



St. Andrew's CEVA Primary School

Administration of Medication in School Policy

At St Andrew's CEVA Primary School we provide Christian worship and Christian teaching. Spiritual and moral development is central to the life of our school and this will be reinforced in the school's Administration of Medication in School Policy where appropriate

Guidance for managing medicines in schools

1. The Governors and staff of St Andrew's CEVA Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher 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.
2. There is no obligation on any member of staff to administer medicines. However, if there is not a member of staff prepared to administer prescribed medicines, a health professional will have to be employed by the school to carry out this task.
3. Any parent/carer requesting the administration of medication should be given a copy of the School's Policy.
3. Medication will only be accepted in school if it has been prescribed by a doctor. The School is to inform the School Nurse of any pupil, who has been prescribed a controlled medication e.g. Methylphenidate (e.g. Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drug Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym)
4. Medication will not be accepted anywhere in school without complete written and signed instructions from parent/carer. See Appendix 1.
5. Only reasonable quantities of medication should be supplied to the School/setting by a responsible person (no more than one week's supply).
6. Each item of medication must be delivered in its original container and handed directly to the staff in the school office or to a nominated person authorised by the Headteacher.
7. Each item of medication must be clearly labelled with the following information:
 - a. Pupil's name
 - b. Name of medication
 - c. Dosage
 - d. Frequency of dosage
 - e. Date of dispensing
 - f. Storage requirements (if important)
 - g. Expiry date (if available)
8. The School will not accept items of medication which are in unlabelled containers.
9. Unless otherwise indicated all medication to be administered in school will be kept in a designated clearly identified locked cupboard.

10. The School will keep a record of the time, date, the amount and the person administering the medication. The administration of the medicine will be witnessed by another member of staff. See Appendix 2.
11. The School may provide parents/carers with details of when medication has been administered to their child.
12. The School will provide parents/carers with details of when medication has **not** been administered to their child. See Appendix 3.
13. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.
14. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.
15. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. See Appendix 4.
16. 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. Separate, formally agreed arrangements are acceptable on educational visits that involve an on over-night stay. 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.

Signed: S.Gentry

Date: September 2018

Review Date: September 2019

St. Andrew's CEVA Primary School Medical Consent Form



APPENDIX 1

(to be filed in Medication Administration Record File)

The school/setting will not give your child any medication unless you complete and sign this form and the Headteacher/Head of Setting has confirmed that school staff have agreed to administer the medication.

DETAILS OF PUPIL

Surname:

Forename (s):

Address: M/F:

..... Date of Birth:

..... Class/Form:

Reason for medication (optional):

CONTACT DETAILS:

Name: Daytime Contact Telephone No:

Relationship to Pupil:

Address:

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake

Date: Signature (s):

MEDICATION (1)

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

For how long will your child take this medication:

Date dispensed:

FULL DIRECTIONS FOR USE:

Dosage and amount (as per instructions on container):

Method:

Timing:

Special Precautions:

Self-Administration:

a) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

b) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her medication on him/her for use as necessary:
(please note that this option excludes Methylphenidate (e.g. Ritalin, Equasym) and applies only to pupils of secondary age)

MEDICATION (2)

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

For how long will your child take this medication:

Date dispensed:

FULL DIRECTIONS FOR USE:

Dosage and amount (**as per instructions on container**):

Method:

Timing:

Special Precautions:

Self-Administration:

a) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

b) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her medication on him/her for use as necessary:
(please note that this option excludes Methylphenidate (e.g. Ritalin, Equasym) and applies only to pupils of secondary age)

St.Andrew's CEVA Primary School Staff Training Form for Medications

Appendix 3



Date:

Dear

Re: the Administration of requested medication

Unfortunately, we were unable to give his/her
in school today as.....

Yours sincerely,

Debbi Thompson
Head Teacher St. Andrew's CEVA Primary school

