



Healthy School

Morton Primary School

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Policy for Administration of Medicines in School

Children with short term medical needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.

- However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Head teachers and managers of services have a shared responsibility with parents to ensure good communication and information sharing to ensure a child receives the right medicine at the right time and, furthermore, that when a child is "handed over", parents/carers and staff know what medicines have been given and when the next doses are due. They also have separate responsibilities.

The Responsibilities of the Headteacher

It is the responsibility of the Head teacher to ensure that school has a clear medicines policy which is understood and accepted by staff, parents and children. The policy should be readily accessible. The policy should set out clearly what is expected of parents and children, including how working together will ensure that children with medical needs are not disadvantaged.

- Head teachers are advised not to allow children to bring medication into school except as covered by this document and the relevant codes of practice.⁸⁷
- They should advise parents that school does not keep any medication for distribution to children, e.g. paracetamol. They will, of course, have a first aid kit.
- They should have particular regard to the section dealing with consent below.

This does not imply a duty on Head teachers or staff to administer medication. The Local Authority wishes to point out to school staff, governors, parents that participation in the administration of medication is on a voluntary basis unless staff have accepted job descriptions that include duties in relation to the administration of medicines.

The Responsibilities of Parents

The responsibility for ensuring that children with medication needs receive the correct “treatment” rests ultimately with their parents/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child’s requirements. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours or when they are attending services. To help avoid unnecessary taking of medicines at school/ services, parents should:

- be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime;
- ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, the child could return home for this, or the parent should come to school/service to administer the medicine. If this is not possible, the recommended procedure for administration of medicines should be adopted.

- The parents should be informed that they will need to ask the pharmacist for duplicate labelled bottles in order to send medicines to school.
- It should be noted that duplicate containers may not be supplied free of charge – charges will be at the discretion of individual pharmacists.
- Alternatively, parents can ask the prescriber for two prescriptions, one to cover home and the other to cover school.
- Parents must not ask staff to administer doses other than as prescribed in the written instructions. Similarly, staff must not accede to any such request.

Consent

Before administering medicine to a child, there needs to be written evidence of consent. This may be given by a young person who is competent to do so but, in all other circumstances, by a parent or person with parental responsibility.

This document is a shortened version of the policy adopted by the Governing Body of Morton Primary School.

A full version is available in school for you to view.

Example of the permission document is below which **MUST** be completed prior to any medication being administered by school staff.

Form 2 - Parental Consent for Schools/Setting to Administer Medicine

The school/Setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School/Setting

Date

Childs name

Date of birth

Group/Class/Form

Medical condition or illness

Medicine

Name/type of medicine/strength
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by
(name of member of staff)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to
School/Setting

Are there any side effects that the
School/Setting needs to know about?

Self administration

Procedures to take in an emergency

Contact Details – First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School/Setting staff administering medicine in accordance with the School/Setting policy. I will inform the School/Setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the School/Setting is not obliged to undertake.
I understand that I must notify the School/Setting of any changes in writing

Date _____ Signature(s) _____

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

For School/Setting Use

Reviewed by	Date	Signature	Print Name

To be reviewed annually or if dose changes