

## **POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL**

### **BARTON SEAGRAVE PRIMARY SCHOOL**

The Governors and staff of Barton Seagrave Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher 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. It is important to note that there is no legal duty requiring school staff to administer medication. This is a voluntary role.

1. Any parent/carer requesting the administration of prescribed medication should be given a copy of the school's policy.
3. Medication will only be accepted in school if it has been prescribed by a doctor. The school will inform the school nurse of any pupil, who has been prescribed a controlled medication e.g. Methylphenidate (e.g. Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drug Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym)
4. Prescribed medication will not be accepted anywhere in school without complete written and signed instructions from parent/carer.
5. Only reasonable quantities of prescribed medication should be supplied to the school/setting by a responsible person (no more than one week's supply) and recorded in the Medication Administration Records File.
6. Each item of prescribed medication must be delivered in its original container and handed directly to the Headteacher or to a nominated person authorised by the Headteacher.
7. Each item of prescribed medication must be clearly labelled with the following information:
  - a. Pupil's name
  - b. Name of medication
  - c. Dosage
  - d. Frequency of dosage
  - e. Date of dispensing
  - f. Storage requirements (if important)
  - g. Expiry date (if available)
8. The school will not accept items of prescribed medication which are in unlabelled containers.
9. Unless otherwise indicated all prescribed medication to be administered in school will be kept in a designated clearly identified locked cupboard.
10. The school will administer prescribed medication where the required dose is four times a day. The school feels it is reasonable to ask parents/carers to administer medicine at home if the required dose is three times a day or less.

11. The school may provide parents/carers with details of when prescribed medication has or has not been administered to their child. See appendix 4 and 5.
12. 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.
13. It is the responsibility of parents/carers to notify the school if there is a change in prescribed medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.
14. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
15. The school will make every effort to administer the prescribed medication however we do expect children to present themselves at the correct time in the office to receive it.
16. 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. Separate, formally agreed arrangements are acceptable on educational visits that involve an on over-night stay. 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.

### **Non-Prescribed Medicines**

The school will not administer any medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. No child will be given any medicines without their parent's written consent.

**BARTON SEAGRAVE PRIMARY SCHOOL**

**MEDICATION CONSENT FORM (also Medication Administration Record File needs completing)**

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

---

**DETAILS OF PUPIL**

Surname: .....

Forename (s): .....

Address: ..... M/F: .....

..... Date of Birth: .....

..... Class/Form: .....

Reason for medication (optional): .....

---

**CONTACT DETAILS:**

Name: ..... Daytime Contact Telephone No: .....

Relationship to Pupil: .....

Address: .....

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school. I accept that this is a service which the school is not obliged to undertake and I understand that the school cannot be held responsible for any missed doses.

Date: ..... Signature (s): .....

---

**MEDICATION**

Name/Type of Medication (**as described on the container**) .....

For how long will your child take this medication: \_\_\_\_\_ Date dispensed: \_\_\_\_\_

---

**FULL DIRECTIONS FOR USE:**

Dosage and amount (**as per instructions on container**): .....

Method: .....

Timing: .....

Special Precautions: .....

Self-Administration: .....

- a) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

---

Office Use Only

Date Form Received: \_\_\_\_\_ Checked by: \_\_\_\_\_

Date Sims updated (where necessary): \_\_\_\_\_

**NORTHAMPTONSHIRE NHS TRUSTS****Staff Training Form for Medications**

## BARTON SEAGRAVE PRIMARY SCHOOL

Because of medical conditions children may require medication to be administered in school on a regular basis.

Named staff have volunteered to perform this procedure and have agreed to be trained.

When following the written procedure they will be acting with the knowledge and consent of the LEA and so will be indemnified by the LEA insurers.

The training given by Northamptonshire NHS Trust staff will be monitored termly by the School Nurse and reviewed and updated annually or as required.

**Nature of Procedure**

.....

<b>Name/s of staff trained and willing to perform procedure</b>	<b>Statement of staff trained:</b>	<b>Statement of trainer:</b>
<b>Print Name</b>	<b>Signature and Date</b>	<b>Signature and Date</b>
I feel competent to perform the procedure detailed above.	On the day assessed this individual was competent to carry out the procedure named above, and fulfilled the standard of competence described for the procedure.	

To be retained by trainer and copied to trained staff & school office.

BARTON SEAGRAVE PRIMARY SCHOOL Medication Administration Record

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

Form/Class: \_\_\_\_\_

Medication: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Date cancelled: \_\_\_\_\_  
 (check prescribing label)

Controlled medication Received e.g. Ritalin : (Give date(s) and number of tablets)  
 No. of tabs date received initials of receiving person  
 No. of tabs date received initials of receiving person  
 No. of tabs date received initials of receiving person

Medication Given	Date	Time	Signature	Print Your Name	Verifying signature
Example Ritalin (1 tablet)	6.1.04	12.00			

Note1: **Controlled medication e.g Ritalin must be measured or counted on receipt and recorded above.**  
 Note 2: it is important that there is a minimum 4-6 hours gap between doses of paracetamol based medication. If unsure contact should always be made with parents before administering

Date:

Dear

**Re: the Administration of requested medication**

Unfortunately, we were unable to give ..... his/her .....  
in school today as.....

Yours sincerely