



LEE Hurst Swan
POLICY FOR THE ADMINISTRATION OF MEDICINES TO PUPILS
Applies to whole school including EYFS

Reviewed by the Health & Safety Committee October 2016

The school recognises that many pupils will at some time need to take medication at school. This policy recognises that while parents are responsible for their children's medication the school will do all that is reasonably practicable to safeguard and promote children's welfare and not put any pupil at a disadvantage by not having made provision for medication to be taken during school hours.

Responsibilities

Medication will be administered by a designated person and witnessed by an adult.

All staff are expected to maintain professional standards of care but there is no contractual or legal duty to administer medication.

The Governing Body does not require staff to administer medication.

Some specified staff e.g. PE staff or staff taking educational visits, who volunteer their services will be given training to administer first aid and/or medication to pupils.

Staff Indemnity

The Governing Body fully indemnifies all staff against claims for any alleged negligence providing they are acting within their conditions of service and following the stated policy.

Records

On admission of the pupil to the school all parents will be required to provide information giving full details of: -

- ◆ Medical conditions
- ◆ Allergies
- ◆ Regular medication
- ◆ Emergency contact number
- ◆ Name of family doctor/consultant
- ◆ Special requirements e.g. dietary

At the beginning of each academic year parents will be required to up-date the medical form. The school must be notified of any changes in medical condition or any new condition.

Administration of the Medication

1. The school expects that parents will normally administer medication to their children.
2. Any requests for medication to be administered must come from a parent in writing on the 'Schools Request to Administer Medication Form' (see attached sheet, also available on the school website) which will be signed and dated by a parent or guardian. Each request will be considered on an individual basis.
3. Parents will be expected to notify the school of any requests for the administration of medicines at the earliest opportunity and, where necessary, discuss with the Head what can be done in the school before the Head makes a decision.
4. The Head or designated person will decide whether any medication will be administered in school and by whom. In appropriate cases the Head and parents in consultation with the designated person will draw up a healthcare plan and determine a suitable administration and storage protocol.
5. A separate form must be completed for each medicine to be administered.
6. The medication must be in a container as prescribed by the doctor and dispensed by a chemist, with the child's name, form, expiry date and instructions for administration written clearly on the label.
7. Parents are solely responsible for renewing the supply of the medication and must ensure that all medication is in date.
8. If the pupil is required and able to administer his/her own medication e.g. inhaler for asthma, the pupil must fully understand how to use it and it must be clearly labelled with the pupil's name and form.
9. Medication will be kept under the control of the designated person unless arrangements are made with the parent. Asthma inhalers must be kept with the pupil at all times. Epipens may also be kept by pupils.
10. Normally the administration of medicines will take place at the following times: -
 - ◆ immediately before school
 - ◆ Breaks and Lunchtimes
 - ◆ immediately at the end of the day
 - ◆ as stated on the form.
11. Painkillers e.g. Paracetamol/Calpol will only be administered after parental consent has been obtained. When Paracetamol/Calpol is given a log (see separate sheet) kept at Reception in the Administration of Medicines file must be filled in. In the Foundation Stage (Pre Prep) the appropriate flow chart must be completed.
12. Under no circumstances must aspirin or aspirin based medication be given to a pupil unless prescribed by a doctor.

Long Term Medical Needs

The Governing Body and Head will do all that they can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, or community nurse/family doctor.

Records

The school 'Administration of Medicines Record' (see separate sheet) must be completed in every instance and will be kept in the school office. For EYFS a flow chart should be completed and followed.

The form will record: -

- ◆ Name of pupil
- ◆ Date and time of the administration
- ◆ Who supervised the administration
- ◆ Which medication was administered
- ◆ How much was given
- ◆ A note made of any side effects

The designated person will ensure that the medical record form is filled in and checked regularly and a copy given to the parents at the end of the day showing the dose and time of administration. Parents of KS1 pupils and below are required to sign the school copy to acknowledge receipt.

Training

The Governing Body is committed to provide appropriate training for staff who volunteer to participate in the administration of medicines.

Monitoring and Review

The Headmaster will be responsible for monitoring the implementation of the policy.

REQUEST TO ADMINISTER MEDICATION FORM

NAME OF PUPIL AND CLASS	
NAME OF PARENT AND CONTACT NUMBER	
NAME OF MEDICINE	
NAME OF PRESCRIBING DOCTOR AND CONTACT DETAILS	
DOSE TO BE GIVEN	
STORAGE DETAILS	
HOW IS IT TO BE ADMINISTERED	
WHEN IS IT TO BE ADMINISTERED	
ANY OTHER INSTRUCTIONS	

The above information is accurate to the best of my knowledge at the time of writing and I give my consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information.

Signed _____ Parent/Guardian Date _____

ADMINISTRATION OF MEDICATION RECORD

To be given to pupil who must hand to parent

Name of pupil and Class	
Date & Time of Administration	
Administered By	
Name of Medication	
Dosage	
Side Effects	

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Name of Medication	
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CONSENT TO ADMINISTER MEDICATION – FOUNDATION STAGE

Date:			
Name of child:	Date of Birth:	Today's date:	Name of medicine:
Name and signature of parent giving consent:	Times at which medicine should be given:	Dosage:	Medical condition requiring treatment:
Date and time medicine given:	Dosage given:	Signature of staff member administering medication:	Signature of staff member witnessing administration of medicine:
Please photocopy this form when completed so that the school has a copy for their records and the parent has a copy to take home today.			Parent's signature:

This policy is subject to annual review according to a timetabled programme.