



## Administration of Medicine

Policy Date: June 2021

The Board of Governors and staff of Milltown 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 parent.

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).

Each item of medication must be delivered to the Principal or Authorised Person, 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.

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

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 kept in a locked cupboard in the school office.

- The school will keep records of administered medicine, which they will have available for parents. Agreed members of staff (usually two) will agree to administer the medicine for each child. See for AM2. In the event of school trips this may change.
- 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.
- 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 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 on 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 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. Risk assessments will also be carried out where required.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to

confirm in writing if they wish their child to carry their medication with them in school.

- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

# Form 1 - MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

**Milltown Primary School**

Date \_\_\_\_\_ Review Date \_\_\_\_\_

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

Health and Care Number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

\_\_\_\_\_

## **Contact Information**

### **1. Family Contact 1**

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship

\_\_\_\_\_

### **2. Family Contact 2**

Phone No (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship

\_\_\_\_\_

### **3. GP**

Name \_\_\_\_\_

Phone No \_\_\_\_\_

**4. Clinic/Hospital Contact**

Name \_\_\_\_\_

Phone No \_\_\_\_\_

Plan prepared by

Name \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms

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Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

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Members of staff trained to administer medication for this child (state if different for off-site activities)

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Describe what constitutes an emergency for the child, and the action to take if this occurs

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Follow up care

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I agree that the medical information contained in this form may be shared with individuals involved with the care and education of

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

*Parent/carer*

**Distribution**

School Doctor \_\_\_\_\_ School Nurse \_\_\_\_\_

Parent \_\_\_\_\_ Other \_\_\_\_\_

## Form 2 - REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

### Milltown Primary School

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 \_\_\_\_\_

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 \_\_\_\_\_

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) \_\_\_\_\_

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

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 e.g. 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 the named pupil carrying his/her own medication.



## Form 3 - REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

### Milltown Primary School

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

#### Details of Pupil

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

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#### Medication

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine

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Procedures to be taken in an emergency

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#### Contact Details

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_

Relationship to child

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**I would like my child to keep his/her medication on him/her for use as necessary.**

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

Relationship to child

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**Agreement of Principal**

I agree that \_\_\_\_\_ (*name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (*either end date of course of medication 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 the named pupil carrying his/her own medication.**

**Form 4 - RECORD OF MEDICAL TRAINING FOR STAFF**

**Milltown Primary School**

Name \_\_\_\_\_

Type of training received \_\_\_\_\_

Name(s) of condition/ \_\_\_\_\_

Medication involved

\_\_\_\_\_

Date training completed

\_\_\_\_\_

Training provided by

\_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to administer the medication described.

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

I confirm that I have received the training detailed above

Trainee's signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Retraining Date \_\_\_\_\_

Refresher Training Completed -

Trainer \_\_\_\_\_ Date \_\_\_\_\_

Trainee \_\_\_\_\_ Date \_\_\_\_\_