



First Aid and Medicines Policy

FOREST VIEW SCHOOL

Policy name	First Aid and Medicines Policy
Version date	May 2026
Owner	BL
Approval date	6 th May 2026
Approver	Local Governing Board
Review frequency	Tri-annually (or when guidance changes)
Review date	May 2029

Purpose and Scope

This policy sets out the school's arrangements for first aid and the safe administration of medicines to pupils during the school day and on visits, ensuring pupils with medical conditions are properly supported to access a full education. It applies to all staff (including supply and volunteers), pupils and visitors on site and to off-site activities.

This policy should be read with:

- Supporting Pupils with Medical Conditions Policy (Forest View)
- Allergy Safety Policy (separate, published policy – see Section 16)
- SEND Policy, Educational Visits Policy, Safeguarding & Child Protection Policy, Health & Safety Policy and the Complaints Procedure.

1. Legal and Policy Framework

Forest View School will have regard to the following:

- Children and Families Act 2014 (s.100) – duty to make arrangements to support pupils with medical conditions.
- DfE Statutory Guidance: Supporting Pupils at School with Medical Conditions (Sept 2014; last updated Aug 2017).
- Equality Act 2010 – reasonable adjustments and non-discrimination.
- Health and Safety at Work etc. Act 1974 – safe systems of work.
- Misuse of Drugs Act 1971 – handling of controlled drugs in schools.
- EYFS Statutory Framework (where applicable to early years).

2. Principles

- Medicines are administered only when it would be detrimental to a pupil's health or attendance not to do so.
- Parental/carer written consent is required for all medicines administered in school (prescription or non-prescription), except where a medicine has been prescribed to a pupil without parental knowledge.
- No pupil under 16 will be given any medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, dosing schedules should be arranged to avoid school hours.
- Staff may be asked to support pupils by administering medicines, but they cannot be required to do so; participation is voluntary and subject to training and competence.
- The school will maintain equitable access and make reasonable adjustments so pupils with medical needs can participate fully in school life.

3. Roles and Responsibilities

Governing Body

- Ensures arrangements are in place to support pupils with medical conditions; approves and annually reviews this policy.
- Ensures adequate insurance covers staff who volunteer to administer medicines.
- Oversees robust incident and near-miss reporting.

Headteacher

- Implements this policy; ensures sufficient trained staff and appropriate risk assessments.
- Ensures appropriate training and competence sign-off for staff who administer medicines.
- Ensures emergency medicines/devices are immediately accessible (not locked away).

School Staff

- Follow Individual Health Care (IHC) Plans and this policy; administer medicines only when trained and authorised.
- Maintain records of all medicines administered and report incidents/near-misses.

Parents/Carers

- Provide accurate, up-to-date medical information and written consent; supply in-date, labelled medicines in original containers (insulin can be in pen/pump).

Pupils

- Are encouraged to self-manage where assessed as competent, with agreed supervision.

School Nurse/Healthcare Professionals

- Provide training, advice and clinical input to IHC Plans and complex procedures.

4. Training and Competence

- Staff will receive role-appropriate training (e.g., anaphylaxis/AAI, asthma, epilepsy rescue meds, diabetes, gastrostomy feeding) with competence formally confirmed before they administer or supervise medicines.
- Refresher training will be provided in line with manufacturer/clinical recommendations and annually where risk dictates.

5. Individual Healthcare Plans (IHC Plans)

- Where required, an IHC Plan will be developed with parents/carers, healthcare professionals and the pupil and reviewed at least annually or sooner if needs change.
- Plans will specify diagnosis, treatments/medicines, dose/route/frequency, storage, triggers, emergency actions, staff roles, self-management arrangements and trip/residential controls.

6. Medicines the School Will Administer

Prescription Medicines

- Accepted only if in-date, labelled, in original pharmacy container including patient information and dosage instructions (insulin may be supplied via pen/pump).
- Administered strictly per prescriber's instructions. Where practicable a second adult witness will check the dose to reduce error risk.
- Antibiotics will only normally be administered in school if they are to be administered with food or for more than 3 times a day.

Non-Prescription Medicines

- May be given only with written parental consent; last dose/time must be checked; maximum daily dose must not be exceeded; aspirin is excluded unless prescribed.

Emergency Medicines Held by the School

- The school may purchase and hold salbutamol inhalers and adrenaline auto-injectors (AAIs) for emergency use without individual prescriptions, subject to DfE/MHRA conditions and staff training.
- Emergency devices must be readily accessible at all times and never locked away; location is known to staff and pupils.
- The school defibrillator is a community access device stored on the front of the school building – access code: C159X

Controlled Drugs

- Kept in a non-portable, locked container with restricted access; readily accessible in an emergency where clinically necessary; record kept of stock balances and each dose administered.

7. Consent and Authorisation

- Parents/carers must complete the school's Parental Agreement to Administer Medicine form before medicines are given. DfE template elements are used (pupil details, medicine, dose/route/times, storage, start/end dates, GP details, emergency procedures).
- Staff will only administer when authorised by the Headteacher and after relevant training.

8. Storage, Transport and Disposal

- Medicines stored securely at controlled temperatures; emergency inhalers/AAIs kept immediately accessible; refrigeration if required.
- Parents collect expired/unused medicines; school uses sharps boxes for needles and arranges licensed disposal.

9. Record-Keeping and Data Protection

- The school keeps records of all medicines administered to individual children (what, how much, when, by whom, and observations/side effects). DfE templates and audit trails are maintained.
- Training records, consent forms, IHC Plans and incident logs are retained in line with data protection law and retention schedules.

10. Refusal, Errors and Adverse Reactions

- If a pupil refuses medication, staff do not force administration; follow the IHC Plan and inform parents/carers asap.
- Medication errors/omissions or adverse reactions: ensure pupil safety first (medical advice/999 as required), notify SLT/parents, record on the medication record and the near miss incident log, and complete learning review.
- Incidents meeting RIDDOR thresholds are reported.

11. Emergency Procedures

- Follow IHC Plan/emergency plan; call 999 where required; a staff member accompanies the pupil to hospital and remains until a parent/carer arrives.
- Staff receive regular training in recognising emergencies and using emergency devices (e.g., AAls).

12. Self-Management by Pupils

- Pupils competent to manage their medicines may do so (e.g., carry inhalers/AAls), with agreed supervision and risk controls recorded on the IHC Plan.

13. Educational Visits, Sporting Activities and Residential

- Risk assessments will identify medication arrangements, storage, access, trained staff and emergency plans; pupils will not be excluded solely because of medical needs.

14. Insurance, Liability and Indemnity

- The governing body ensures appropriate insurance covers staff providing medication support and first aid. Civil actions are most likely to be brought against the school, not the individual, where negligence is alleged.

15. Allergy Safety

- Forest View will maintain a separate, published Allergy Safety Policy covering: allergy risk assessment, environment controls, labelling/catering, staff training and drills, emergency AAI use, auditing and near-miss/incident reporting.

16. Communication and Complaints

- The school will communicate procedures to staff and parents annually. Concerns should be raised with the school in the first instance and may follow the Complaints Procedure if unresolved. Escalation to the DfE is available as a final route.

17. Monitoring, Audit and Review

- The Headteacher will monitor records (administration, training, incidents, near-misses) each term and report to governors annually.
- This policy is reviewed at least annually or earlier if legislation/guidance changes.

Appendix A – Operational Procedures (Summary)

- 1. Receiving Medicines:** Check label, expiry date, dose, timing, route; log receipt; obtain consent form.
- 2. Administering:** Verify pupil identity, medicine, dose, time, route; hand hygiene; administer; observe; record immediately; where practicable, second adult witness.
- 3. Non-Prescription Medicines:** Verify consent, last dose time, max daily dose; no aspirin unless prescribed; record and inform parent the same day.

4. **Controlled Drugs:** Double-check entry/exit stock; secure locked storage; emergency access arrangements; record each dose; witness where practicable.
5. **Emergency Medicines:** Keep inhalers/AAls accessible; check device logs and expiry dates monthly; staff trained; usage recorded and parent informed.
6. **Storage/Temperature:** Follow manufacturer instructions; refrigerators temperature-logged; carry medicines securely on trips; sharps disposed in approved containers.
7. **Documentation:** Use DfE-aligned templates for consent, individual administration records, staff training, and incident/near-miss logs.

Appendix B – Forms and Records

- Parental Agreement to Administer Medicine (DfE-aligned).
- Record of Medicine Administered to an Individual Pupil.
- Staff Training & Competence Record (medicine/first aid).
- Incident and Near-Miss Report (medication).
- Emergency AAI/Inhaler Use Log.

Appendix C

Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan
Form 3:	Parental agreement for school to administer medicine
Form 4:	Record of regular medicine administered to an individual child
Form 5:	Indication for administration of medication during epileptic seizures
Form 5A:	Epileptic seizure chart
Form 6A:	Emergency instruction for an allergic reaction - EpiPen®
Form 6B:	Emergency Instructions for an allergic reaction - Anapen®

FORM 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number:

01595 822241

2. Give your location as follows (*insert school address*)

Forest View Primary School

Latimer Road

Cinderford

3. State that the postcode is:

GL14 2QA

4. Give exact location in the school (*insert brief description*)

Child located at..... Enter through the front entrance.

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms_____

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2 - Health Care Plan

School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	
GP Name Number	

Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements <i>If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change.

Arrangements that will be made in relation to the child travelling to and from School. *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles.*

FORM 3 - Parental agreement for Forest View Primary School to administer medicine

Name of child _____

Class _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine _____
(as described on the container) _____

Dosage and method _____

Time to be given _____

Are there any side effects that the
School should know about? _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

I understand that I must deliver the medicine safely to school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Date _____

FORM 4 – Forest View Primary School Record of regular medicine administered to an individual child

Name of child _____

Date of medicine provided by parent ____/____/____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Form 4 Continuation Sheet

Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Form 4 Continuation Sheet

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

FORM 5 – Forest View Primary School Record of one-off medicine administered to children
Refer to medical form completed by parent

Name of child			
Date	__/__/__	__/__/__	__/__/__
Time given			
Medication and dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Name of child			
Date	__/__/__	__/__/__	__/__/__
Time given			
Medication and dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Name of child			
Date	__/__/__	__/__/__	__/__/__
Time given			
Medication and dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			

Observations/comments			
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FORM 5 – Forest View Primary School Record of one-off medicine administered to children
Refer to medical form completed by parent

Name of child			
Date	__/__/__	__/__/__	__/__/__
Time given			
Medication and dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Name of child			
Date	__/__/__	__/__/__	__/__/__
Time given			
Medication and dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			
Observations/comments			

Name of child			
Date	__/__/__	__/__/__	__/__/__
Time given			
Medication and dose given			
Name of member of staff			
Signature of administer			
Checked by			
Signature of checker			

Observations/comments			
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FORM 6 - Indication for Administration of Medication During Seizures

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parents consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

FORM 7 - Seizure Medication Chart

FORM 7A

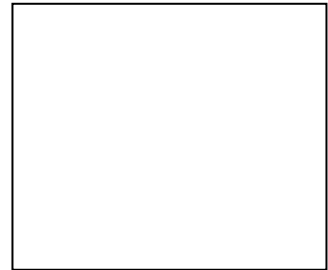
EpiPen®

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



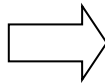
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY
MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS**

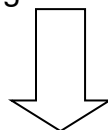
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

Give

(Antihistamine)
immediately

Monitor child until you are
happy he/she has returned to
normal.

ACTIONS

1. Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an
'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until ambulance arrives and accompany child to hospital.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

FORM 7B

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Head teacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Pediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few month

FORM 7C

ANAPEN®

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____



Allergic to: _____

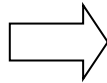
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER
RAPIDLY AS A REACTION DEVELOPS**

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



ACTION

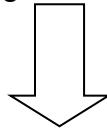
Give

(Antihistamine)
immediately

Monitor child until you are
happy he/she has returned to
normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an

‘ANAPHYLACTIC REACTION’

2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives and accompany child to hospital.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/