International School of London

Administration of Medicines Policy

Date reviewed:
August 2026

To be reviewed:
August 2027

Mission statement

Since 1972, we have established a welcoming and inclusive community. Our diverse cultures and languages drive all our learning experiences.

We nurture creativity and curiosity to stimulate deep thinking. We foster insight, compassion and resilience to enable us to play a meaningful part in a changing world.

Vision statement

We celebrate our stories, our worth and our purpose to make a difference in a shared world

At the International School of London, we believe in:

Empowering students to maximise their learning opportunities and to fulfil their potential.
Actively integrating cultural diversity in the curriculum.
Creating inclusive, vibrant and innovative learning communities.
Offering a diverse and extensive international programme that supports personal, social and professional growth.

1 Policy Statement

The purpose of this policy is to ensure the safe and appropriate administration of medication to students, with special provision for students with medical needs within the school. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may have longer-term medical needs and may require medicines on a long-term basis to keep them well, for example children with cystic fibrosis. Other children may require medicines in particular circumstances, for example severe allergies or asthma. Allowing students to take medication at school will minimise the time that they need to be absent and look after their wellbeing.

2 Purpose

This policy seeks to support students with both long-term and short-term health needs. The school will aim to minimise any disruption to the child's learning as far as possible and work with parents/carers and health professionals to ensure this.

3 Scope

Managing medicines during the school day.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours.

No student under 16 will be given prescription or non-prescription medicines without their parent's written consent.

A student under 16 will never be given medicine containing Aspirin unless prescribed by a doctor.

Non-prescription medicines

Unprescribed medication, eg for pain relief, will only be administered with written consent of the parent/carer but will not be administered without first checking maximum dosages and when the previous dose was taken. School will inform parents/carers before this medication is given.

Prescription medicines

Prescribed medicines or controlled substances, which have not been prescribed by a medical practitioner, will not be administered in school. Prescription medicines should only be taken during the school day when essential. School will only accept prescribed medicines that are in date, labelled and intact, provided in the original container as dispensed by a pharmacist 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.

Medicines will only be administered according to the instructions on the pharmacy label and with written parental consent.

Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but in limited amounts or prescribed doses (eg. one or two tablets/inhaler). School will closely monitor any such occurrence as we are aware that passing it to another pupil for use is an offence.

Records

School will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted. (See Appendix 1- in line with DfE guidance 2014 Template D).

Storing Medicines

The school will keep the medication securely in a locked cupboard which may only be accessed by authorised staff. All controlled drugs that have been prescribed for a student will be securely stored in a non-portable container and only named staff will have access. Where medicines need to be refrigerated, they will be stored in a designated fridge.

Prescription drugs will be returned to parents when no longer required, or out of date. It is the parent's responsibility to collect and dispose of out of date or unused medication. It is the parent/carer's responsibility to ensure that medicines sent to school are 'in date'. If new supplies are needed it is the responsibility of the parents to supply medication, school staff will inform parents when there is 10 days' worth of medication left to allow plenty of time for a repeat prescription to be fulfilled. Sharps boxes should always be used for the disposal of needles and other sharps.

EpiPens and other Emergency Medication

All staff will be given appropriate training in the administration of emergency medication where necessary.

Arrangements will be made for immediate access to any emergency medications for example:

EpiPens will be kept with the student with a labelled spare pen held in First Aid Room.

Asthma medication will be kept with the student with labelled spare inhalers and equipment held in the First Aid Room.

Any medicines such as Ritalin, which requires double locking, will be kept in a locked metal box in a locked cupboard in the First Aid Room.

Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then the school will work within the medical and DfE guidance regarding this.

Emergency medication will always be taken if the student goes out on a trip and identified trained staff designated to administer if required.

Supporting Pupils with Medical Needs

Where a student needs to take medication in school for an extended period or has a chronic ongoing condition, an Individual Health Care Plan (IHCP) will be put in place. The school and parents/carers with the advice of health professionals will agree this jointly. Parents should provide the school with all necessary information about their child's condition and will sign appropriate agreement forms for the administration of medication.

IHCPs and their implementation is the responsibility of the School Appointed Person. The IHCPs are compiled and recorded in line with the current DfE guidance published May 2014. (see Appendix 2 – in line with DfE Template A) The School will work with parents/carers to put plans in place that give regard to the Equality Act 2010 and the SEN Code of Practice so that students with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.

School staff will be made aware of students with IHCPs and their conditions.

Any child on an IHCP will be accompanied to the School First Aid Room if they are ill.

Administration of medication by a qualified member of staff or self-administration by the student may take place with written permission from parents and the Principals.

The School will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place.

Records for IHCP

In addition to the usual general medicine log used for all children, any medicine administered to a student with an IHCP is also recorded on a separate recording sheet in line with DfE Template C (see Appendix 3).

Procedures for Offsite Learning

Residential Visits

- The Trip Leader is responsible for checking medical needs of students.
- The Trip Leader must check any IHCP requirements with parents and put appropriate procedures and contingency plans in place.

Day Visits

- For part-day visits, students should, wherever possible, go to the First Aid Room before/after the visit to take their medication.
- For full day, parents/carers are responsible for completing the Parental Consent Form giving relevant information.

- The Trip Leader will collect any necessary medication from the First Aid Room and follow normal guidelines or requirements set out in an IHCP and take any plans appropriate to the needs of the individual student.

4 Responsibility

Staff - All staff will undertake the required training within school to support the implementation of this policy.

Students - It is the responsibility of the students to follow all medical protocols within school. All School staff hold a responsibility for ensuring that students comply.

Parents/Carers - Parents/Carers are requested to inform school of any medical needs relating to any individual student and abide by the protocols contained within this policy.

5 Publicity

This policy will be posted on the SharePoint drive of the School's IT network and the School Website.

Notices will be displayed around school showing the staff who currently hold First Aid qualifications and where they are located in school, along with procedures for contacting Emergency Services (see Appendix 3 & 4 -in line with DfE guidance and Template F).

6 GUIDANCE

Managing Medicines on School Premises

The Principals should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they 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. Where possible verbal consent from parents/carers will be sought even for non-prescription medicines.

No child under 16 should be given prescription medicines without their parent's 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. Schools should set out the circumstances in which non-prescription medicines may be administered.

A child under 16 should never be given medicine containing Aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours.

Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist 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, eg on school trips.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

APPENDICES

Appendix 1

Record of medicine administered to all children (Template D)

Appendix 2

Individual Healthcare Plan (Template A)

Appendix 3

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

Appendix 4

Contacting the Emergency Services

Appendix 5

List of Qualified First Aiders

Template D: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template A: individual healthcare plan

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

Template C: record of medicine administered to 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			

Appendix 4

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for an Ambulance and be ready with the following information:

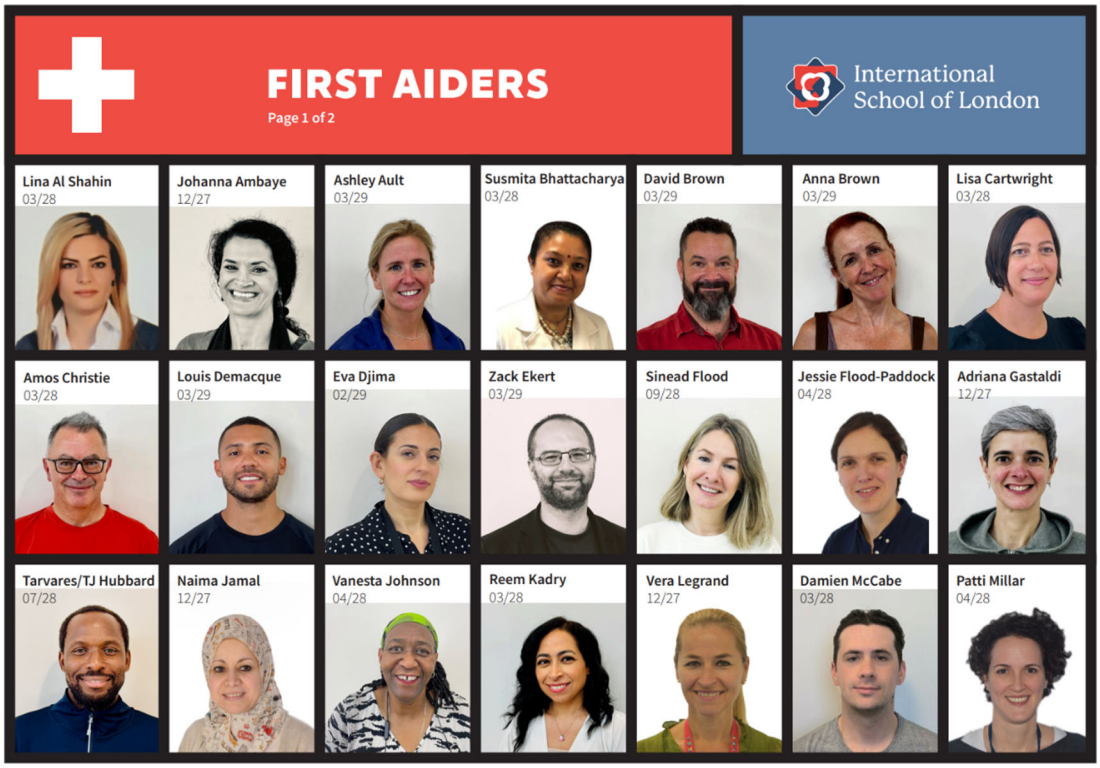
- Location - The International School Gunnersbury W3 8LG
- Telephone Number – 0208 992 5823
- Postcode – 139 Gunnersbury Ave (front of school) – W3 8LG
- Postcode – 15 Gunnersbury Ave (front of school) – W5 3XD

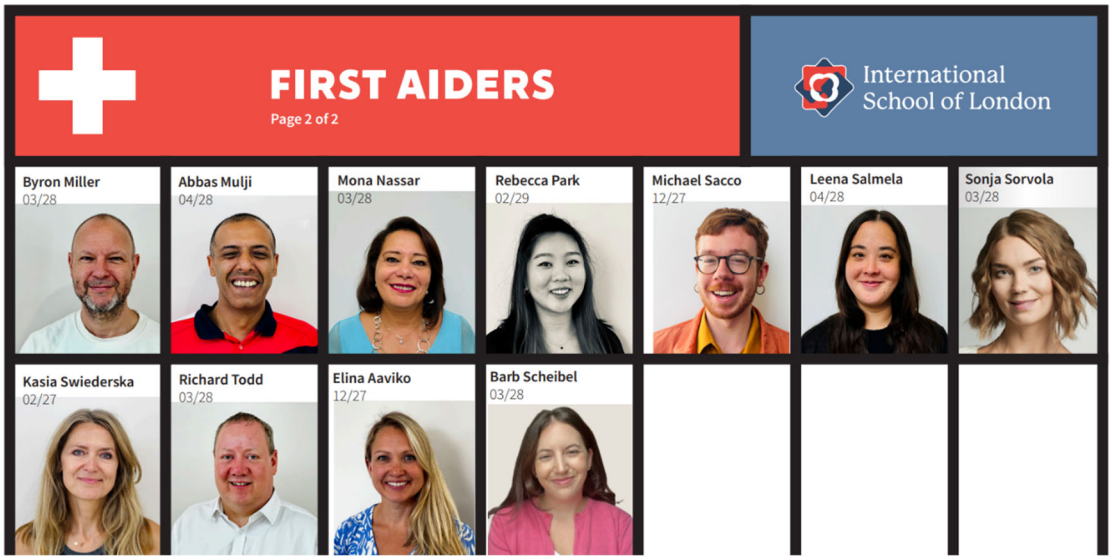
- Inform Ambulance Control of the best entrance to use and state that the Crew will be met and taken to the patient on arrival.

- Patient's Name
- Date of Birth
- Location within School
- Brief Description of Symptoms (if known)
- Speak clearly and slowly and be ready to repeat any information if required.

DO NOT END THE CALL
UNTIL TOLD TO DO SO BY THE EMERGENCY SERVICES

Appendix 5 First Aiders





FIRST AID IS LOCATED IN THE MEDICAL ROOM NEXT TO RECEPTION

IF NO ONE IS AVAILABLE, PLEASE CONTACT RECEPTION

At ISL London, Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.