



Coagh Primary School

## **Administration of Medication Policy**

Policy Updated- June 2018  
Review of Policy- June 2021

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## Administration of Medication Policy

### Protocol for the Administration of Medication in Coagh Primary School.

The Board of Governors and staff of Coagh 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.**

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

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

Prescribed medication will not be accepted in school without complete written and signed instructions from the pupil's doctor i.e. prescription label.

The school will only make changes to dosages of prescribed medicines on written instructions of the pupil's doctor.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

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

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.

Each item of medication must be delivered to the school office, in normal circumstances by the parent/carer. At the office a School Parental request for the Administration of Medication form must be completed. All medication must be presented 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 required (if important)
- Expiry date

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

Unless otherwise indicated, all medication to be administered in school will be kept in a secure place out of the reach of children.

Children on special care plans will be given medical assistance by the school staff in accordance with their care plan.

For each pupil with long term or complex medication needs, the Principal/Pastoral Care Co-ordinator will ensure that a Medication Plan and Protocol are drawn up, in conjunction with the appropriate health professionals/parents. This will include a record of trained staff and a list of medication to be given.

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.

It is the parents' responsibility 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.

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.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. This training will take place on an annual basis and whenever is reasonably sensible.

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 within the school staff.

Where a child uses an inhaler, one clearly labelled with the pupil's name and class must be lodged with the class teacher. Parents of pupils in P4-P7 classes, who wish their child to carry an additional inhaler on their person and to self-administer will be asked to complete the Self Administration section of the school's Parental Request for the Administration of Medication Form. Only in this instance will children be permitted to carry their own medication.

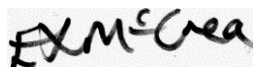
## **Monitoring, Review and Consultation**

The policy will be reviewed in line with guidance issued by relevant bodies such as the Department of Education etc.

This policy was discussed with staff at a staff meeting on 21<sup>st</sup> May 2018 and adaptations made.

The Board of Governors discussed this Policy at a Meeting on 26<sup>th</sup> June 2018 and ratified. It was signed by the Chairperson of the Board of Governors.

Signed:



(Chairman of Board of Governors)

Signed:



(Principal)

Date: 26<sup>th</sup> June 2018

**Appendix 1- Parental Request form for Administration of Medicine at Coagh Primary School**

**PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINE**

Coagh Primary School has a duty of care to provide a safe and happy environment where all children will be cared for and treated in a manner which enables them to feel secure at all times. Neither teachers nor support staff have a legal or contractual duty to administer medicines or provide health care. **Consequently, medication that can be given at home, should be given at home.** However, when the taking of medication is necessary during the school day this **will only be undertaken** when clear written instructions and consent have been provided and where nothing more than administration is required. If school time medication is essential, please complete the form below.

Name of Pupil: \_\_\_\_\_

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

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

Contact Details of Parent/Guardian

Name \_\_\_\_\_

Tel: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Brief Description of Medical Condition(s) and Symptoms {Add additional sheet if required}

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

**PRECISE DETAILS OF IN SCHOOL MEDICATION REQUIREMENTS**

**Parents must ensure that in date medication, in a secure and labelled container as originally dispensed is supplied. The school will not accept items of medication in unlabelled containers.**

Name of Medicine: \_\_\_\_\_

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

Dosage Required: \_\_\_\_\_

Time to be given: \_\_\_\_\_

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

Side Effects: \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

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

**STATEMENT OF PARENTAL CONSENT:**

I understand that I must deliver the medicine personally to the school office. I also understand it is my responsibility that a supply of the required medication held in school is kept maintained and is in date. I give full permission for Coagh Primary School to act in loco-parentis and in accordance with my written instructions as recorded above. I recognise it is my responsibility to inform school about any changes in the above medical requirements, in writing, and accept that the school staff members are under no obligation to administer medicines and therefore cannot be held responsible for an accidental failure to dispense it.

Signed: \_\_\_\_\_  
Parent/Guardian

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

**AGREEMENT OF PRINCIPAL**

I agree that the above named pupil will receive medication as detailed at the agreed times. This pupil will be supervised whilst he/she takes their medication. This arrangement will continue until the school is notified otherwise in writing by the parent/guardian.

Signed: \_\_\_\_\_  
Principal/authorised member of staff

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

**Appendix 2- PARENTAL CONSENT FORM FOR THE ADMINISTRATION OF AN INHALER**

Please complete the relevant part/parts of this form which relate to the administration of an inhaler to pupils at Coagh Primary School.

**Part A** should be completed by **all** pupils P1 - P7 if they require an inhaler to be kept in school.

**Part B** should only be completed for those pupils in P4, P5, P6 and P7 who wish to carry an additional inhaler with them and are able to self-administer.

**PART A- ADMINISTRATION OF INHALERS WITH ASSISTANCE/SUPERVISION FROM STAFF (P1-7 PUPILS)**

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

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

Dosage/Administering instructions:

Signed: \_\_\_\_\_  
Parent/Guardian

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

**\*Inhalers must be given personally to the child's teacher along with this form\***

**PART B- SELF ADMINISTRATION OF INHALERS (P4-7 ONLY)**



\*If you wish your child to carry an **additional inhaler** in school and wish them to self-administer, please sign the consent declaration below.

I would like my child to keep an additional inhaler in his/her possession and to self-administer as detailed above in Part A of this form.

Signed: \_\_\_\_\_  
Parent/Guardian

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



# Appendix 3- Record of medicine administered to an individual child at Coagh Primary School

NAME OF SCHOOL \_\_\_\_\_

FORM AM4

## 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			