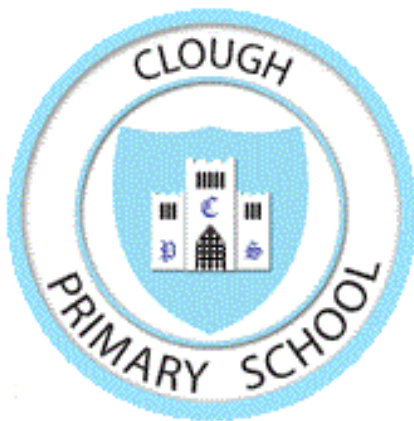


# Clough Primary School and Nursery Unit

## Medication Policy



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

**Date:** June 2024

**Review:** June 2026

The Board of Governors and staff of Clough PS and Nursery Unit wish to ensure that pupils with medication needs receive appropriate care and support at school. The Board of Governors 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.**

- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. (See AM2)
- Staff will not give a non-prescribed medicine to a child.
- Each item of medication must be delivered to the Principal, Mr Hutchinson or Authorised person, 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.

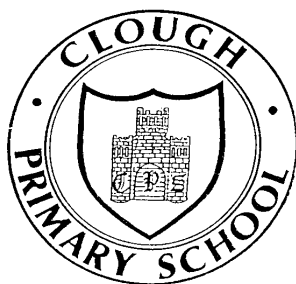
**The school will not accept items of medication in unlabelled containers.**

- Medication will be kept in a secure place, out of the reach of pupils. Normally, prescribed medication to be administered in school will be kept in the school office.
- Where it is appropriate to do so, pupils will be encouraged to administer their own prescribed medication e.g. asthma inhalers/insulin, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their prescribed medicine with them. (See AM3)
- The School will keep a record of the medication administered in school. (See AM4)
- 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 – written instructions to come from a GP.
- 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.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- 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.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

Principal:  
Mr I Hutchinson BA PQH NI

Telephone:  
(028) 25685472



Clough Primary School  
20 Drumagrove Road  
Clough  
Ballymena  
BT44 9RY

**RE: Administering medicines in school**

Dear Parent/Guardian,

There are times when your child might be well enough to attend school but may require medication. As a result we want to make you aware of our school's procedures regarding the administration of medicines.

When possible all medicines should be administered at home and should only be brought into school when totally necessary.

To avoid the potential abuse of medicines, all medicine must be brought into school and collected again by the child's parent or guardian from the school office. If you require this medicine for home use as well, this must be done on a daily basis.

We are required to keep a record of all medicines that are administered in school, as a result parents/guardians must complete a consent form, available from the school office, giving advice regarding dosage and times required. If it is more convenient for you, a copy of this is available on our school website. Please download this and send it to me. This can be e-mailed to [ihutchinson430@c2kni.net](mailto:ihutchinson430@c2kni.net)

Please note that it is the responsibility that long term medicines are kept up to date and within date.

Thank you for your cooperation in this very important matter.

Yours Sincerely,

Mr I Hutchinson

Principal

Name of School – Clough PS and NU

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

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

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

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

Class \_\_\_\_\_

National Health/Medical No \_\_\_\_\_

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

**Contact Information**

**1 Family Contact 1**

Name \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

**2 Family Contact 2**

Name \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

**3 GP**

Name \_\_\_\_\_

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

**4 Clinic/Hospital Contact**

Name \_\_\_\_\_

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

(If appropriate) Care/Hospital plan prepared by

Name \_\_\_\_\_

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

Name of School – Clough PS and NU

**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

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(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

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 \_\_\_\_\_

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

Are there any side effects that the school needs to know about?

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

Pupil self-administration Yes/No (delete as appropriate)

**Procedures to take in an Emergency**

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

**Emergency Contact Details**

Name \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

\_\_\_\_\_

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. break  
or lunchtime 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 administer medication to the named pupil.**

**Clough PS and NU**

**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

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) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Class \_\_\_\_\_

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

**Medication**

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

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

Procedures to be taken in an emergency

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

**Contact Details**

Name \_\_\_\_\_

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

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

Relationship to Child \_\_\_\_\_

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

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

Relationship to Child \_\_\_\_\_

**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.**

Name of School – Clough PS and NU

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

Surname	
Forename(s)	
Date of Birth	
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			

Date			
Time given			
Dose given			
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