

# Standens Barn Primary School

## Administration of Medication in School



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| Document Title    | <b>Administration of Medication in School</b>  |
| Approved By:      | Governing Body of Standens Barn Primary School |
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**Approval Authorisation**

| Authorised By       |                                       |
|---------------------|---------------------------------------|
| Head Teacher:       | Signature:<br><br>Print:<br><br>Date: |
| Chair of Governors: | Signature:<br><br>Print:<br><br>Date: |

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## 1 ADMINISTRATION OF MEDICATION IN SCHOOL

1. The Governors and staff of Standens Barn Primary 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.
2. Any parent/carers requesting the administration of medication should be given a copy of the school's policy.
3. **Medication will only be accepted in school if it has been prescribed by a doctor.** The school is to inform the school nurse of any pupil, who has been prescribed a controlled medication e.g. Methylphenidate (e.g. Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drug Regulations. The prescribing doctor or specific medical teams is responsible for informing the patient when a drug belongs to this group.
4. Wherever possible, medication should be given by parents/carers to children at home. Where the dosage stated says 3 times a day or less then the school **will not** administer the medicine because this could reasonably be administered at home i.e. before school, after school and before bed time.
5. Medication will not be accepted anywhere in school without complete written and signed instructions from parent/carers.
6. Only reasonable quantities of medication should be supplied to the school/setting by a responsible person (no more than one week's supply) and recorded in the Medication Administration Records File.
7. In the first instance, each item of medication must be delivered in its original container and handed directly to a nominated person authorised by the Headteacher. The school's nominated person is **Mrs. Shipley**, and/or **Mrs Bates**.
8. Each item of medication must be clearly labelled with the following information:
  - a. Pupil's name
  - b. Name of medication
  - c. Dosage
  - d. Frequency of dosage
  - e. Date of dispensing
  - f. Storage requirements (if important)
  - g. Expiry date (if available)
9. The school will not accept items of medication, which are in unlabelled containers.

10. All items of medication should be delivered, where possible, directly to the school office by a responsible person and recorded in the Medication Administration Records File. This file will include a record of all medications administered in school.
11. Unless otherwise indicated, all medication to be administered in school will be stored in a locked locker in the staffroom unless the medicine needs to be kept in the fridge. In this case it will be stored in the staffroom fridge, which is out of bounds to the children. However inhalers/epipens will be kept in close proximity to the child, therefore depending on maturity the child may have their inhaler in their drawer, on their person or in the teacher's desk. Inhalers must be taken outside for PE and kept in close proximity to the child. Parents/carers will be asked to confirm in writing if they wish their child to carry their inhaler/epipens with them in school.
12. The school may provide parents/carers with details of when medication has or has not been administered to their child.
13. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
14. 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.
15. Parents/carers should be advised that if their child self-administers medication and this is lost, stolen or broken, the school will follow standard procedures, if an emergency arises.
16. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service and in line with their first aid training.
17. 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. Separate, formally agreed arrangements are acceptable on educational visits that involve an over-night stay. 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.

**Appendix 1 - MEDICATION CONSENT FORM** (to be filed in Medication Administration Record File)

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff has agreed to administer the medication.

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**DETAILS OF PUPIL**

Surname: \_\_\_\_\_

Forename (s): \_\_\_\_\_

Address: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Class/Form: \_\_\_\_\_

Reason for medication (optional): \_\_\_\_\_

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**CONTACT DETAILS:**

Name: \_\_\_\_\_ Daytime Contact Telephone No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake

Date: \_\_\_\_\_ Signature (s): \_\_\_\_\_

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**MEDICATION**

Name/Type of Medication (**as described on the container**) \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

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**FULL DIRECTIONS FOR USE:**

Dosage and amount (**as per instructions on container**): \_\_\_\_\_

Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Self-Administration: \_\_\_\_\_

Please tick:

- a) At this stage I would like my child to keep his/her asthma inhaler/epipen about their person to use as necessary.

OR

- b) At this stage I would prefer that my child keeps his/her asthma inhaler/epipen within close proximity to them e.g. in their tray, or class box.
-

## MEDICATION

Name/Type of Medication (**as described on the container**) \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

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### FULL DIRECTIONS FOR USE:

Dosage and amount (**as per instructions on container**): \_\_\_\_\_

Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Self-Administration: \_\_\_\_\_

Please tick:

- b) At this stage I would like my child to keep his/her asthma inhaler/epipen about their person to use as necessary.

OR

- b) At this stage I would prefer that my child keeps his/her asthma inhaler/epipen within close proximity to them e.g. in their tray, or class box.

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## MEDICATION

Name/Type of Medication (**as described on the container**) \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

---

### FULL DIRECTIONS FOR USE:

Dosage and amount (**as per instructions on container**): \_\_\_\_\_

Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Self-Administration: \_\_\_\_\_

Please tick:

- c) At this stage I would like my child to keep his/her asthma inhaler/epipen about their person to use as necessary.

OR

- b) At this stage I would prefer that my child keeps his/her asthma inhaler/epipen within close proximity to them e.g. in their tray, or class box.

## Appendix 2 - STAFF TRAINING FORM FOR MEDICATIONS

### NORTHAMPTONSHIRE NHS TRUSTS

**School: Standens Barn Primary School**

Because of medical conditions children may require medication to be administered in school on a regular basis.

When following the written procedure they will be acting with the knowledge and consent of the LA and so will be indemnified by the LA insurers.

The training given by Northamptonshire NHS Trust staff will be monitored termly by the School Nurse and reviewed and updated annually or as required.

Nature of Procedure

.....

| <b>Name of learning support staff trained and willing to perform procedure</b> | <b>Statement of learning support staff:</b>               | <b>Statement of trainer:</b>  |
|--|---|---|
|  | I feel competent to perform the procedure detailed above. | On the day assessed this individual was competent to carry out the procedure named above, and fulfilled the standard of competence described for the procedure. |
| <b>Print Name</b>  | <b>Signature and Date</b>                                 | <b>Signature and Date</b>   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |

To be retained by trainer and copied to learning support staff.





Standens Barn Primary School  
Appendix 3 - MEDICATION ADMINISTRATION RECORD

Pupil's name: \_\_\_\_\_

Form/Class: \_\_\_\_\_

Medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

\_\_\_\_\_ (check prescribing label) How long to take the medication for: \_\_\_\_\_

Quantity returned: \_\_\_\_\_

Expiry Date of medication: \_\_\_\_\_

| Medication Given<br>e.g. Ritalin (1 tablet) or Epilim (200mg/5ml) | Date | Time | Signature | Print Your Name | Counter Signature<br><small>(usually person on first aid rota)</small> |
|---|------|------|-----------|-----------------|--|
|   |      |      |           |                 |  |
|   |      |      |           |                 |  |
|   |      |      |           |                 |  |
|   |      |      |           |                 |  |
|   |      |      |           |                 |  |
|   |      |      |           |                 |  |
|   |      |      |           |                 |  |

Note 1: Controlled medication e.g Ritalin must be measured or counted on receipt and recorded above.

Note 2: It is important that there is a minimum 4-6 hours gap between doses of paracetamol-based medication. If unsure contact should always be made with parents before administering

[illegible]

**Appendix 4 - RE: THE ADMINISTRATION OF REQUESTED MEDICATION**

Date: .....

Dear: .....

Unfortunately, we were unable to give ..... his/her medication  
..... in school today because

.....  
.....  
.....

Yours sincerely