

# CLARENDON ROAD PRIMARY SCHOOL



## ADMINISTERING MEDICINES POLICY

Approved by:		Date:	
Last reviewed on:	March 2019		
Next review due by:	March 2020		

## **Introduction**

Most pupils will at some time have a medical condition that may affect their participation in school activities. This is more likely to be short term. Other pupils have conditions which, if not managed, could limit their access to education. This document sets out our policy on the management of medication.

At Clarendon Road Primary School our policy is that of selective administration of medication. We will administer medication where:

- The medical condition of a child means that access to education would be limited if appropriate medication were not managed at school.
- A child is fit enough to attend school but needs medication, the administration of which must take place during school hours.

## **Long Term or Complex Medical Needs**

We will assist pupils with long-term or complex medical needs where necessary. Advice will be sought from relevant support agencies. Individual health care plans and protocols will be developed for such pupils.

## **Responsibilities**

- Parents and guardians have the prime responsibility for their child's health and need to provide schools with information about their child's medical condition.
- Pupils will not normally be allowed to administer their own medication or have it in their possession.
- Parents should ensure that medication is brought to school and given to the office and complete a medical consent form.
- If a child brings in their own medicine without prior consent from the school, then the medication will not be administered and will be returned to the parents at the end of the day.
- Inhalers will be kept with the class teacher. In certain special circumstances children may be allowed access to their own medication after consultation with the parents and relevant support agencies under the supervision of their class teacher.
- If a child refuses medication, the parents will be contacted immediately. It is up to each child to approach the appropriate member of staff at the times medication is to be given.

## **Confidentiality**

Each child and family has a right to confidentiality. Privacy and the need for prompt effective care will be balanced with sensitivity. The headteacher will seek parents' agreement before passing on information about their child's health to other school staff, although it is recognised that sharing information is important if staff and parents are to ensure the best care for a pupil.

## **Arrangements for the Administration of Medication**

### *Non-Prescribed Medication*

School staff will not give non-prescribed medication to pupils.

### *Employees Medication*

All staff will ensure that their medicines are kept securely and that children do not have access to them.

## **Medication for Children**

Where it is necessary for a child to take medication at school, parents will need to complete a Medication Consent Form. All medicines must be named and accompanied by written instructions from the GP specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage. The information should be on the form. Parents are responsible for ensuring that there is sufficient medication and that it has not passed its expiry date.

When administering medication, staff will complete and sign a record of administration. This record is kept next to the medication. Staff will check:

- Pupil's name
- Written instructions
- Prescribed dose
- Expiry date
- That all pupils who are due to receive medicines have received their dosage

## **Storage and Disposal**

- Medication will be kept locked in the medical room. The key will be readily available to staff in case of emergencies. Medication needing refrigeration will be kept in an air-tight container, clearly labelled, in the fridge in the staff room.
- Staff will not dispose of medicines. Parents will ensure that they collect any unused medication at the end of each day. Labels must be clear at all times, especially if they have been re-written. If instructions are not clear, the medication will not be administered.

## **Staff Awareness**

Where necessary, all staff will be trained in the recognition of conditions which may require rapid intervention. With the permission of parents, information about specific children will also be shared with the whole staff.

## **School Trips**

Careful consideration will be given to preparation for trips involving children on medication, in consultation with the parents. On all school trips relevant medication will be taken. A mobile phone will also be available.

## **Staff Training**

A record will be kept of staff training for specific medical situations.

## **Illness During the School Day**

If your child becomes ill during the day, every effort will be made to contact you in order that you can collect your child using the contact details held on the school records.



### Medication Consent Form

*The school will not give your child medicine unless this form is completed and signed.*

<b>Child's Name</b>		<b>Class</b>	
<b>Name of medicine</b>		<b>Expiry date</b>	
<b>Dose</b>		<b>When</b>	
<b>Other instructions</b>			
<b><i>Note: Medicines must be the original container as dispensed by the pharmacy</i></b>			
<b>Daytime phone no. of parent/guardian</b>		<b>Name/Phone of GP</b>	
<b>Agreed review date to be initiated by [name of member of staff]:</b>			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting 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.

<b>Parent's Signature:</b>		<b>Date:</b>	
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*(If more than one medicine is to be given a separate form should be completed for each one.)*



## Administration of Medicines

<b>Child's name</b>	<b>Class</b>	<b>Term</b>
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Day	Date	Medication	Dosage	Staff signature	Child signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Day	Date	Medication	Dosage	Staff signature	Child signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Day	Date	Medication	Dosage	Staff signature	Child signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Day	Date	Medication	Dosage	Staff signature	Child signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					