

# Administration of Medication Policy



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October 2015		
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## Administration of Medication Policy

### Introduction

There are an increasing number of children attending mainstream schools with medical conditions. Schools, acting in *loco parentis*, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/ or prescribed drugs. For pupils with long term medical needs this may be a regular occurrence, or for children with short term ailments this may be a one off event.

Newbuildings Primary School will make every effort to safeguard the health and safety of all pupils requiring any administration of medication.

### Medical Register

At the start of every school year parents will be required to update medical information for their child/ children attending Newbuildings Primary School. This information will be collated by the Special Educational Needs Co-ordinator (SENCO) to form a medical register.

This register will be shared with all members of staff, including teachers, classroom assistants, canteen staff and lunchtime supervisors to ensure that all staff are fully aware of any additional needs the children may have.

It is the responsibility of the parent to inform the school if any of the medical information changes throughout the school year.

School staff will review the register three times each year, once per term.

### Children with additional medical needs

Newbuildings Primary School will ensure the health of safety of children with additional medical needs by completing the stages below;

- Consult the child's parent/ guardian about the medical need.  
Information given will be collated into a care plan.

- Liaise with school nurse (Celine Ward) and check that the care plan requires all of the information required. Check if additional training is required for school staff e.g. administration of an epi-pen.
- The care plan will contain a recent colour photograph of the child.
- Completed care plans will be signed by the parent.
- Care plans will be displayed in the classroom, school office and school canteen (if necessary).

If a child has an additional need which may require medication Appendix A (Consent for Medication) will be fully completed. A copy will be kept by the parent, class teacher and in the school medical file.

Any medications e.g. piriton will be stored in a named container, out of the reach of children, but not locked away.

### **Children with short term ailments**

Parents must keep their children at home if acutely unwell or infectious. Newbuildings Primary School will follow the infection guidelines outlined by the Department of Health. If in any doubt advice should be sought from the school nurse.

If a child requires medication for a short term period e.g. Calpol for a cold, an antibiotic for an infection, the parent must fully complete Appendix A and return to the class teacher.

The parent should provide the class teacher with the following:

- Prescribed medication in the correct container and with full instructions. The container must be clearly labelled by with the child's name.
- Clear instructions regarding the administration (e.g. dose of medication and frequency).
- Any equipment required to administer the medication e.g. spoon, syringe.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Only the prescribed dose will be administered. This cannot be changed unless written instructions are given from a medical professional.

If a child is given any medication in school the record-keeping sheet will be completed in the teacher log books.(Appendix B)

Please note that staff are not obliged to provide any child with medication- this is solely at the discretion of the class teacher. If a class teacher does not wish to administer medication responsibility will lie with the school principal.

### **Asthma Register**

Information provided by parents at the start of the school year be collated by the Special Educational Needs Co-ordinator (SENCO). This register will be shared with all members of staff, including teachers, classroom assistants, canteen staff and lunchtime supervisors to ensure that all staff are fully aware of any additional needs the children may have. The register will be displayed in the school office.

School staff will review the register three times each year, once per term.

Children on the asthma register will be sent home a consent form (Appendix C) which confirms the diagnosis of asthma, gives permission for them to use their inhaler if required and also allows access to our asthma kit, in the event of an emergency.

If a child requires the use of their inhaler Appendix D will be sent home to parents, on the day of use.

Children will be supervised by their class teacher if using their inhaler.

Inhalers will be stored in a central box in the classroom, out of the reach of children, but not locked away.

**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 \_\_\_\_\_  
\_\_\_\_\_

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

**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?  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

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 eg 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.**

**Record of medicine administered  
to an individual child**

Surname	
Forename (s)	
Date of Birth	___ / ___ / ___ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___ / ___ / ___
Quantity returned	
Dose and frequency of medicine	

Checked by:

**Staff signature** \_\_\_\_\_ **Signature of parent** \_\_\_\_\_

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

**Appendix B (Continued)**

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			



Use of inhalers in Newbuildings Primary School

**Children showing symptoms of asthma/having asthma attack**

1. I can confirm that my child has been diagnosed with asthma.
2. My child has been provided with an inhaler by their GP/ asthma clinic.
3. I will provide my child's class teacher with a working, in-date inhaler and spacer (if necessary), clearly labelled with my child's name.
4. In the event of my child showing signs of asthma I give permission for them to use their inhaler, supervised by a member of staff.
5. In the event of an emergency, or if my child's inhaler is unusable or not available, I give consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
6. It is my responsibility to inform the school if there is any change in my child's diagnosis.

**Name of child-**

**Class-**

**Name of parent-**

**Parent signature-**

**Comments (if necessary)-**

Record Keeping: Use of an inhaler at Newbuildings Primary School

Child's name-

Class-

Date-

Dear Parent/ Guardian,

Your child experienced symptoms of asthma in school today. They required the use of an inhaler.

Time-

Activity-

Symptoms noted-

Supervised by-

Your child used;

Their own inhaler

School's emergency inhaler

Number of puffs given-

Additional comments-

Yours sincerely,

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