


LEAVING COMMUNITY PRIMARY SCHOOL

ADMINISTRATION OF MEDICINES IN SCHOOL POLICY

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Date of Policy; Adoption by Governing Body- 30 th June 2022			
Method of Communication; Website			
		Signed	

RESPONSIBILITIES

Governing Body

The Governing Body recognises that students may need to take medication in school. The school has a duty of care to students at school and will do all that is reasonably practicable to safeguard and promote welfare.

The Governing Body will take responsibility in principle for the administration of medicines during school time in accordance with the Government's and LA policies and guidelines.

Staff

The Headteacher will implement this policy and report as required to the Governing Body.

School staff have no legal or contractual duty to administer medicines to learners, or to supervise them taking medication. For those who volunteer, the Governing Body fully indemnifies all staff against claims for any alleged negligence, provided they are acting within their conditions of service and following government guidelines.

Qualified First Aider/Office staff, TAs.

All staff who volunteer their services for specific duties will be given training to administer medication in areas where a learner has a specific illness such as EpiPen administration or diabetes.

Records

On admission of a learner to the school, all parents/carers will be required to provide information giving full details of:

- Medical conditions/ allergies
- Regular medication
- Emergency contact numbers

Name of Doctor
Special requirements

Parents will be reminded to update records with at least one reminder letter home each academic year.

Administration of Medication

Medication should only be administered in school when it would be detrimental to a child/young person's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Any requests for medicine to be administered must come from the parent/carer in writing using the 'Parental request for medication to be taken in school' form in Appendix 1. **If this is not the case then the medication will not be administered.**

The medication must be in a container as **prescribed by the doctor** and must have the child's name together with clear instructions. Medication should be handed into the office by a parent. It is the responsibility of a parent to ensure medication is delivered to school appropriately.

Medication will generally be administered during break times unless unavoidable.

Pain Relievers

The school will administer pain relief, (paracetamol etc) providing the 'Parental request for medication to be taken in school' form is completed by the parent, giving permission to administer as and when required and informing us of the doses already administered that day. The pain relievers will be kept in the medicine box in the school office with the child's name clearly labelled.

School will not administer or take responsibility for the self-administration of throat/cough sweets.

Request to carry and self-administer

Wherever possible children should be encouraged to take responsibility for managing their own medicines. The Governors and headteacher will consider requests on an individual basis after discussion with parents, taking into account:

Maturity of the child
Implications to the child and to others.
Nature of the medication.

Before agreeing headteachers may seek further advice from relevant health professionals.

A parental request form will need to be completed. (Appendix 2).

Long Term Medical Needs

Each case will be determined after discussion with the parent/carer and a doctor. The Governing Body reserves the right to discuss the matter with the school nurse.

Records

A file labelled "Medicine's Register" will be kept in the school office along with all medication. (Appendix 3)

The book will record;



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Name of pupil
Date/time of administration
Who supervised the administration
Name of medication
Dose given
Any reaction



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Parental request for medicine to be taken at Leavening C P School

School staff will not give your child medicine unless you complete and sign this form.

Childs name:		DOB:
Medical condition/illness:		Class/form:
Name/type of medicine (as described on the container)	NB: Medicines must be in the original container as dispensed by the pharmacy	
Expiry date		
Dosage and method		
Times of day medicine is to be administered		
Date and time the most recent dose was given (school should not give the first dose of a medicine)		
Special precautions / instructions		
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency		

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 policy and the prescribers instructions.

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.

I understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence

I will abide by the school's policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

School Consent:

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

SignatureDate.....

NB: If more than 1 medication is to be administered then a separate form should be used for each one.

Appendix 2

Request for Child/Young Person to Carry and Self - Administer Medication

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of School: Leavening CP School

Child's/Young Person's Details

Name.....	DoB
Address	
Parent/carer name and contact	
GP's name and contact number	
Emergency contact name and number	
Emergency contact name and number	

Details of Medication

Medical condition/illness
Medication name and strength
Medication formula (e.g. tablets)

Action to be taken in an emergency



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Parental Request and Statement of Agreement

I (printed name of parent/carer)

- request that my child carry and self-administer the above-named medication
- confirm that the information given is accurate and up-to-date
- will inform the provision in writing of any changes to this information
- understand that the self-administering of the medication will not be supervised by staff
- agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication

Signature of parent/carerDate:.....

Provision Statement of Consent

(Name of Provision) agrees to allow

(Name of child)..... to carry and self-administer their named medication

Name of Headteacher/Manager (please print)

Signature of Headteacher/Manager Date.....

NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given

If more than one medication is to be carried and self-administered then a separate form must be completed for each.



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Appendix 3

Whole School Record of Medicine Administered

Name of school

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Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name



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