



Administration of Medication in School

Ratified by Governing Body (date):

21st September 2017

Signed on behalf of Governing Body:

Yasmin Umarji

Signed on behalf of Headteacher:

Adrian Kneeshaw

Review date:

September 2020

**STATUTORY
3 years**

Administration of Medication in Schools

Procedures

The Governors and staff of Carlton Bolling College wish to ensure that students with medical needs receive care and support in school. Students should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.

The Headteacher will accept responsibility for members of school staff giving or supervising students taking prescribed medication during the school day where those members of staff have volunteered to do so.

Parents and carers are responsible for supplying school with all necessary information regarding their student's condition and medication. This should be provided in conjunction with the GP or other medical professional as appropriate. This information should be recorded on a standard form which records the request of the parent to administer the medication. This written consent will be updated annually or as requested by the parents or carers. All medication supplies will be reviewed half termly. **Appendix 1**. A signed copy of this form should be kept in an accessible place near to the medicine, a copy on the student's file and a copy given to parents.

There is an additional form to be completed by parents where students require several medications – **Appendix 2**. Parents should also sign this form to confirm that the combined medications have been administered to the students without any adverse effect and that approval has been obtained for their combined administration from a medical practitioner.

If the Headteacher agrees s/he will confirm in writing to the parent that a named member of staff (authorised by the Headteacher) will administer medicine to the student. The named member of staff will also confirm in writing that they will supervise the student whilst they take their medication – **Appendix 3**. Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with Health professionals.

Medication can only be administered to students where parents **provide** such medication to the school and parents must specifically **request in writing** that the school administers it.

All items of medication should be delivered to a named member of school staff by parents, carers or escorts employed by the authority. The name of that member of staff must be recorded on **Appendix 1**.

Where a parent of a student under 16 requests that the student carries and administers his/her medication they should complete **Appendix 4**. The Headteacher will decide whether to grant this request taking into account the student's age, understanding, the nature of the medication and the safety of other students. If s/he decides to approve this arrangement **Appendix 3** must be completed and returned to the parent(s).

In all other cases parents should be notified in writing that all medication must be delivered to school directly into the keeping of either the Headteacher or authorised person in a secure and labelled container as originally dispensed.

Each container should be **clearly labelled** with the following:

- ✓ **Name of medication**
- ✓ **Student's name**
- ✓ **Student's date of birth**
- ✓ **Dosage**
- ✓ **Dosage frequency**
- ✓ **Date of dispensing**
- ✓ **Storage requirements (if applicable)**

Parents should be asked to make it clear whether medication needs to be kept in school or should be collected at the end of the day.

SUPPORTING STUDENTS WITH MEDICAL NEEDS IN SCHOOL**The Administration of Medicines in School**

Request form for parents/carers to complete if they wish the school to administer medication.

The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF STUDENT

Surname	
Forename(s)	
Address	M/F
	DATE OF BIRTH
	CLASS/FORM
Roll number	
Condition or Illness	
Medication	
Name/type of medication (as described on 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 storage instructions (explain if medicine should remain in school or return home daily)	
Special precautions	
Side effects	
Self-administration	
Action to be taken if student refuses to take the medication	

Procedures to take in an emergency		
CONTACT DETAILS		
Name		
Daytime Telephone No		
Relationship to Student		
Address		
<p>I understand that I must deliver the medication personally to Jane Clapham (First Aider) and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.</p> <p>I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: student's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.

SUPPORTING STUDENTS WITH MEDICAL NEEDS IN SCHOOL - The Administration of Medicines in School

For parents/carers to complete for students who require several medications

Student's name:

Student's date of Birth:

I confirm that the combined medications listed below have been administered to my child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

SignedDated.....

Relationship to child.....

Date Information Supplied	Name of Medication	Type	Dose	When Given	Method of Administration	Start Date (as applicable)	End Date (as applicable)	Special Precautions	Side Effects	Emergency Procedures

Please add any other relevant information below (continue overleaf if necessary):

SUPPORTING STUDENTS WITH MEDICAL NEEDS IN SCHOOL - The Administration of Medicines in School
CONFIRMATION OF THE HEADTEACHER’S AGREEMENT TO REQUEST TO ADMINISTER MEDICATION

Example letter for school to complete and send to parent/carer to agree to their request to administer medication to a named student.

Dear *(name of parent/carer)*

I agree that *(name of child)* will receive *(quantity and name of medication)* every day at *(time medication to be administered e.g. lunchtime or afternoon break)* as you have requested

(Name of student) will be supervised whilst he/she takes their medication by *(name of member of staff)*. This arrangement will continue until *(either end of course of medication or until instructed by parents)*. Each item of medication must be clearly labelled by the parent with the following information:

- Student’s name
- Date of Birth
- Address
- Name of Medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if necessary)
- Expiry date

The school will not accept medication which is in unlabelled containers. You have already supplied to us the information in the attached form giving details of your child’s medication.

Where your child requires several medications you have confirmed that the combined medication has been administered to your child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

Can I remind you that it is your responsibility to ensure the school is informed in writing of any changes in your child’s medication. The school should also be informed of any other circumstances that may affect the administration of medicine or your child’s reaction to that medicine.

Signed:(Headteacher)

I confirm that I will supervise *(name of child)* whilst he/she takes their medication.

Signed:

(Name of member of staff)

SUPPORTING STUDENTS WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School

REQUEST FOR STUDENT TO CARRY AND ADMINISTER OWN MEDICATION

Form for parents/carers to complete if they wish their child to carry his/her own medication.

This form must be completed by parents/carers.

Student's Name: Class/Form:

Address:

Date of Birth.....

Condition or Illness:

.....

Name of medication:

Procedures to be taken in an emergency:

.....

CONTACT INFORMATION

Name:

Daytime Telephone No:

Relationship to child:

I would like my son/daughter to keep his/her medication on him/her for use as necessary and

I confirm that s/he may administer his/her own medicine

or

I confirm that s/he may administer his/her own medicine but will require supervision

Signed: Date:

Full Name (in capitals)

Relationship to child:

The Administration of Medicines in School

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE

Form for recording training for staff

Name:

Type of training received and medication covered:
.....

Date training completed:

Training provided by:

I confirm thathas received the training detailed above and is competent to carry out any necessary administration of medication.

Trainer’s signature: Date:

Suggested Review Date:

I confirm that I have received the training detailed above

Staff signature: Date:

Headteacher’s signature: Date: