



Fairfield Primary School Administration of Medicines Policy

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| By: | R Birtwhistle |
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MEDICINES IN SCHOOL

Statement of intent

Fairfield Primary School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils' medication.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

For the purposes of this policy, "medication" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "Prescription medication" is defined as any drug or device prescribed by a doctor.

We do not routinely administer medicines in school. School will typically only administer medicines that have been prescribed and need to be taken more than three times a day. Parents/carers may visit school and give the child medicine themselves during lunch times/break times. It may occasionally be necessary for us to administer medicines for children with long term conditions such as ADHD; each case will be considered separately.

The Governors and staff of Fairfield Primary School wish to ensure that pupils with long term 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.

Medication will only be accepted in school if it has been prescribed by a doctor.

Medication will not be accepted in school without complete written and signed instructions from the parent.

Only reasonable quantities of medication should be supplied to the school (one month's supply at a time).

Each item of medication must be delivered in its original container and handed directly to the Office staff.

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.

Each item of medication must be clearly labelled with the following information and be in its original dispensing container:

- Pupil's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date

The school will not accept items of medication which are in anything other than the original dispensing containers.

Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

The school will provide parents/carers with details of when medication has been administered to their child as requested.

Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary under staff supervision.

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.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the PCT/Health & Safety.

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.

School has a 'School Inhaler' for universal use should any medical emergencies arise. These are stored securely and checked periodically. School also has an epi pen for school use should an emergency arise. This is stored in the locked First Aid cabinet in the office.

The school has procured a defibrillator device, which is located in the school office. Where the use of the defibrillator is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote

the use of AEDs, will be provided to staff on an annual basis, and usually during the first INSET session of the academic year.

FAIRFIELD PRIMARY

Parental agreement for setting to administer medicine

The school or setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of school / setting | |
| Name of child | |
| Date of birth | |
| Group / class / form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name / type of medicine (as described on the container) | |
| Expiry date | |
| Dosage and method of administration | |
| Timing | |
| Special precautions / other instructions | |
| Are there any side effects that the school / setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to be taken in an emergency | |

Nb. Medicines must be brought in the original container as dispensed by the pharmacy

Contact details

| | |
|---|--------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| Name/details of GP | |
| I Understand that I must deliver the medicine personally to | [agreed member of staff] |

The above information is, to 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.

Parent Signature(s)

Date

Head Teacher Signature(s)

Date

FAIRFIELD PRIMARY

For parents/carers to fill in for pupils who require several medications.

| | | | |
|----------------------------|--|--|--|
| Name of Medication | | | |
| Type | | | |
| Dose | | | |
| When Given | | | |
| Method of Administration | | | |
| Start Date (As Applicable) | | | |
| End Date (As Applicable) | | | |
| Special Precautions | | | |
| Side Effects | | | |
| Emergency Procedures | | | |

FAIRFIELD PRIMARY

CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO ADMINISTER MEDICATION

Example letter for schools to complete and send to parent/carer if they agree to administer medication to a named child.

Dear *(name of parent/carer)*

Date

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

(Name of child) will be supervised whilst he/she takes their medication by *(name of member of staff)*. This arrangement will continue until *(either end date of course of medication or until instructed by parents)*.

Signed:

(Headteacher)

FAIRFIELD PRIMARY

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

Example 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.

N.B. This facility would only be required when medical opinion (which the parents would need to provide in writing) is that the youngster will need the medication to be immediately available at all times.

Pupil's Name: ... Class/form:.....

Address:.....
.....
.....

Condition or illness:
.....
.....

Name of medication.....

Name and Address of prescribing Doctor
.....

Procedures to be taken in an Emergency:

CONTACT INFORMATION

Name:

Daytime Phone No:

Relationship to child:

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

Signed: Date:

Relationship to child:

FAIRFIELD PRIMARY

CONFIRMATION OF THE HEADTEACHER'S AGREEMENT FOR A PUPIL TO CARRY HIS/HER MEDICATION

Example letter for schools to complete and send to parent/carer if a pupil is allowed to carry his/her medication.

Dear ***(name of parent/carer)***

Date

I agree that ***(name of child)*** will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until ***(either end date of course of medication or until instructed by parents)***.

Signed:

(Headteacher)

FAIRFIELD PRIMARY SCHOOL RECORD OF MEDICATION ADMINSTERED

| | | | | |
|------------------------------------|--|--|--|--|
| Name of school / setting | | | | |
| Name of child | | | | |
| Group / class / form | | | | |
| Medicine received | | | | |
| Date medicine received from parent | | | | |
| Quantity received | | | | |
| Name and strength of medicine | | | | |
| Dose and frequency of medicine | | | | |
| Expiry date | | | | |
| Staff signature | | | | |
| Print name | | | | |
| Medicine returned | | | | |
| Quantity returned | | | | |
| Returned to (signature) | | | | |
| Print name | | | | |

FAIRFIELD PRIMARY

ADMINISTRATION OF MEDICATION IN SCHOOL

GUIDANCE FOR PARENTS/CARERS

To ensure the **SAFE** administration of medication in school the following guidelines have been produced. If these are not followed then unfortunately the medication cannot be given/supervised. Please note that the Headteacher/Authorised Person (see above) can only accept medication prescribed by a doctor.

1. Parents/carers are responsible for providing the Headteacher with adequate information regarding their child's condition and medication. It is the parents/carers responsibility to inform the school in writing when the medication is discontinued or the dosage changed. Such may also include securing written information from the prescribing Doctor.
2. Medication will not be accepted in school without complete written and signed instructions.
3. 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.
4. Only reasonable quantities of medication should be supplied to school, e.g. a maximum of 1 weeks supply at any one time.
5. Each item of medication must be delivered in the original container prescribed by a doctor and handed directly to the Authorised Person in school (usually the Headteacher). Each container must be clearly labelled with the following:

- Pupil's name.
- Name of medication.
- Dosage.
- Frequency of dosage.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

Items of medication in unlabelled containers will not be accepted.