**POLICY FOR THE ADMINISTRATION**

**OF MEDICATION IN SCHOOL**



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| --- | --- | --- |
| Agree Date | Review Date | Person Responsible |
| 2020 Sept | 2021 Sept | Mr Smith |

The Board of Governors and staff of Upper Ballyboley Primary School wish to ensure that pupils with medication needs receive appropriate care and support at

school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.

Upper Ballyboley Primary School has chosen to implement the EA MODEL POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

1.5.2 Parents are responsible for providing the Principal with comprehensive information regarding the pupil’s condition and medication.

1.5.3 Prescribed medication will not be accepted in school without

complete written and signed instructions from the parent.

1.5.4 Staff will not give a non prescribed medicine to a child unless there is

specific prior written permission from the parents.

1.5.5 Only reasonable quantities of medication should be supplied to the

school (for example, a maximum of four weeks supply at any one time).

1.5.6 Where the pupil travels on school transport with an escort, parents

should ensure the escort has written instructions relating to any medication sent

with the pupil, including medication for administration during respite care.

1.5.7 Each item of medication must be delivered to the Principal or

Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication

must be clearly labelled with the following information:

Pupil’s Name.

Name of medication.

Dosage.

Frequency of administration.

Date of dispensing.

Storage requirements (if important).

Expiry date.

**The school will not accept items of medication in unlabelled containers.**

1.5.8 Medication will be kept in a secure place, out of the reach of pupils.

Unless otherwise indicated all medication to be administered in school will be

kept in a locked medicine cabinet

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1.5.9 The school will keep records, which they will have available for

Parents if requested.

1.5.10 If children refuse to take medicines, staff will not force them to do so,

and will inform the parents of the refusal, as a matter of urgency, on the same

day. If a refusal to take medicines results in an emergency, the school’s

emergency procedures will be followed.

1.5.11 It is the responsibility of parents to notify the school in writing if the

pupil’s need for medication has ceased.

1.5.12 It is the parents’ responsibility to renew the medication when supplies

are running low and to ensure that the medication supplied is within its expiry

date.

1.5.12 The school will not make changes to dosages on parental instructions.

1.5.13 School staff will not dispose of medicines. Medicines, which are in

use and in date, should be collected by the parent at the end of each term.

Date expired medicines or those no longer required for treatment will be

returned immediately to the parent for transfer to a community pharmacist for

safe disposal.

1.5.14 For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

1.5.15 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

1.5.16 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

1.5.17 The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

1.5.18 All staff will be made aware of the procedures to be followed in the

event of an emergency.

**Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this

form, and the Principal has agreed that school staff can administer the medicine.

**Details of Pupil**

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M F 

Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition or illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is**

**supplied.**

Name/Type of Medication (as described on the container)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date dispensed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Directions for use**

Dosage and method

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NB Dosage can only be changed on a Doctor’s instructions**

Timing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special precautions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any side effects that the School needs to know about?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Self Administration Yes/No *(delete as appropriate)*

**Procedures to take in an Emergency**

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**Contact Details**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that I must deliver the medicine personally to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*agreed member of staff*) and accept that this is a service, which the school is not

obliged to undertake. I understand that I must notify the school of any changes in

writing.

*Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Agreement of Principal**

I agree that *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (*name of child*) will receive

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (*quantity and name of medicine*) every day at

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (*time(s) medicine to be administered e.g. lunchtime or*

*afternoon break*).

This child will be given/supervised whilst he/she takes their medication by

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (*name of staff member*).

This arrangement will continue until *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (*either end*

*date of course of medicine or until instructed by parents*).

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(The Principal/authorised member of staff)*

**The original should be retained on the school file and a copy sent to**

**the parents to confirm the school’s agreement to administer**

**medication to the named pupil.**