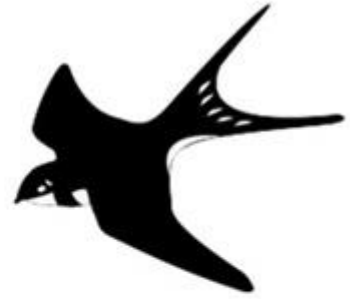


Southcoates

Primary Academy



part of the **enquire**
learning trust

Administration of Medicines Policy

**Date policy
produced:** May 2015

Produced by: Ted Chamberlain
Kerry Storer

**Date policy
approved:** June 2016

**Date policy
due for review:** Summer 2021

Administration of Medicines Policy

Scope of policy

This policy relates to those children with short illnesses requiring medicines such as antibiotics. This policy should be read in conjunction with the schools 'Asthma & Allergies Policy' and the 'Policy for the Pupils with Medical Needs'.

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 LA inclusion statement. The taking of medicines should not prevent attendance at school.

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 the policy for the 'Administration of Medicines' was reviewed.

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

- Short-term prescriptions requirements must only be brought to the Academy if it is detrimental to the child's health not to have the medicine during the Academy 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 Academy 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 (with the exception of 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 Academy's policy statement will be reviewed rigorously on a regular basis, revised as necessary and used as a tool for improving provision.
- The Academy will ensure that the Academy Improvement Committee is kept informed of the policy and its implementation.

Updated:
May 2019



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:

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 and accept that this is a service which the Academy is not obliged to undertake.

Date: _____ Signature: _____

