

# LEVENDALE PRIMARY SCHOOL

## POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOLS

### Introduction

The Governors and staff at Levensdale Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher 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.

1. Medication will only be accepted in school if it has been prescribed by a Doctor.
2. Medication will not be accepted in school without complete written and signed instructions from the parent.
3. Only reasonable quantities of medication should be supplied to the school (for example a maximum of four weeks' supply at any one time).
4. Each item of medication must be delivered in its original container and handed to the Headteacher (or to the School Office).
5. Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.
6. Each item of medication must be clearly labelled with the following information:
  - ✓ Pupil's name
  - ✓ Name of medication
  - ✓ Dosage
  - ✓ Frequency of dosage
  - ✓ Date of dispensing
  - ✓ Storage requirements (if important)
  - ✓ Expiry date
7. The school will not accept items of medication which are in unlabelled containers.
8. Unless otherwise indicated all medication to be administered in school will be kept in a locked cabinet.
9. The school will provide parents/carers with details of when medication has been administered to their child.
10. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.
11. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.
12. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the PCT.
13. 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. Any such decision will only be taken if there are no reasonable adjustments that the school can make.

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The School will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

### DETAILS OF PUPIL

Surname .....

Forename(s) .....

M/F: .....

Date of birth: .....

Class: .....

Condition or illness .....

### MEDICATION

Name/type of medication (as described on container) .....

Name & Address of Prescribing Doctor: .....

.....

For how long will your child take this medicine .....

Date dispensed .....

#### Full directions for use:

Dosage and method .....

Timing .....

Special precautions .....

Side effects .....

Self administration .....

Procedures to take in an emergency .....

.....

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### CONTACT DETAILS

Name ..... Daytime Tel. ....

Relationship to pupil .....

Address .....

I understand that I must deliver the medicine personally to the Headteacher or School Office and accept that this is a service which the school is not obliged to undertake.

Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care and instruct the responsible adult to deliver the medicine to the Headteacher/School Office.

Signature(s) ..... Date .....

Relationship to pupil .....

**SCHOOL RECORD OF PRESCRIBED MEDICATION ADMINISTERED TO A PUPIL**

Name of Pupil ..... Class .....

Medication .....

Dosage ..... Time(s) .....

<i>Date/Time</i>	<i>Administered By</i>	<i>Date/Time</i>	<i>Administered By</i>

*Administration of Medication completed:*  
*Date* ..... *Signed* .....

*Medication returned to parent? YES/NO*