

Blakesley CE Primary School

Managing Medicines Policy



Blakesley CE Primary School is proud to be a Church of England School where every child, and adult, matters. We provide a happy, caring environment, based on our Christian values. We recognise that we are all created unique individuals; we support, value and celebrate these differences. We are committed to a high quality education which develops the potential of all.

Prepared by:
L A Burman

Approved on:
11th September 2014
Reviewed on 13.10.16 by Standards
Committee

Signed (*Chair of Governors*)

Sarah Hyatt

Date of next Review:

October 2018

1. The Governors and staff of Blakesley CE 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/carer requesting the administration of medication should be given a copy of this policy.
3. Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at the school/establishment in exceptional circumstances.
4. Administering medicine is not an obligation of school staff but they may agree to administer medication on a case by case basis.
- 5. No child under 16 should be given any medicines without their parent's written consent.**
6. Medication will only be accepted in school if it has been prescribed by a doctor. School/Setting 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 is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym)
7. Medication will not be accepted anywhere in school without complete written and signed instructions from parent/carer.
8. 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.
9. Each item of medication must be delivered in its original container and handed directly to the Headteacher or to a nominated person authorised by the Headteacher.
10. 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 (if available)
11. The school will not accept items of medication which are in unlabelled containers.

12. Unless otherwise indicated all medication to be administered in school will be kept in a designated clearly identified locked cupboard.
13. The school may provide parents/carers with details of when medication has or has not been administered to their child.
14. 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.
15. 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.
16. Staff, who volunteer to assist in the administration of medication, will receive appropriate training/guidance through arrangements made with the School Health Service. In pre-school settings arrangements will be made through Primary Care Health Visitors.
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 on 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.

MEDICATION CONSENT FORM (to be filed in Medication Administration Record File)

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

DETAILS OF PUPIL

Surname:

Forename (s):

Address: M/F:

..... Date of Birth:

..... Class/Form:

Reason for medication (optional):

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):

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:

a) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

b) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her medication on him/her for use as necessary:

(**please note that this option excludes Methylphenidate (e.g. Ritalin, Equasym) and applies only to pupils of secondary age**)

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Medication Administration Record

Pupil's Name: _____

Form/Class: _____

Medication:

Time to be given:
 (check prescribing label)

Date cancelled:

Controlled medication e.g. Ritalin received:
 (Give date(s) and number of tablets) _____

Review date: _____

Medication Given	Date	Time	Signature	Print Your Name	Verifying signature
Examples Ritalin (1 tablet)	6.1.04	12.00			
Epilim (200mg/5ml)	12.1.04	12.30			

Note1: 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

Date:

Dear

Re: the Administration of requested medication

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

Yours sincerely