



## **ADMINISTRATION OF MEDICATIONS POLICY**

DECEMBER 2019

## **POLICY FOR THE ADMINISTRATION OF MEDICATIONS**

The Board of Governors and staff of Pond Park 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 school staff giving or supervising pupils taking prescribed medication during the school day ***where those members of staff have agreed to do so.***

***There is no legal duty that requires school staff to administer medication. This is a voluntary role.***

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

- Parents are responsible for providing the Principal with comprehensive information regarding the pupil's medical condition and medication. This should be provided on the annual Medical Information sheet (**Form 6**) and if regular medication is required a **Form 1** should be obtained from the School Office for completion and return to the Office. (See Appendices).
- Prescribed medication will not be accepted in school without completed and signed forms including instructions from the parent. (**Form 2**). This form should also be obtained from and returned to the School Office.
- Staff will not give a non-prescribed medicine to a child. Where this may be necessary, for example Calpol in the event of a headache, a parent may be invited to school to administer. In the event of regular non-prescribed medication ie anti-histamines for hayfever in summer, a supply can be stored in school and self-administered in the presence of a parent.
- Only reasonable quantities of medication should be supplied to the school supply at any one time.
- Each item of medication must be delivered to the Principal or a teacher, 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.

*A properly completed **Form 2** provides all of this information and should be provided along with the medication.*

***We will not accept items of medication in unlabelled packaging and without the correct paperwork as above.***

- 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 held in a secure cupboard in the front office.
- The school will keep records which they will have available for parents.
- 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. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- 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.
- The school will not make changes to dosages without parental instructions.
- 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.
- 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.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- We will make every effort to continue the administration of medication to a pupil whilst on trips away from 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 provision cannot be guaranteed.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

# Administration of Medicines Policy

## Annex of Forms and Templates

## General Medications Permission (Residential Trips)

Dear Parents

Considering the nature of residential trips it is sometimes necessary to break with normal school procedures (provided for by the Administration of Medications Policy) and dispense general 'day-to-day' medications for pupils.

I would be grateful if you would provide permission for any member of Pond Park Primary School staff to administer the following as they feel necessary (full records will be kept of ALL medication given):

Paracetamol Suspension (Calpol or equivalent)

Nurofen Suspension

Antihistamine Suspension (Piriton or equivalent)

Sticky Plasters

Strepsils (or equivalent)

Name of Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# Healthcare Form 1

Photograph

## Healthcare Plan for a Pupil with Medical Needs

Pupil's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Condition:

\_\_\_\_\_

\_\_\_\_\_

Pupil's Current Class: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Contact Information

#### **Priority Contact 1**

Name: \_\_\_\_\_

Phone No (Work): \_\_\_\_\_ Mobile \_\_\_\_\_

Any other phone numbers: \_\_\_\_\_

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

#### **Priority Contact 2**

Name: \_\_\_\_\_

Phone No (Work): \_\_\_\_\_ Mobile \_\_\_\_\_

Any other phone numbers: \_\_\_\_\_

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

#### **Priority Contact 3**

Name: \_\_\_\_\_

Phone No (Work): \_\_\_\_\_ Mobile \_\_\_\_\_

Any other phone numbers: \_\_\_\_\_

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

## **Form 1 cont'd ... Clinic/Hospital Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

GP: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

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Daily care requirements (eg. before sport/lunchtime etc):

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Describe what constitutes an emergency for the pupil and the action to take:

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Any follow-up care:

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Who is responsible in an emergency?

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Signed by Parent(s) \_\_\_\_\_

Date \_\_\_\_\_

# Healthcare Form 2

## Parental Request for School to Administer Medication

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Staff at Pond Park Primary School will not administer any medication to any pupil without the completion of this form. On completion, the Principal will liaise with the member(s) of staff concerned and request their willingness to administer.

### Pupil Details

Pupil's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Condition:

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

Pupil's Current Class: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Medication

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

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

How long will your child take this medication for?

\_\_\_\_\_

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

Full directions for use:

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



Dosage and method:

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Time(s): \_\_\_\_\_

Any special precautions:

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Any side effects:

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Can it be self-administered? \_\_\_\_\_

Procedures to take in an emergency:

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### **Contact Information**

Name: \_\_\_\_\_

Phone No (Work): \_\_\_\_\_ Mobile: \_\_\_\_\_

Any other phone numbers: \_\_\_\_\_

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

***I understand that I must deliver the medicine personally to the Principal or agreed staff member and accept that this is a service which the school is not obliged to undertake.***

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

**You may copy this form for record purposes**

# Healthcare Form 3

## School's Agreement to Administer Medication

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I agree that \_\_\_\_\_ (*name of child*)  
will receive \_\_\_\_\_ (*quantity and name of medicine*)  
every day at \_\_\_\_\_ (*time medicine to be administered*  
*eg lunchtime or afternoon break*).

He/she will be given medication\*/supervised whilst taking their medication\* (*\*delete as appropriate*)  
by \_\_\_\_\_ (*name of member of staff*). This arrangement will continue  
until the end date of the course of medicine\*/instructed by parents\* (*\*delete as appropriate*).

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Principal/Named Member of Staff)

# Healthcare Form 4

## Staff Training Record - Administration of Medical Treatment

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Name: \_\_\_\_\_

Type of training received:

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

Date training completed:

\_\_\_\_\_

Training provided by:

\_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

# Healthcare Form 5

## Emergency Planning

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### Request for an Ambulance:

Dial 999, ask for ambulance and be ready with the following information:

1. School telephone number: 02892 676992
2. School name, address and postcode: Pond Park Primary School,  
63 Pond Park Road, Lisburn, BT28 3BF
3. Give exact location of the school
4. Give your name
5. Give brief description of pupil's symptoms
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the pupil.

# Healthcare Form 6

## Medical Note

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### IMPORTANT – Re: Nut Allergy/Other Ailments

A number of pupils throughout the school have been diagnosed as having nut allergies. If exposed to nuts they can suffer quite severe symptoms which in turn can lead to hospitalisation. After consultation with the school medical authorities I would therefore ask you **NOT** to send into school any peanut products, e.g. packs of peanuts, peanut butter or chocolate bar containing nuts, as part of your child's break or packed lunch.

Also in order to update our records, I would be obliged if you would complete the tear-off slip below and return this to the School Office. If at any stage during his/ her school career your child is diagnosed as having a significant ailment, please inform the school immediately. If your child does not have a diagnosed ailment, please remember to indicate this in the correct box on the slip and return the slip to school.

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Pupil's Name: \_\_\_\_\_ Date \_\_\_\_\_

Class: \_\_\_\_\_

### **\*\*PLEASE TICK APPROPRIATE BOX/ BOXES and return to school**

<u>Condition</u>	<input checked="" type="checkbox"/>	<u>Please state any other information that is applicable</u>
Asthma (requiring inhaler)	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Food Allergy ( please indicate if epi-pen is needed)	<input type="checkbox"/>	
Allergy to sticking plasters	<input type="checkbox"/>	
Any other allergy (please indicate if epi-pen is needed)	<input type="checkbox"/>	
Any other diagnosis or ailment	<input type="checkbox"/>	
<b><u>No Significant Ailment diagnosed</u></b>	<input type="checkbox"/>	<u>Please ensure box is ticked if your child has no significant ailment.</u>

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent/ Guardian)

