



POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

RATIONALE

Wherever possible children should be educated with their peers, regardless of short or long term needs for medication. This principle will result, from time to time, in the school agreeing to administer essential prescribed medication to pupils so that those children are able to attend school.

AIMS

1. To enable those children who are well enough to attend school, but who require essential prescribed medication, to receive that medication.
2. To ensure that the administration of any medication which can be taken outside school hours is undertaken by parents/carers.
3. To clearly establish the responsibility of parents/carers in the administration of medication and what the school is prepared to undertake on a voluntary basis.

GUIDELINES

1. Parents/carers have prime responsibility for their child's health and should provide school with accurate and up to date information about any medical condition where treatment or special care is needed.
2. Parents/carers should ask doctors, wherever possible, to prescribe medication in dose frequencies which can be taken outside of school hours.
3. School follows the LA policy and guidance on "Managing Medicines in Schools and Early Years Settings" which is based on the document "Managing Medicines in Schools and Early Year Settings" (DfES, March 2005).
4. School does not administer to children any non-prescribed medication.
5. The parent/carer of a child who requires essential or prescribed medication during the school day brings the medication to the school office and completes a parental request form. Medication will only be accepted in the original container, correctly labelled with the child's name and dosage. The headteacher will then complete a form indicating that approval has been given. The forms are in the Management of Medication file in the MI room or electronically available from the finance and admin officer.

6. An individual care plan is completed for long term medical needs.
7. An individual record of medication sheet will be issued for each child.
8. The medication is stored in the office/MI room cupboard or refrigerator. It is administered by a First Aider/the headteacher or nominated person. The person who administers the medication signs the record to indicate they have done so.
9. A register is kept of all medication in the MI room cupboard and its handling.
10. The medication is returned to the parent/carer at the end of the day or on the date specified.
11. Children are not permitted to deliver or collect medication. Any medication must be left in the school office for transfer to the medical room.
12. Practices to ensure confidentiality of information will be maintained in all medical/health matters.
13. Children who have asthma which is managed by the use of inhalers should keep the inhalers in their own classroom for ease of access. Inhalers should be taken out to P.E. sessions and on school visits. Staff will supervise the use of the inhaler and seek further advice if treatment appears to be ineffective. Epipens are kept in the medical room and also taken out on school visits.
14. Approved medication for a child (with all forms completed and filed) is taken by the adult in charge of the party who will assume responsibility for its administration and safe keeping. This responsibility may be delegated if appropriate to the first aider with the party.
15. Staff will undertake relevant training in both the managing and administering of medicines and in supporting individual children with specific medical needs.
16. School will enlist the support of health professionals to provide both generic and specific advice and training for school staff e.g. in diabetes, Epipen use, asthma, allergies and anaphylaxis.
17. School will work with and act upon the advice, including technical support, for children with complex and long-term medical needs and conditions and/or who are dependent on medical technology.

PLEASE ALSO REFER TO THE LA AND DFES GUIDELINES AND SCHOOL'S POLICY ON THE EDUCATION OF CHILDREN WITH MEDICAL NEEDS.

POLICY REVIEWED: April 2013