

# St. Winefride's Catholic Primary School



## Medication of Pupils Policy

### **Mission Statement**

*To provide excellence in all aspects of school life,  
embedded in the values and beliefs of the Catholic faith.*

### **Vision Statement**

*To be an outstanding school where every member reaches  
their true potential and knows the joy of a  
personal relationship with Jesus Christ.*

<b>Date of issue</b>	<b>Review dates</b>	<b>Date ratified by Governing Body</b>
<b>September 2009</b>	<b>September 2010 February 2011 December 2013 December 2016</b>	

# ST. WINEFRIDE'S CATHOLIC PRIMARY SCHOOL

## Medication of Pupils Policy

### 1. Rationale:

At St Winefride's School we are committed to the safety of our children. We believe that **ALL** medication should be administered at home before and after school if this can be arranged. However with Christ as our model, we endeavour to show kindness and understanding and so we accept that in exceptional circumstances a child may be fit for school but require medication to be administered during the school day. This policy complies with "**Supporting pupils at school with medical conditions**" Dec 2015 and should be read in conjunction with the SEND policy.

### 2. Aims:

- The aim of this policy is to ensure safe practice in administering medication to children in school.
- To ensure the safe storage and use of inhalers in school.

### 3. Procedure:

- Parents may arrange with the school office to come into school to administer medication.
- Parents may (in exceptional circumstances) request that medication be given by a school member of staff by completing and signing the **Request for Administering Medicine** and the **Notification of Medication Requirement**.
- Staff have the right to refuse to give medicine to children. If a staff member is willing to administer medication they must complete and sign a **Pupil Medication Record**. This record is kept in the Pupil Medication File in the office.
- It is the child/parents' responsibility to collect the medication at the end of the day if it needs to go home and to ensure expiry dates are not reached.
- Care Plans to be compiled by parent/senior staff member plus a suitable health professional.
- If a child refuses medication parents will be notified by phone at the time.

**ST WINEFRIDE'S CATHOLIC PRIMARY**

**CARE PLAN**



**Name:**  
**Class:**  
**Date of Birth:**  
**Nature of Care:**

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**Aims:**

**Agencies involved:**

**Nature of Complaint**  
**Action**

**Action**

**Further Action**

**Review**

**Possibilities**

**History**

Parental and Head-teacher agreement for care

(Parent) signed.....

Mrs. M. A. Cairns (H.T.) signed.....

**ST. WINEFRIDE'S CATHOLIC PRIMARY SCHOOL**

**Notification of Medication Requirement**

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Medication Name \_\_\_\_\_

Required Dosage \_\_\_\_\_ Time \_\_\_\_\_

Details for storage of Medication \_\_\_\_\_

\_\_\_\_\_

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**ST. WINEFRIDE'S CATHOLIC PRIMARY SCHOOL**

**Request for Administering Medication Form**

I request the above medication to be administered to my child.

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Parent/Guardians Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Name \_\_\_\_\_ is willing to administer the above medication.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Senior member of staff)