



# Administration of Medication Policy

- Medication will only be administered if it is prescribed with an accurate pharmacy label and on the instructions of a medical practitioner.
- Any medication brought into school for administration should be in its original container and be clearly labelled, from a medical practitioner, stating dosage, instructions and times. It should also include the child's name, date of birth and date the prescription was issued.
- Medication will only be administered if it is vital during the school day. (ie: if it needs to be administered 4+ times daily, given at a specified time or is an emergency medication).
- Medication required 3 times daily should not be administered at school.
- **Non-prescribed medication will not be administered to children.**
- If medication needs to be administered at school it will be given to your child by an identified person (all staff underwent training Jan 2020).

## **What parents need to do if their child requires medication at school**

- Bring the medication into school and see the class teacher or member of staff.
- On the acceptance of the medication you will need to fill in and sign a consent form regarding the administration of the child's medication (see attached form).

## **What the school does**

- Provides for the welfare of all children with medication needs.
- Ensures medication is kept safely stored.
- Ensures medication is administered safely to your children by an identified trained person (all staff trained Jan 2020)
- Maintains a medication register to record the times and dates that medication is administered to your child.
- With parents and carers, we aim to put in place Individual Health Care Plans or Health Care Short Note forms, to ensure the welfare of children on long term (over 5+ days) or emergency medication.

## **Appendices :**

- Parental consent and medication administration record form "Administration of Prescribed Medicine"

## **See also :**

- Supporting Children with Medical Conditions Policy



# Administration of Prescribed Medicine



(This form is for use with medicines **prescribed for short term illness.**)

Our school has a policy stating that staff can administer prescribed medicine only.

National Standards criteria states that non-prescribed medication should not be administered to children under eight years of age.

<b>Name of school:</b>	<b>Witton-le-Wear Primary School</b>		
<b>Name of child:</b>			
<b>Conditions &amp; Symptoms</b>			
<b>Date of Birth:</b>		<b>Today's Date:</b>	

<b>Medicine</b> (name & type of medicine, which must be in the original container and labelled as dispensed by the pharmacy)			
<b>Date dispensed:</b>		<b>Expiry Date:</b>	
<b>Dose to be given:</b>		<b>When to be given:</b>	

### Special Precautions:

<b>Has your child had this medication before?</b> <b>YES/NO</b> <span style="float: right;">(Don't accept if not)</span>
<b>Are there any side effects we need to know about?</b>
<b>Any other instructions?</b>

### Procedures to be taken in an Emergency:

<b>Name of Parent/Carer:</b>		<b>Daytime telephone no:</b>	
<b>Name of GP:</b>		<b>GP contact number:</b>	
<b>Action to be taken:</b>			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Witton-le-Wear Primary School staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I will collect & sign for the medication at the end of each school day.

**Parent/Guardian signature:**

**Date:**

If more than one medicine is to be given a separate form should be completed for each one.

# Record of Medicines

Form for short term medication following illness only (between 1-5 days)

All pupils who have medication for more than a brief period must have a care plan

Medicines to be administered by: all school staff have undergone Administration of Medication training

Medicines to be taken home each night, collected from the office & signed out of school by a parent/adult

<b>Pupil's Name:</b>	<b>Date of Birth:</b>
	<b>Year Group:</b>
<b>Address:</b>	

<b>Date brought to school</b>	<b>Signature of person who brought medicine into school</b>	<b>Name of medication and dosage to be given</b>	<b>Amount supplied</b>	<b>Signature of person who collected medicine from school</b>

## Register of Medication Administered:

<b>Date</b>	<b>Medication</b>	<b>Amount Given</b>	<b>Amount Left</b>	<b>Time</b>	<b>Administered By</b>	<b>Comments /Action</b>