



Administration of Medicine Policy

Date the policy came into effect	February 2018
Date of next policy review	2020
Name of person responsible for this policy	Christopher Fulton
Other related policies	Pastoral Care, Safeguarding, Intimate Care
Issued to	Staff, governors, parents
Date of issue	February 2018

POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

The Board of Governors and staff of Victoria Primary school wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

Staff will not give a non-prescribed medicine to a child under any circumstances.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Each item of medication must be delivered to the school office, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:

- Pupil's Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

The school will not accept items of medication in unlabelled containers.

Medication will be kept in a secure place, out of the reach of pupils.

- The school will keep records of administered medicine, which they will have available for parents. Agreed members of staff will agree to administer the medicine for each child. See for AM2. In the event of school trips this may change.
- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The school will not make changes to dosages on parental instructions.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term.
- Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with long term or complex medication needs, the Principal will ensure that a Medication Plan and protocol is drawn up, in conjunction with the appropriate health professionals. Risk assessments will also be carried out where required.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

Form AM1

Name of School Victoria Primary School

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date _____ Review Date _____

Name of Pupil _____

Date of Birth ____ / ____ / ____

Class _____

National Health Number _____

Medical Diagnosis _____

Contact Information

1 Family Contact 1

Name _____

Phone No (home/mobile) _____

(work) _____

Relationship

2 Family Contact 2

Phone No (home/mobile) _____

(work) _____

Relationship

3 GP

Name _____

Phone No _____

4 Clinic/Hospital Contact

Name _____

Phone No _____

Plan prepared by

Name _____

Designation _____ Date _____

Describe condition and give details of pupil's individual symptoms

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child (state if different for off-site activities)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of

Signed _____ Date _____

Parent/carer

Distribution

School Doctor _____ School Nurse _____

Parent _____ Other _____

Form AM2

Name of School: Victoria Primary School

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Details of Pupil

Surname _____ Forename(s) _____

Address

Date of Birth ____ / ____ / ____ M ♀ F ♀

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Date dispensed _____

Expiry Date _____

Full Directions for use

Dosage and method

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Self Administration Yes/No (*delete as appropriate*)

Procedures to take in an Emergency

Contact Details

Name _____

Phone No (home/mobile) _____

(work) _____

Relationship to Pupil _____

Address

I understand that I must deliver the medicine personally to
_____ (*agreed member of staff*) and accept that this is a service,
which the school is not obliged to undertake. I understand that I must notify the
school of any changes in writing.

Signature(s) _____ Date _____

Agreement of Principal

I agree that _____ (*name of child*) will receive
_____ (*quantity and name of medicine*) every
day at _____ (*time(s) medicine to be administered e.g.*
lunchtime or afternoon break).

This child will be given/supervised whilst he/she takes their medication by

_____ (*name of staff member*).

This arrangement will continue until _____ (*either end date of course of medicine or until instructed by parents*).

Signed _____ Date _____

(The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

Form AM3

Name of School Victoria Primary School

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

Details of Pupil

Surname _____ Forename(s) _____

Address

Date of Birth ____ / ____ / ____

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine

Procedures to be taken in an emergency

Contact Details

Name _____

Phone No (home/mobile) _____

(work) _____

Relationship to child

I would like my child to keep his/her medication on him/her for use as necessary.

Signed _____ Date _____

Relationship to child _____

Agreement of Principal

I agree that _____ (*name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until _____ (*either end date of course of medication or until instructed by parents*).

Signed _____ Date _____

(The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.