



IMMACULATE HEART OF MARY CATHOLIC PRIMARY SCHOOL

Policy for Administration of Medication in Schools

ISSUE DATE: SEPTEMBER 2016

REVIEW DATE : SEPTEMBER 2017

ELECTRONIC SIGNATURE

A. M. Phillips

HEADTEACHER

ELECTRONIC SIGNATURE

CHAIR OF GOVERNORS

- The Governors and staff of Immaculate Heart of Mary Catholic Primary School wish to ensure that pupils with medical needs receive care and support in school. Pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.
- The Headteacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.
- Medication can only normally be accepted in school where it has been prescribed by a doctor or other medical professional. In other cases, eg where a pupil suffers regularly from acute pain, such as migraine, parents may request and must supply appropriate pain killers for their child's use. Aspirin will not be permitted or administered unless there is written authorisation from a medical professional for this to be administered.
- Medication both prescription and non-prescription provided in a secure and labelled container can only be administered to pupils where parents **provide** such medication to the school and parents must specifically **request in writing** that the school administers it.
- Parents must also specify in advance at what times/intervals and what dose of the non-prescription medicine is to be given. It must never be left for staff to diagnose or decide where and when the non-prescription medication is required or administered.
- If the non-prescription medication is to be taken with other prescribed medications parents must certify to the school that the non-prescription medication has been administered to the pupil without any adverse effect and that approval for the combined administration has been obtained from a medical practitioner.
- Non-prescription medication should not be administered over a long period of time. If non-prescription medication is required to be administered for more than a day or two then parents must seek medical advice and a medical practitioner must authorise its continued use.
- The requirements in the policy as to requests, consent, provision of information, labelling, etc, of prescription medicines also apply to non-prescription medicines.
- Medication, both prescription and non-prescription, will not be accepted without a written parental request and clear instructions as to administration. This should be provided in conjunction with the GP or other medical professional as appropriate. Either the parent, or the pupil himself/herself if over 16, must make the request. The Headteacher's agreement to the administration of any medication must be sought.
- The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a pupil's needs the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.

- Each item of medication must be delivered in its original container and handed directly to either Mrs Wilson or Mrs Hughes in the Office. The school will not accept medication which is in unlabelled containers.
- Where a pupil travels on school transport with an escort parents/carers should inform the escort of any medication sent with the pupil or should hand the medication to the escort for transporting to the school.
- Each item of medication must be clearly labelled by the parent with the following information:

Pupil's name	Frequency of dosage
Pupil's date of birth	Date of dispensing
Name of Medication	Storage requirements (if necessary)
Dosage	Expiry date

- Where pupils require medication to be administered schools should seek a view from the Nursing Service as to whether there are alternative approaches to the administration of medication as well as to seek clarification from the Nursing Service of the care plan which is prepared for school staff undertaking the pupils' care
- Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with Health professionals.
- The Headteacher or his/her representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.
- Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet in the main office..
- The school member of staff administering the medication must record details of each occasion when medicine is administered to a pupil.
- If pupils refuse to take medication, the school staff should not force them to do so. The school should inform the child's parents as a matter of urgency, and may need to call the emergency services.
- Parents/carers should be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication. (Schools should consider having procedures requiring parents at regular intervals – termly/annually – to confirm that the information currently held by the school is correct and that the medication is within date)
- The procedures to be followed to implement this Policy are set out in the following procedures and the appendices.

Procedures

- 1 Parents and carers are responsible for supplying school with all necessary information regarding their child's condition and medication. This should be provided in conjunction with the GP or other medical professional as appropriate. This information should be recorded on a standard form which records the request of the parent to the administration of medication which should be updated regularly – **Appendix 1**. A signed copy of this form should be kept in an accessible place near to the medicine.
- 2 There is an additional form to be completed by parents where pupils require several medications – **Appendix 2**. Parents should also sign this form to confirm that the combined medications have been administered to the pupils without any adverse effect and that approval has been obtained for their combined administration from a medical practitioner.
- 3 Medication can only be administered to pupils where parents **provide** such medication to the school.
- 4 All items of medication should be delivered to a named member of school staff by parents, carers or escorts employed by the authority. The name of that member of staff must be recorded on **Appendix 1**.
- 5 Each container should be clearly labelled with the following:
 - Name of medication
 - Pupil's name
 - Pupil's date of birth
 - Dosage
 - Dosage frequency
 - Date of dispensing
 - Storage requirements (if applicable)
- 6 Parents should be asked to make it clear whether medication needs to be kept in school or should be collected at the end of the day.
- 7 Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet (*kept in t. Advice on storing medication is contained in paragraphs 65-69 of the Good Practice Guide "Supporting Pupils with Medical Needs" which schools are advised to consider in drawing up their own school policy and procedures.*

Documentation

Appendix 1	Request Form and Instructions
Appendix 2	Additional Form where several medications are required
Appendix 3	Staff Training Record

Appendix 1

Immaculate Heart of Mary Catholic Primary School

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL The Administration of Medicines in School

The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF PUPIL

Surname	
Forename(s)	
Address	M/F
	DATE OF BIRTH
	CLASS/FORM
Condition or Illness	
Medication	
Name/type of medication (as described on container)	
<i>For how long will your child take this medication?</i>	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instructions (explain if medicine should remain in school or return home daily)	
Special precautions	
Side effects	
Self administration	

Action to be taken if pupil refuses to take the medication

Procedures to take in an emergency

CONTACT DETAILS

Name

Daytime Telephone No

Relationship to Pupil

Address

I understand that I must deliver the medication personally to the school office and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.

I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.

I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.

Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.

APPENDIX 2
The Administration of Medicines in School

For parents/carers to complete for pupils who require several medications

Pupil's name:

Pupil's date of Birth:

I confirm that the combined medications listed below have been administered to my child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

SignedDated.....

Relationship to child.....

Date Information Supplied	Name of Medication	Type	Dose	When Given	Method of Administration	Start Date (as applicable)	End Date (as applicable)	Special Precautions	Side Effects	Emergency Procedures

Please add any other relevant information below (continue overleaf if necessary):

Immaculate Heart of Mary Catholic Primary School

Staff Training on how to Administer Medicines to Children

Make sure the child's teacher is made aware that medicine needs to be administered and either send the child to the office or escort the child to the office at the allotted time.

Check the name of the child against the Details of Pupil Form which should be fully completed and signed by the parent. Ask the child to identify themselves by asking their name, birthday and class.

Check the medicine name and directions against the details on the above form.

Administer the medicine as per the directions on the form.

Use the proper measuring devices like a medicine cup, oral dropper, cylindrical dosing spoon or oral syringe to administer the drug. This should be provided by the parent with the medicine.

Do not leave a medicine unattended within the child's reach. When you prepare the medicine, never leave the bottle unattended.

Put the medicine back in the allotted cabinet.

Record the administration of the medicine in the correct record book, recording the date, name of child, time, name of medicine and the name of the person administering the medicine.

Make sure the child is sent back to class or escorted back if required.

Training given by the School Nurse and for children with specific medical requirements training given by specialist medical practitioners.

Names of staff who attended

NAME SIGNED DATE

APPENDIX 3

The Administration of Medicines in School

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE

Example of form for recording training for staff

Name:

Type of training received and medication covered:

.....

Date training completed:

Training provided by:

I confirm that has received the training detailed above and is competent to carry out any necessary administration of medication.

Trainer's signature: Date:

Suggested Review Date:

I confirm that I have received the training detailed above

Staff signature: Date:

Headteacher's signature: Date: