



Administration of Medicines

Date agreed by Governors: 17/1/2017

Date of Review: October 2016

Member of Staff Responsible for the Policy: SLM

Date of next review: October 2017

Dissemination of the Policy: All staff and Governors

POLICY FOR THE ADMINISTRATION OF MEDICINES

The Board of Governors and staff at Pittville School wish to ensure that students with medication needs receive appropriate care and support at school.

The Headteacher will accept responsibility, in principle, for the member of staff responsible for first aid who will give or supervise students taking prescribed medication during the day.

Please note: members of staff in school are not under a contractual obligation to dispense medicines and that parents should keep their children at home if they are acutely unwell or infectious. It should also be noted that we will not dispense medicines for common ailments. In this case parents are advised to obtain slow release medication from their doctor.

Parents are responsible for:-

- ❖ Providing the Headteacher with comprehensive information regarding the student's condition and medication, by completing and submitting a completed Parental Agreement.
- ❖ Delivering each item of medication to the Headteacher or school first aider in a secure and labelled container as originally dispensed with written and signed instructions.
- ❖ Making sure each item of medication is clearly labelled with the following information:
 - Student's Name
 - Name of medication
 - Dosage
 - Frequency of medication
 - Date of dispensing
 - Storage requirements
 - Expiry date

The school will not accept items of medication in unlabelled containers.

- ❖ Ensuring that only reasonable quantities of medication is supplied to the school (a maximum of four weeks supply at any one time).
- ❖ Renewing the medication when the supplies are running low and ensuring that the medication supplied is within its expiry date.
- ❖ Notifying the school in writing if the student's need for medication has ceased.
- ❖ Disposing of their child's medication.
- ❖ Where it is appropriate to do so students will be encouraged to administer their own medication, if necessary under staff supervision. Parents should confirm in writing if they wish their child to carry medication with them to school.

The school will be responsible for:-

- ❖ Keeping the medication in a secure place out of reach of students.
- ❖ Keeping records which will be available to parents.
- ❖ Ensuring that staff who administer medication will have appropriate training.

The school will not:

- ❖ Give an un-prescribed medicine to a child unless there is a specific prior written permission from the parent.
- ❖ Force a child to take medication if they refuse. The parents will be informed as soon as possible.
- ❖ Make changes to dosages on parental instructions.
- ❖ 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 and those no longer required will be returned to the parent for disposal.

The school will make every effort to continue the administration of medicine to a student whilst on trips away from the school premises even if additional arrangements might be required.

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

Pittville School

ADMINISTRATION OF MEDICINES PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINES

Pittville School is not allowed to purchase for distribution medication of any kind but can accept painkillers etc., from you to store on your child's behalf and administer as required. However, we will not be able to give your child any medication (either prescribed or 'over the counter' such as paracetamol) unless you have completed and signed this form.

Child's Name:

Tutor Group:

Date of Birth:

Medical Condition or Illness:

Medicine:

Name/Type of Medicine:

Date Dispensed:

Expiry Date:

Dosage & Timing:

Special Precautions:

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Any side effects?

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Procedures to be taken in an emergency:

Family Contact Information

Name and Relationship:

Contact Nos:

Address:

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I give permission for my child to be given the medicine detailed above.

Signed (Parent/Guardian) Date: