

ADMINISTRATION OF PRESCRIBED MEDICATION POLICY



1. Many pupils will need to take prescribed medication at school at some time in their school careers. For most, this will be for a short period to allow them to finish a course of antibiotics or apply a lotion, for example. In some cases, there may be a long-term need for pupils to take prescribed medication. To allow pupils to take prescribed medication at school minimises the disruption that could be caused by illness and allows their education to proceed at a steady rate alongside their peers.

2. The school is committed to ensuring that all medication is stored securely, administered safely and that appropriate records of its administration are kept.

This policy covers the administration of medication to all pupils, including pupils in the Early Years classes, Reception and Transition.

3. Only medication prescribed by a doctor may be administered to pupils by members of school staff. No member of staff is permitted to administer 'over the counter' medication.

4. In exceptional cases, where a pupil's parent has been contacted and is en route to the school to collect them, the School may be authorised by the parent to administer Calpol if the parent has previously agreed to this in writing on the Pupil Update Form sent out annually. An example of when the administration of Calpol may be appropriate is if the pupil has a high temperature. Calpol is stored securely in the Medication Cupboard in the School Reception.

5. No member of staff may compel a pupil to take medication.

Prescribed Medication for Short-term Illness (e.g. coughs and colds)

6. The pupil's own doctor is the best person to advise whether or not her or she is well enough to attend school. If the doctor has advised that the pupil is well enough and has prescribed short-term medication (e.g. antibiotics), the following procedure should be followed.

(a) all medication should be in the smallest practicable amount, and include a suitable spoon or measuring cup for administering liquid medicines, and should be clearly labelled with the following information:

(i) the pupil's full name;

(ii) the nature of the medication;

(iii) the dosage and the time when each dose is due.

(b) on each day the pupil requires the medication, his or her parent should take it to the School Reception and complete a Medication Permission Slip (Appendix One). Unless this is done, the school will not permit any of its staff to administer the medication;

(c) the medication will be stored securely in the Medication Cupboard or Medication Fridge as appropriate;

(d) details of the medication and its dosage will be sent to the pupil's class teacher and Office Manager;

(e) the medication will be administered at the appropriate time and in the appropriate dosage by a designated member of staff who has received Basic Paediatric First Aid training, overseen by the Office Manager;

(f) the designated member of staff and the Office Manager will confirm, before each dose is administered, that the medication has not passed its use-by date;

(g) the designated member of staff who administered the medication will record on the Medication Permission Slip the time it was administered, its dosage and whether or not it had been stored correctly.

(h) at the end of the school day the pupil's parent should attend the School Reception, sign the Medication Permission Slip and take possession of any unused medication. They will be provided with a copy of the completed Medication Permission Slip.

Prescribed Medication for Long-Term Illnesses (e.g. asthma, diabetes, epilepsy and allergies)

7. It is the responsibility of all parents to inform the school of any medical condition, especially allergies, which affect their child. They should be clearly outlined annually on the Pupil Information Update form which parents receive at the start of every academic year.

8. Parents should contact the school forthwith with any changes to this information, especially with regard to allergies, and discuss their child's requirements and any arrangements which need to be made with their child's class teacher. Parents should provide the school with as much information as possible about their child's medical condition, including correspondence from doctors and medical professionals.

9. The procedure set out in paragraph 6 above should be followed in all cases, save where it is appropriate for the medication to remain on school premises for longer than a single day, or where it is appropriate for the medication to be stored in a place other than the Medication Cupboard / Fridge. The permission of the Headmistress must be sought in all such cases, and the Medication Permission Slip endorsed accordingly. Parents must ensure that the expiry date of the medication falls beyond the end of the term in which it is provided to the school. All medication must be collected and signed for by the parent at the end of each term.

10. Training in asthma, diabetes, epilepsy and allergies is provided for staff on a regular basis and a register kept of those who can administer the medication. Parents should refer to the separate policies relating to each medical condition for further detail. These appear on the school's website and are available as a hard copy from the school.

APPENDIX ONE - MEDICATION PERMISSION SLIP



In signing this slip, parents give permission for the administration of prescribed medication as detailed by a doctor for short-term illness and in an emergency for long-term illness.

Pupil's Name		Year	
DETAILS OF MEDICINE PROVIDED			
Date			
Name of Medication			
Reason for Medication or Medical Condition			
Device/Equipment/Bottle Provided			
Expiry Date of Medication			
Signature of Parent			
Signature of Staff Member/Headmistress			
SHORT-TERM ILLNESS E.G COUGHS AND COLDS			
Time the last dose was administered			
Time the next dose is due			
Dosage			
LONG-TERM ILLNESS E.G ASTHMA, DIABETES, EPILEPSY AND ALLERGIES <i>Parents must provide TWO name-labelled and in date EpiPens for school use</i>			
Dosage to be administered			
When dose is to be administered			
Details of symptoms, signs and triggers			
Extra arrangements for school trips			
ADMINISTRATION OF MEDICINES			
Time/Date medication was administered			
Dose			
Name of staff administering medication			
Signature of staff administering medication			
Medication stored correctly	Yes / No	(Delete as appropriate)	
RETURN OF MEDICINES			
Time/Date medication returned to parents			
Signature of staff member		Signature of parent	

