alternative	Rationale
<b>Chlorpheniramine (Piriton®) tablets/liquid</b>	Up to four time a day	Antihistamine – for allergy (e.g. hay fever, allergic rash)	Cetirizine or loratadine tablets/liquid	Cetirizine & loratadine can be given ONCE or TWICE a day. Chlorpheniramine causes drowsiness which may affect a child during the school day. Cetirizine and loratadine are non-drowsy anti-histamines.
<b>Chloramphenicol 0.5% eye drops</b>	Every 2 hours for the first 48 hours, then 4 times a day.	Antibacterial - Bacterial conjunctivitis	Chloramphenicol 1% eye ointment	The effect of chloramphenicol 1% ointment last longer than the chloramphenicol drops and only needs to be given 3 to 4 times a day. It can be given in the morning before school; immediately after and at bedtime. It is available from pharmacies without a prescription for children over 2 years old.
<b>Ibuprofen (Nurofen®) tablets/liquid</b>	Every 6 to 8 hours, up to a maximum of four doses a day	Painkiller - Mild to moderate pain	No alternative	Ibuprofen has a duration of action of approximately 8 hours therefore its action should last throughout the school day. Ibuprofen may not be suitable for patients with asthma.
<b>Paracetamol tablets/liquids (Calpol®)</b>	Every 4 to 6 hours, up to a maximum of four doses a day	Painkiller - Mild to moderate pain	Ibuprofen tablets/liquid	Ibuprofen has a longer duration of action (approximately 8 hours) than paracetamol (approximately 6 hours), so is more likely to last through out the school day. Ibuprofen may not be suitable for patients with asthma.
<b>Sodium Cromoglicate 2% eye drops</b>	Apply up to Four times a say	Allergy (hay fever)	No alternative	It can be given in the morning before school; immediately after and at bedtime.

## Appendix B: Expiry dates of medication within community care settings

Preparation	Unopened and stored in accordance with manufacturer's guidance	Opened and stored in accordance with manufacturer's guidance
Tablets and capsules packed in manufacturer's blister strips - where expiry date is intact	Manufacturer's expiry date	Manufacturer's expiry date
Loose tablets and capsules in medicine bottles	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in pharmacy brown glass bottle	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in original manufacturer's bottle	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months, whichever is sooner
Creams and ointments	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months from opening, whichever is sooner.
Ear drops	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL)
Eye drops/ eye ointment	Manufacturer's expiry date	28 days from opening unless otherwise stated
Inhalers	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL). Inhaler holders and spacers should be washed weekly or according to the manufacturer's instructions and replaced at least annually.
Nutritional supplements and thickeners	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL).

If there is any uncertainty about the expiry date of a product, you should contact the supplying pharmacy for advice. A copy of the PIL should be kept with the client's records.

Add the name and address of the school/nursery here

Add the name of head teacher/senior nursery staff member here

**Appendix C: Parental/guardian consent to administer a non-prescription (over-the-counter) medicine**

- All non-prescription (over the counter) medicines must be in the original container.
- A separate form is required for **each medicine**.

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given. For example:</b> <b>One tablet</b> <b>One 5ml spoonful</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

	Yes	
	No	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Not applicable	
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<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the Head teacher/senior nursery staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I confirm that my son/daughter has previously taken the medication and has had no known adverse reactions to the medication.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	



Add the name and address of the school/nursery here

Add the name of head teacher/senior nursery staff member here

### Appendix D: Parental/carer consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given. For example:</b> <b>One tablet</b> <b>One 5ml spoonful</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the head teacher /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	

Add the name and address of the school/nursery here

Add the name of head teacher/senior nursery staff member here

**Appendix E: Record of Medicine Administered for 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			

**C: 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			

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

Add the name and address of the school/nursery here

Add the name of head teacher/senior nursery staff member here

## Appendix F: Staff Training Record – Administration of Medicines

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_






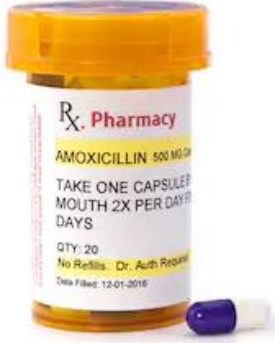




**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date

**Appendix G: When Schools should accept or NOT accept Medications**

<p><b>Loose Strips of Medication</b></p> <p style="text-align: center;"></p>		<p>Should not be accepted.</p> <p>Medications should only be provided in the original container, they were prescribed purchased in, with appropriated directions.</p>
<p><b>Tablets/capsules/ liquids decanted into another bottle by parent/carer</b></p> <p style="text-align: center;"></p>		<p>Should not be accepted, as parent carer has decanted into a different bottle to the one they were dispensed/purchased in.</p> <p>Medications should only be provided in the original container, they were dispensed or purchased in.</p>
<p><b>Tablets/capsules/ liquids decanted into another bottle by Community Pharmacy</b></p> <p style="text-align: center;"></p>		<p>Can be accepted, as decanted into a different bottle by a community pharmacy and contains a pharmacy label which includes: patients name, name of drug, dose, frequency, date of dispensing and pharmacy details/</p> <p>Expiry dates should be as per the guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.</p>
<p><b>Insulin pens (not in original box)</b></p> <p style="text-align: center;"></p>		<p>Insulin pens must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.</p> <p>Insulin pens should be stored in the fridge until opened.</p> <p>Most insulin pens will expire within 28 days (See PIL for more information) of opening or if kept as a spare outside of the fridge.</p>
<p><b>Outer carton labelled, tube, bottle not labelled.</b></p> <p style="text-align: center;"></p>		<p>Advise that the actual medication should be labelled, rather than the outer carton.</p>