



Kennington Primary School

Policy for the Administration of Medicines in School

<i>Reviewed by</i>	<i>Date</i>	<i>Signed</i>
<i>Head Teacher</i>	<i>October 2015</i>	<i>S. Pritchard</i>
<i>Head Teacher</i>	<i>October 2016</i>	<i>S. Pritchard</i>
<i>Head Teacher</i>	<i>October 2017</i>	<i>S. Pritchard</i>

The Governors and staff at Kennington Primary School wish to ensure that the children with medical needs receive proper care and support at school.

1. Medicine will only be accepted in school if it has been prescribed by a doctor.
2. Medicine will not be accepted in school without complete written and signed instructions from the parent/ carer.
3. Only reasonable quantities of medication should be supplied to the school.
4. Each item of medication should be delivered in its original container and handed directly to the Headteacher, the Deputy Headteacher or the school secretary.
5. Where the child travels on school transport with an escort, parents/ carers should entrust the escort with the child's medication.
6. Each item of medication must be clearly labeled with the following information:
 - Child's name
 - Name of medication
 - Dosage
 - Dosage frequency (time of medication)
 - Date of dispensing
 - Storage requirements
 - Expiry date
7. The school will not accept items of medication which are in unlabelled containers.
8. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.
9. The school will be able to provide parents/ carers with a copy of the details of when the medication was administered to their child if requested.
10. Where it is appropriate to do so children will be encouraged to administer their own medication, 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 (e.g. inhalers)
11. It is the responsibility of the parents/ carers to notify the school, in writing if there is a change in medication, a change in dosage requirements or in the discontinuation of the

child's need for the medication.

12. The school will make every effort to continue the administration of the medication to a child whilst on trips away from the school premises. However, there may be occasions when it may not be possible to include a child on a school trip if appropriate supervision cannot be guaranteed.

13. It is helpful, where clinically appropriate, if medicines can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents will be encouraged to ask the prescriber about this. Medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

14. Any member of staff giving medicines to a child should check:

- the child's name
- the prescribed dose
- the expiry date
- The written instructions provided by the prescriber on the label or container.

* If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action.

However in the event of an emergency, and particularly for those pupils who have a care plan, the procedure outlined in the care plan will be followed.

Each time a medicine is given to a child, the member of staff administering the medicine must complete and record it. The forms for this purpose are held in the appropriate folder in the school office. By completing these forms, we are demonstrating that we have exercised a duty of care.

ADMINISTRATION OF MEDICINE IN SCHOOL

The school will not give your child any medication unless you complete and sign this form and the headteacher has confirmed that school staff have agreed to administer the medication.

DETAILS OF PUPIL

Surname, Forename:

Address:

Date of Birth Class:

Condition or illness:

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:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

CONTACT DETAILS

Name: _____ Daytime Tel. No. _____

Relationship to Pupil: _____

Address: _____

I understand that I must deliver the medication personally to the Office manager and accept that this is a service which the school is not obliged to undertake.

Date: _____ Signature: _____