
Title:	Administration of Medication Policy
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Administration of Medication Policy

Introduction:

Ideally, the administration of medicine should be done so at home. Where possible, it is the school's policy to comply with requests to help in administering medicines to students when these are of an essential nature. The Principal will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.

Parents/carers are responsible for providing the Principal with comprehensive information regarding the student's condition and medication.

Prescribed medication will not be accepted without completion of a "Request to administer medication form". (Sample attached). Staff will not give a non-prescribed medication to a student.

Each item of medication must be delivered to the Principal or Authorised Person in a **secure and labelled container as originally dispensed**. Each medication should be clearly labelled with the following information:

- Student'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. Unless otherwise indicated, all medication to be administered in school will be kept in a locked medicine cabinet. The school will keep a record of all medication administered. If a student refuses to take medicines, staff will not force them to do so and will inform parents/carers 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 the parent/carer to:

- Notify the school in writing if the pupil's need for medication has ceased.
- Renew the medication when supplies are running low and to ensure 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/carer at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent/carer for transfer to a community pharmacist for safe disposal.

Where it is appropriate to do so, students will be encouraged to administer their own medication under staff supervision. Parents/carers will be asked to confirm in writing if they wish the student to carry their medication with them in school. Students may take responsibility for keeping their own inhalers.

Staff who volunteer to assist in the administration of medication to a student will receive appropriate training/guidance, including First Aid training. The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises. 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 follow in the event of an emergency.



REQUEST TO ADMINISTER MEDICATION

The school will not give the student medicine unless you complete and sign this form and the Principal has agreed that staff can administer the medicine.

Student Details

Surname: _____ Forename (s): _____

Date of Birth: ____ / ____ / ____ Class: _____

Condition/Illness: _____

Medication

Parents/Carers must ensure that in- date properly labelled medication is supplied.

Name/Type of medication (as described on container): _____

Date dispensed: ____ / ____ / ____

Expiry date: ____ / ____ / ____

Dosage and method: _____

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

Timing: _____

Special precautions: _____

Are there any side effects that the school needs to know about? _____

Self-administration: Yes/No (delete as appropriate)

Procedures to take in an emergency

Contact Details

Name: _____

Phone number: (Home/Mobile) _____

(Work) _____

Address: _____

Relationship to student: _____

I understand that I must deliver the medicine personally to _____

(agreed member of staff) and I 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: ____ / ____ / ____



REQUEST FOR A STUDENT TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers.

Student Details

Surname: _____ Forename (s): _____

Date of Birth: ____/____/____

Class: _____

Condition/Illness: _____

Medication

Parents/Carers must ensure that in- date properly labelled medication is supplied.

Name/Type of medication (as described on container): _____

Date dispensed: ____/____/____

Expiry date: ____/____/____

Contact Details

Name: _____

Phone number: (Home/Mobile) _____

(Work) _____

Address: _____

Relationship to student: _____

I would like _____ to keep his/her medication on him/her for use as necessary.

Signature: _____

Date: ____/____/____

