

# DALRIADA SCHOOL

## POLICY DOCUMENT

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### Policy for the Administration of Medication in School

The Board of Governors and staff of Dalriada School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Headmaster 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 Parents are responsible for providing the Deputy Head (Pastoral Care) with comprehensive information regarding the pupil's condition and medication.
- 2 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- 3 Staff will not give a non prescribed medicine to a child unless there is specific prior written permission from the parents.
- 4 Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time if prescribed ongoing medicine; a week's supply otherwise).
- 5 Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.
- 6 Each item of medication must be delivered to the Deputy Head (Pastoral Care) in person or via the School Office or, by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:
  - Pupil's Name.
  - Name of medication.
  - Dosage.
  - Frequency of administration.
  - Date of dispensing.
  - Storage requirements (if important).
  - Expiry Date.
- 7 **The school will not accept items of medication in unlabelled containers.**

- 8 Medication will be kept in a secure place, out of the reach of pupils.
- 9 The school will keep records, which they will have available for parents on request.
- 10 If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 11 It is the responsibility of parents to notify the school **in writing** if the pupil's need for medication has ceased.
- 12 It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 13 The school will not make changes to dosages on parental instructions.
- 14 School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- 15 For each pupil with long term or complex medication needs, the Deputy Head (Pastoral Care) will ensure that liaison takes place with the appropriate health profession and a suitable care plan drawn up.
- 16 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- 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. 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.
- 18 All staff will be made aware of the procedures to be followed in the event of an emergency.

*This policy has been drawn up in accordance with the Department of Education and the Department of Health, Social Services and Public Safety's guidelines: **Supporting Pupils with Medication Needs**. (DENI, 2008, accessed 27/04/18)*

**Approved by Board of Governors 25/11/10**

**Policy reviewed 27.04.18**

**REQUEST FOR A SCHOOL  
TO ADMINISTER MEDICATION**

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

**Details of Pupil**

Surname \_\_\_\_\_ Forname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Form \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Condition or illness \_\_\_\_\_

\_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

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

\_\_\_\_\_

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

Expiry date \_\_\_\_\_

**Full Direction for use**

Dosage and method

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the School needs to know about?

\_\_\_\_\_

\_\_\_\_\_

Self Administration Yes / No (*delete as appropriate*)

## **Procedures to take in an Emergency**

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## **Contact Details**

Name \_\_\_\_\_

Phone No (hone/mobile) \_\_\_\_\_

\_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(*agreed member of staff*) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Agreement of Principal**

I agree that \_\_\_\_\_ (*name of child*) will receive  
\_\_\_\_\_ (*quantity and name of medicine*) every day at  
\_\_\_\_\_ (*time(s) medicine to be administered e.g. lunchtime or  
afternoon break*).

This child will be given/supervised whilst he/she takes their medication by

\_\_\_\_\_ (*name of staff member*).

This arrangement will continue until \_\_\_\_\_ (*either end date of  
course of medicine or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(*The Principal/authorised member of staff*)

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.**

**REQUEST FOR PUPIL TO CARRY**  
**HIS/HER MEDICATION**

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

**Details of Pupil**

Surname \_\_\_\_\_ Forname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Form \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Condition or illness \_\_\_\_\_

\_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

Name of Medicine \_\_\_\_\_

Procedures to be taken in an emergency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_

Phone No (hone/mobile) \_\_\_\_\_

\_\_\_\_\_

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

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

**Agreement of Principal**

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 \_\_\_\_\_ Date \_\_\_\_\_  
(*The Principal/authorised member of staff*)

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.**

**RECORD OF MEDICINE ADMINISTERED**  
**TO AN INDIVIDUAL CHILD**

Surname	
Forname(s)	
Date of Birth	M <input type="checkbox"/> F <input type="checkbox"/>
Form	
Condition or illness	
Date medicine provided by parent	
Name of strength of medicine	
Quantity received	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

**Checked by:**

Staff signature \_\_\_\_\_ Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Date			

Time given			
Dose given			
Any reactions			
Name of member of staff			
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Staff initials			