



Medication Storage Policy

Policy reviewed: November 2023

Next review: November 2024

Link Manager: School Business Manager

Governor Committee: Business Committee

Medication Storage

In accordance with DFE guidelines, student's medication is stored in locked cabinets in student services and is accessible by arrangement during break and lunch times.

Two members of staff are available during these periods to monitor and record the medication students take at school. All medication taken at school will be recorded on the students Sims medical record.

Parents and carers are asked to ensure that all medication is handed into reception with written consent and directions for administration. Medication is not permitted to be stored or taken without this consent being provided.

The relevant form is attached below.

Students are not permitted to carry any medication on their person at any time.

This policy is informed by the job description for the first aid administrator. Pertinent sections are included below.

- ❖ The post holder will update the First Aid policy, including adherence with the statutory guidance 'Supporting pupils at school with medical conditions' on an annual basis with regard to any specific updates concerning medical storage.
- ❖ To produce individual Healthcare Plans for students as required including any medication needs.
- ❖ To liaise with the School Nurse, parents and students as appropriate in order to ensure the correct storage of medication.
- ❖ To ensure that all staff and in particular, the First Aid team are aware of any medication stored that are essential to the ongoing care of students.
- ❖ To ensure that Individual Healthcare Plans are updated annually and ready for 1st September each year including medication needs.
- ❖ To ensure that medication held in school is within its expiry date by carrying out regular checks (3 times/year).
- ❖ To ensure that an up to date inventory of medication held in school is maintained.

**PUPIL
MEDICATION**

| | | |
|-------------------------------|----------------------|-----------------------------|
| Date: | Pupil's Name: | Form: |
| Medication and Dosage: | | Storage/Expiry date: |
| Parents Signature: | | Contact Details: |