

# Administration of Medicines Policy

Date	Author	Comment
April 2025	Ms Kerry Storer	Policy Updated

### Administration of Medicines Policy

This policy outlines the structures in place to ensure that Southcoates Primary Academy makes provision to administer medications to those pupils with short-term illnesses requiring medication, such as antibiotics.

Intent	Rationale
	Administration of Medications
	Support Pupil Attendance

Implementation	<p>Staff Responsibilities</p> <ul style="list-style-type: none"><li>- Read and understand the policy</li><li>- Rigorously adhere to the policy's requirements, ensuring that Appendix 1 is completed by parents/carers and that Appendix 2 is used, completed, and signed</li></ul>
	<p>Parent/Carer Responsibilities</p> <ul style="list-style-type: none"><li>- Parents/carers must complete and sign the 'Request for the Academy to Administer Medication' form (Appendix 1). All sections of the form <b>must be</b> completed</li><li>- Parents/carers must hand medication in to the school office in conjunction with the completed/signed 'Request to Administer Medication' form</li></ul>

Impact	Supporting and promoting good pupil attendance
	Raising pupil attainment and achievement

## Intent

### Rationale

This policy relates to those pupils with short illnesses requiring medicines such as antibiotics.

This policy should be read in conjunction with the school's Asthma Policy and the Enquire Learning Trust's Pupils with Medical Needs Policy.

### How the academy will make educational provision for children requiring medicines

The academy is committed to the inclusion of all pupils in accordance with the Enquire Learning Trust's Equality Policy and Objectives. The taking of medicines should not prevent attendance at school.

## Implementation

### The taking of medicines in school

This policy refers to medicines for short-term illness; **not** on-going health issues.

At the Summer Term 1 (2017) Local Governing Body meeting this policy was reviewed.

In line with the Enquire Learning Trust's Pupils with Medical Needs policy, the following was agreed and has become our policy:

- Short-term prescription requirements must only be brought to the academy if it is detrimental to the child's health not to have the medicine during the school day. Where possible, it is the responsibility of parents/carers to arrange the timing of medication so that it is not necessary for it to be administered during the school day.
- The academy will only administer medicines that have been **prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber. We will only administer prescribed medicines in cases where it is required to be administered **4 times a day**. This is because it is felt that if a medicine needs to be delivered 3 or less times a day, it can be done around school times at home.
- Medicines must always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases, this should include:
  - name of child;
  - name of medication;
  - dose;
  - method of administration;
  - time/frequency of administration;
  - any side effects; and
  - expiry date.
- Parents/carers must complete and sign the 'Request for the Academy to Administer Medication' form (Appendix 1). All sections of the form **must be** completed.
- Parents/carers must hand medication in to the school office in conjunction with the completed/signed 'Request to Administer Medication' form.
- The academy **will not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosage.

- For the safety of others, all medicines will be stored by the academy in a secure place (main school office). No child should keep medicines on their person or in their tray/bag (except for Asthma inhalers - see Asthma Policy).
- All medicines should be collected by the parents/carers or nominated responsible adult when it is no longer required. It is the responsibility of the parents/carers to dispose of the medicine in a safe manner.
- When prescribed medicine is administered by academy staff, two members of staff must supervise the procedure and complete/sign the 'Administration of Medication' form (Appendix 2). For the purposes of identification and safeguarding, either a photograph of the pupil is attached to the form or the child's identity is verified by 2 members of staff.

**The academy will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.**

### **Review**

The policy will be reviewed bi-annually or when any amendments to the document are deemed to be necessary.

## Appendix 1

### REQUEST FOR THE ACADEMY TO ADMINISTER MEDICATION

**THIS FORM MUST BE COMPLETED & SIGNED BY THE PARENT/CARER**

#### **DETAILS OF PUPIL**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Male/Female: \_\_\_\_\_ 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 / ADMINISTRATION**

Dosage: \_\_\_\_\_

Method: \_\_\_\_\_

Medication expiry date: \_\_\_\_\_

Times of administration: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

#### **CONTACT DETAILS**

Name: \_\_\_\_\_ Daytime Telephone No \_\_\_\_\_

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

**I understand that I must deliver the medicine personally to a member of the school office staff.**

**I accept and understand that this is a service which the academy is not obliged to undertake.**

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

Appendix 2

REQUEST FOR THE ACADEMY TO ADMINISTER MEDICATION

PHOTO OF PUPIL

**This form must be completed, dated, and signed by two members of staff when any medication is administered by the academy.**

Name of pupil:

Date	Time	Name of Medication	Dosage	Printed names/signatures of Staff	

Date	Time	Name of Medication	Dosage	Printed names/signatures of Staff	