

Tempo Primary School



Administration of medication Policy

February 2025

Chair of the Board of Governors; _____

Date: _____

"One more step along the world I go."

Tempo Primary School Policy for the Administration of Medication in school

The Board of Governors and staff of Tempo Primary School wish to ensure that pupils with medication needs made known to the school will receive appropriate care and support at school.

The Principal and 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 agreed 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. This should be provided on the annual Medical Information Sheet (**Form 6**) and if regular medication is required, **Form 1** should be obtained from the school office for completion and returned to the office (See Appendices).
- Staff will not give a non-prescribed medicine to a child e.g. paracetamol, Calpol, Tunes etc. 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, i.e., antihistamines for hay fever in summer, a supply can be stored in school and self-administered in the presence of a parent.
- 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.
- Only reasonable quantities of prescribed medication should be supplied to the school (e.g. a maximum of 4 weeks supply at any one time) and placed in the care of the Principal.
- Each item of medication must be delivered to the Principal, or other 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 reach of the pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked cupboard.
- 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 and request the parent/guardian to come to school to administer the medication. If a refusal to take medicine 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 parent's 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 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. 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.
- 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 (ref: Critical Incident Policy).

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 Tempo 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 _____

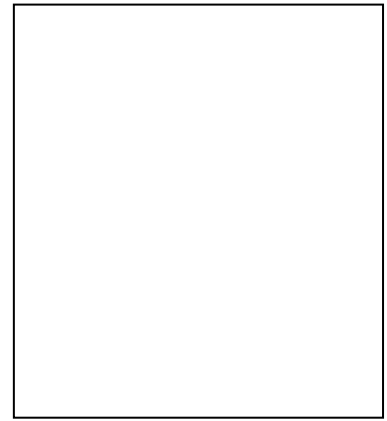
Parent/Guardian Signature _____

Name of Parent/Guardian (Print) _____

Date _____

Healthcare Form 1

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: _____

Photograph Form 1 cont'd ... Clinic/Hospital Contact

Name: _____

Phone: _____

GP: _____

Phone: _____

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

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

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

Any follow-up care:

Who is responsible in an emergency?

Signed by Parent(s): _____

Date: _____

Healthcare Form 2

Parental Request for School to Administer Medication

Staff at Tempo 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:

Time(s): _____

Any special precautions:

Any side effects:

Can it be self-administered? _____

Procedures to take in an emergency:

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

I agree that _____ (name of child)

will receive _____ (quantity and name of medicine)

every day at _____ (time medicine to be administered e.g. 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

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

Request for an Ambulance:

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

1. School telephone number: 028 895 41349

2. School name, address and postcode:

Tempo Primary School
3 Cullion Road
Edenmore
Tempo
Co Fermanagh
BT94 3AU

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

IMPORTANT – Re: Nut Allergy/Other Ailments

A child in school has been diagnosed as having nut allergies. If exposed to nut traces, they can suffer a reaction. 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, 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.

Pupil's Name: _____ Date _____

Class: _____

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

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

Signed: _____ Date: _____
(Parent/ Guardian)



Principal: Mrs. Andrea Erskine

Tempo Primary School,
3 Cullion Road,
Edenmore
Tempo,
Co. Fermanagh,
BT94 3LU

Telephone 028 89541349

Email: info@tempops.enniskillen.ni.sch.uk

Child's name							
Child's D.O.B		Date form completed:					
Medication (full title)							
Dosage to be given		(Please supply a measured medicine spoon / syringe)			Prescribed / non prescribed (delete as appropriate) <small>Both types of medications should be labelled with child name, dose and date</small>		
Reason for medication		Duration of medication <small>Prescribed medication only</small>					
<p>*I consent to Tempo PS giving my child the above medication. <input type="checkbox"/></p> <p>*I confirm that the medication supplied is in the original container. I confirm that my child has already had one dose of this medication and has not suffered any unwanted re<input type="checkbox"/>s.</p>							
Parents full name <small>(Please print)</small>		Parents signature					
<p>*To be completed by a member of staff</p> <p>*To ask for consent each month for when needed bases the medication - must be labelled by a pharmacist</p> <p>* Medication must only be administered by a member of staff approved by the Principal and must be witnessed.</p> <p>* Principal/Class Teacher/ Secretary will phone parent/carer if the medication is needed <input type="checkbox"/></p>							
Parent's Consent	Date Consent	Time to be given	Date & Time	Dosage Given	Name sign	witness sign	Parent's Signature

Please note: Medication must be:	<ul style="list-style-type: none"> • in original named box / bottle and • Always labelled with the child's name, DOB, Dose and date. • Please supply a measured medicine spoon / syringe. <input type="checkbox"/>
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