

**QUEEN ELIZABETH II  
(POMEROY)  
PRIMARY SCHOOL**



**Administration of  
Medication in School  
Policy**

**(Sept 2019)**

The Board of Governors and staff of Queen Elizabeth II Primary School, Pomeroy 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.**

**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.

Prescribed medication **will not** be accepted in school without complete written and signed instructions from the parent.

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

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

Each item of medication must be delivered to the Principal (or Authorised Person in the absence of Principal), in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Each item of medication must be carefully 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. 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, 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.

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.

## 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.

## MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

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

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

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

Class \_\_\_\_\_

National Health Number \_\_\_\_\_

Medical Diagnosis

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### 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 \_\_\_\_\_

Plan prepared by

Name \_\_\_\_\_

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

Describe condition and give details of pupil's individual symptoms

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Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

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Members of staff trained to administer medication for this child (state if different for off-site activities)

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Describe what constitutes an emergency for the child, and the action to take if this occurs

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Follow up care

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I agree that the medical information contained in this form may be stated with individuals involved with the care and education of

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Signed \_\_\_\_\_  
(Parent/Carer)

Date \_\_\_\_\_

Queen Elizabeth II Primary School

## 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	
Male/Female	
Class	
Condition or illness	

### Medication

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

Name/Type of Medication (as described on container)	
Date dispensed	



Expiry Date	
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### Full Directions for use

Dosage	
Method	
Timing	
Special Precaution	
Are there any side effects that school need to know about	

NB Dosage can only be changed on a Doctor's instructions

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 \_\_\_\_\_ 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. lunchtime or afternoon).

The 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)

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.

