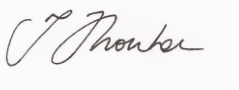



Wheatfields Primary School – Administration of Medicines Policy



Policy	Administration of Medicines Policy
Ratification date	10th March 2016
Next review date	March 2017
Signatories	 Head Teacher  Chair of Governors

Wheatfields Primary School – Administration of Medicines Policy

Administration of medicines

Long-Term Medical Requirement

The school follows DfE 2015 guidelines (Supporting Pupils at School with Medical Conditions). Only prescribed medicines for chronic conditions will be administered at school e.g. inhalers / epipens. We require a completed parental permission for the self-administration / administration of all medicines. The medicines must be brought into school in the original container/package in which it was dispensed by the pharmacist. The exact name of the child and the required dosage should be easy to read and will be recorded on the form(s) (appendices A & B) which is also used to record any instances of the medicines being administered on the back (appendix D). All medicines received into school will be registered in the school's medical book. In the case of inhalers and prescribed medicines, staff will measure out the dosage and children can self-administer. In the case of an emergency e.g. epipens, children will only be given their medication by a member of staff trained by the School Nurse.

Prescribed (infrequent) Medicines

Parents should be aware that employees in school have no contractual obligation to administer medicines. Advice from unions and professional associations is that members should not administer medicines.

However, the school aims to be as co-operative as possible in this matter, whilst still protecting its staff and pupils. Local GPs seek to ensure that children who are prescribed medicines can, as far as possible, be given the appropriate doses outside of normal school hours e.g. antibiotics. We strongly urge parents to request this with GPs whenever possible. If a GP deems circumstances to be exceptional and the prescribed medication has to be administered more frequently, it *may* be possible after discussion with the Headteacher for children to have their medicines administered by staff during school hours. If this is not possible, then a form must be filled in (appendix C) and a parent / carer or named person will be required to come in to school to administer the medicine.

Non-Prescribed Medicines

Eye drops, ear drops, throat lozenges, pain killers and non-prescriptive medicines are not administered in school. Any parent wishing to administer non-prescriptive medicines during normal school hours must do so themselves. In the case of non-prescriptive medicines, it must be the parent / carer who administers the medicine. Parents must come to reception and speak with a member of staff who will arrange for their child to be released from class.

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Appendix A

WHEATFIELDS PRIMARY SCHOOL Self-Administration of Medicine Consent Form – Page 1

Name of Child.....

Date of Birth..... Class No.....

Name of Parents/Carers.....

Home Telephone no.....Work Telephone no.....

Name of G.P.....Telephone no.....

Hospital Consultant.....

Hospital.....Telephone.....Ext.....

I consent to my child self-administering the following medication in school:

a)..... Dosage / Frequency.....

b)..... Dosage / Frequency.....

c)..... Dosage / Frequency.....

I undertake to ensure that adequate supplies of this/these medication(s) is available in school.

I undertake to ensure that this/these medication(s) is/are supplied by me and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that the School cannot accept responsibility for pupils self-administering medication and I will ensure that my child knows how and when he/she should take his/her medication.

I will inform the school if my child's circumstances change, e.g. different medication or treatment no longer required.

Signed.....(parent/carer) Date.....

Wheatfields Primary School – Administration of Medicines Policy

Appendix B

**WHEATFIELDS PRIMARY SCHOOL
Medical Information and Consent Form - Page 1**

Name of Child.....

Date of Birth.....Class No.....

Name of Parents/Carers.....

Home Telephone no.....Work Telephone no.....

Name of G.P.....Telephone no.....

Hospital Consultant.....

Hospital.....Telephone.....Ext.....

I consent to my child receiving the following medication in school:

a)..... Dosage / Frequency.....

b)..... Dosage / Frequency.....

c) Dosage / Frequency.....

Period for which medication is to be administered:-

From.....(date) To.....(date)

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that the medication will be given by member(s) of staff who have undergone training by the School Nurse.

Signed.....(parent/carer) Date.....

Wheatfields Primary School – Administration of Medicines Policy

Appendix C

WHEATFIELDS PRIMARY SCHOOL
Medicines – Exceptional Circumstances - Consent Form - Page 1

Name of Child.....

Date of Birth.....Class No.....

Name of Parents/Carers.....

Home Telephone no.....Work Telephone no.....

Name of G.P.....Telephone no.....

Hospital Consultant.....

Hospital.....Telephone.....Ext.....

I consent to my child receiving the following medication in school:

a)..... Dosage / Frequency.....

b)..... Dosage / Frequency.....

c)..... Dosage / Frequency.....

Period for which medication is to be administered:-

From.....(date) To.....(date)

Named Person to administer medicine:

.....

I undertake to ensure that this/these medication(s) will be supplied by me and prescribed by my child's doctor, with my child's name and details clearly on the label.

I understand that the school cannot store such medicines and that the named person will be required to bring the medicine with them to reception in order to administer.

I will sign the document overleaf to indicate that the dosage has been given and witnessed.

Signed.....(parent/carer) Date.....

Wheatfields Primary School – Administration of Medicines Policy

Appendix D

WHEATFIELDS PRIMARY SCHOOL Medical Administering Form - Page 2

Date	Time	Amount administered	Initials (x2)