



Policy	Administration of Medicines Policy
Last review date	September 2023
Next review date	September 2024
Signatories	<div> Acting Headteacher</div>

Administration of Medicines

Purpose of this document

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies;

- Special educational needs and disability
- First aid in schools
- Supporting pupils with medical conditions

Long-Term Medical Requirement

The school follows DfE 2015 guidelines (Supporting Pupils at School with Medical Conditions). Pupils with long term and serious medical conditions are also covered in the Supporting Pupils with Medical Conditions Policy.

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 medicine 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 long term medicines received into school will be registered in the school's medical folder. In the case of inhalers and prescribed medicines, staff will measure out the dosage, which will be checked by two members of staff, 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 trained staff.

Confidentiality

This school makes sure that pupils' confidentiality is protected. This school seeks permission from parents for children with medical conditions before sharing any medical information with any other party. Parents/Carers of pupils with an IHP (Individual Healthcare Plan) or serious medical condition will be asked to confirm and sign to confirm that their child's information may be shared with staff or professional visitors who need to be made aware in line with roles and responsibilities. (see appendix E)

Inhalers

Children who have been prescribed inhalers should have them available where necessary. As with other prescribed medicines, they must be brought into school in the original container/package in which they were 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).

Inhalers will be kept in a safe but accessible place in the child's classroom. This would be in a named box or bag in the teacher's cupboard. It is the responsibility of the parent/carer to regularly check the condition of their child's inhaler(s), and to ensure that they are working, are still in date, and have not been completely discharged.

If the child attends Kids Club, they must have another inhaler to leave at Kids Club to be stored securely in the Kids Club building. Inhalers cannot be carried/shared between class and Kids Club.

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 for a parent/carer or named person to come in to school to administer the medicine. In very exceptional circumstances, and if no parent or carer is able to come to school, it may be agreed for children to have their medicines administered by staff during school hours. The Medicines – Exceptional Circumstances Form (Appendix C) must be completed prior to any medicines being administered, and with prior agreement from the Headteacher.

Non-Prescribed Medicines

Eye drops, ear drops, throat lozenges, painkillers and non-prescription medicines are not able to be self-administered in school. Any parent wishing to administer non-prescription medicines during normal school hours must do so themselves or arrange a suitable nominated person, during pre-agreed times that limit the amount of time the pupil spends out of class. Parents must come to reception and speak with a member of staff who will arrange for their child to be released from class at the agreed time. In the event of a nominated person administering the medication, we ask the parent to come in and fill out the Exceptional Circumstances Consent Form (appendix c)

In exceptional circumstances, it may be necessary for staff to administer non prescribed medicine. We would only do this when it would be detrimental to the pupil's health or school attendance not to do so. In this instance, we would seek approval from the Head Teacher and if agreed we would ask the parent to fill in the Exceptional Circumstances Consent Form (appendix c)

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

Name of Child.....

Date of Birth..... Class Name.....

Name of Parents/Carers.....

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

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

Hospital Consultant (if applicable).....

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
Medical Information and Consent Form - Page 1

Name of Child.....

Date of Birth.....Class Name.....

Name of Parents/Carers.....

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

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

Hospital Consultant (if applicable)

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

I will ensure that this/these medication(s) is/are supplied by me and prescribed by my child's doctor and is/are correctly labelled, in date, with storage details attached.

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

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

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

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

Name of Child.....

Date of Birth.....Class Name.....

Name of Parents/Carers.....

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

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

Hospital Consultant (if applicable)

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

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

WHEATFIELDS PRIMARY SCHOOL
Medical Administering Form - Page 2

Date	Time	Amount administered	Initials (x2)

WHEATFIELDS PRIMARY SCHOOL
Children with IHP or serious medical condition - Consent Form - Page 1

Name of Child.....

Date of Birth.....Class Name.....

Name of Parents/Carers.....

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

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

Hospital Consultant (if applicable)

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

I understand that any relevant information regarding my child and their medical condition and treatment will be shared with members of staff or professional visitors to the school who need to be made aware in line with their roles and responsibilities. To support this, my child's photograph with their medical need may appear in a file stored discreetly to enable swift identification in the case of an emergency. I understand that it is my responsibility to contact the school office if I do not wish for my child's photograph to appear in this file.

Signed.....(parent/carers) Date.....