



The Federation of  
Chadsmoor Community Infant and Nursery School  
And  
Chadsmoor C.E (VC) Junior School

## Administering Medicines Policy

Review Autumn Term  
Reviewed January 2023

### Aim

To recognise that some pupils may need to take medication at school in order to minimise the time they are absent through illness.

- No non-prescribed medicine can be given in school. e.g. Aspirin and cough medicine
- Medicines will only be given if prescribed dosage is at least four times a day or specific instructions from a doctor regarding times.
- If medicine has to be taken at school it must be given to the designated person. The named volunteer will be trained and administer the medication. The following people are the volunteers:-

Infants	Juniors
1. Mrs Moulden Designated First Aider	1. Mrs Westwood Designated First Aider
2. Miss Regan	2. Mrs Bradley
3. Mrs Broad	3. Mrs Goodman
4. Mrs Chamberlain	4. Mrs Horton
5. Mrs Gripton	5. Mrs Hunt
6. Mrs Harrison	6. Mrs Parker
7. Mrs Mullen	7. Mrs Perkins
	8. Mrs Reaney
	9. Mrs Wright
	10. Mrs Smith

- The parent must fill in the consent form, together with details of the medicine, dosage and storage instructions.
- The medication must be clearly labelled with the child's name, date of dispensing, the name and dose of the drug, the frequency of administration and the expiry date
- The information on the label should be checked to ensure it is the same as on the parental consent form "Appendices 1 & 2 ". Where the information on the label is unclear such as "as directed" or

"as before" then it is vital that clear instructions are given on the parental consent form. If the matter is still not clear then the medicine will not be administered and the parents should be asked to clarify the problem.

- It is the parents' responsibility to keep the school informed of any changes to the dosage or medication.
- All medicines are kept in the Medical/Wet room at Chadsmoor Infants and in the office at Chadsmoor Juniors except those, which need to be in a refrigerator. This is located in the Staff room.
- Before administration, NAME, DOSAGE AND FREQUENCY MUST BE CHECKED.  
Any out of date medicines should be disposed of, parent informed and not administered.
- A record of medication given must be kept up to date

IT IS THE RESPONSIBILITY OF THE PARENTS TO COLLECT THE MEDICINE AT THE END OF THE SCHOOL DAY.

- Extra drinks for bladder or bowel conditions are to be treated like medicines. They will be handed into school and kept securely in classrooms and administered as required
- School will work in conjunction with the lead of first aid and parents to devise a care plan for pupils with individual specialised needs. A copy will be available on the notice board in the medical room at the infants or in the Care Plan file in the Junior School Office. Care plans will be reviewed annually and passed on if the pupil transfers to another school. **Under no circumstances will the school provide any medical care or treatment until a care plan has been agreed by the school.**
- If a child with a medical condition becomes ill they will be accompanied to the school office.
- Where a child has a condition that requires rapid intervention parents must notify the Head of School or Pastoral support workers of the condition, symptoms and appropriate action following onset who will inform appropriate staff of symptoms to look out for and appropriate action to take. This will be included in a care plan.

### **Employee Medicines**

An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that pupils will not have access to them, e.g. locked desk drawer, medical room or school office.

Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

Parental agreement for school to administer medicine.  
(Prescribed medication as required)

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

PLEASE NOTE: *medication must be in the original container as dispensed by the pharmacy.*

Pupil's Name	
D.O.B.	
Class	
Name of medicine & strength (as described on container)	
Expiry date	
Dosage	
Time dose to be administered	
Any other instructions	
Number of tablets / quantity to be given to school	
Contact details Name	
Daytime telephone number(s)	
G.P.'s name and phone number	

I understand that I must deliver and collect medicine personally.

I accept that this is a service that school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for staff to administer medicine in accordance with the schools policy. I will inform school immediately if there is any change of dosage or frequency of the medication or if the medicine is stopped.

Signed ..... Date .....

Print Name .....

It is agreed that the above named child will receive the specified medicine everyday at the specified time. This will be given / supervised by a First Aid qualified member of staff. This arrangement will continue until end date of course of medicine or until instructed by parents.

Signed \_\_\_\_\_ Mrs J Westley                      Date .....

Parental agreement for school to administer medicine.

(Prescribed medication as required)

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

PLEASE NOTE: *medication must be in the original container as dispensed by the pharmacy.*

Pupil's Name	
D.O.B.	
Class	
Medical condition / illness	
Name of medicine (as described on container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated	
Dosage and method	
Time dose to be administered	
Special precautions	
Known side effects	
Self administration	Yes No
Procedures to take in an emergency	
Contact details	
Name	
Daytime telephone number(s)	
Relationship to child	
Address	

I understand that I must deliver and collect medicine personally.

I accept that this is a service that school is not obliged to undertake.

I understand that I must notify the school of any changes.

Signed ..... Date .....

It is agreed that the above named child will receive the specified medicine everyday at the specified time. This will be given / supervised by a First Aid qualified member of staff. This arrangement will continue until end date of course of medicine or until instructed by parents.

Signed \_\_\_\_\_ Mrs J Westley

Date .....