



## **Administration for the Medication in School Policy**

<b>Policy Reviewed</b>	<b>Policy Approved</b>
March 2019	10 <sup>th</sup> October 2019

***This policy is in line with the guidance detailed in the Supporting Pupils with Medication Needs (2008) document published by the Department of Education N.I. and the Department of Health, Social Services and Public Safety.***

1 The Board of Governors and staff of Poyntzpass 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.**

2 Staff may volunteer to administer medication to a pupil, however, they cannot be directed to do so. There is no legal duty that requires school staff to administer medication: this is a voluntary role. The administration of medication to children remains the responsibility of the parent/carer or those with parental responsibility.

3 Parents/carers should keep their children at home if acutely unwell or infectious.

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

5 Prescribed medications will **not** be accepted in school without complete written and signed instructions from the parent/carer. **Refer to point:23**

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

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

8 Where the pupil travels on school transport with an escort, parents/carers should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

9 Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent/carer, **in a secure and labelled container as originally dispensed.**

10 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.**

11 Unless otherwise indicated all medication to be administered in school will be kept in a secure location

12 The school will keep records, which they will have available for parents/carers.

13 If children refuse to take medicines, staff will not force them to do so, and will inform the parents/carers 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.

14 It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased.

15 It is the parents'/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

16 The school will not make changes to dosages on parent/carer instructions.

17 School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent/carer at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent/carer for transfer to a community pharmacist for safe disposal.

18 For each pupil with long term or complex medication needs, the Principal, will ensure that a Care Plan is drawn up, in conjunction with the appropriate health professionals. Details of Care Plans will be circulated to all teachers and placed on relevant noticeboards within the school.

19 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

20 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance (if required) through arrangements made with the School Health Service.

21 The school 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. Parents of all pupils participating in Residential Trips will be asked to complete a Permission and Medical Information form prior to the trip. (Appendix B)

22 All staff will be made aware of the procedures to be followed in the event of an emergency.

23 A form requesting the Administration of Medication is available from the School Office. (Appendix A).

**Signature:** \_\_\_\_\_ (Chair of Board of Governors)

**Signature:** \_\_\_\_\_ (Principal)

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



## POYNTZPASS PRIMARY SCHOOL

### ADMINISTRATION OF PUPIL MEDICATION

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

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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

I require \_\_\_\_\_ to administer the medication named below to my child, as specified by his/her doctor.

Name of medication:  
\_\_\_\_\_

Time to administer: \_\_\_\_\_  
\_\_\_\_\_

How long the medication is to be given for: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Parent \_\_\_\_\_ date

Signed: \_\_\_\_\_ Teacher \_\_\_\_\_ date

Signed: \_\_\_\_\_ Pupil \_\_\_\_\_ date



\_\_\_\_\_ **TRIP**

**Dates of trip** \_\_\_\_\_

**PERMISSION AND MEDICAL INFORMATION FORM**

**CHILD'S NAME:**

\_\_\_\_\_

In the event of an emergency please state below 2 contact names and telephone numbers

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

(i) If medicines or tablets have to be taken I will hand them to you clearly marked with his/her name and the exact dose before departure.

(ii) I give/do not give permission for my child to be given Calpol or Disprol if thought necessary by a member of staff.

(iii) My child has/has not any known allergies/sensitivities (e.g. to Sticking Plasters, Penicillin, Disprol) or suffers from travel sickness, asthma, etc

If he/she has, please give details below of precautions and remedies.

**MEDICAL INFORMATION:**

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

(iv) In the event of illness or accident requiring emergency hospital treatment I authorise you, as Leader to sign on my behalf any written form of consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable.

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