



Clarendon Primary School & Children's Centre
Policy for the administration of medication in
school

'Doing our best to achieve our best'

Introduction

This policy has been written taking into account the Surrey guidance manual and the DfES guidance on Managing Medicines in Schools & Early Years Settings (March 2005 reference 1448-2005DCL-EN).

The Governors and staff of Clarendon Primary School wish to ensure that pupils with medical needs receive proper care and support at school. Therefore, the Headteacher will accept responsibility in principle for members of the school staff giving medication to pupils, or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so.

Provision and administration of medicines

Medication should only be administered in school when considered essential; that is, where it would be detrimental to a child's health if the medicine were not to be administered during the timing of the school day. This would not include, for example, any medication that has been prescribed 3 times daily, as this can be taken outside of school hours. Medication for an on-going, chronic medical condition will only be accepted in school if it has been prescribed by an authorised prescriber.

The school will allow authorised staff, in non-urgent cases where parents wish their child to receive a dose of medication, to administer this provided that parents have completed and signed written instructions for its administration. This medication should be provided in brand new, un-opened packaging, clearly labelled. Medication will not be accepted in school without complete written and signed instructions from the parent. The labelling and instructions should include:

- Name of child
- Name of medication
- Dosage
- Frequency of dosage
- Storage requirements (if any)

Each item of medication must be delivered in its original container and handed directly to a member of staff in the Office. This includes 'over the counter' medicines such as mild painkillers or antihistamines**, as well as those dispensed by a pharmacist. The school will not accept items of medication which are in unlabelled containers.

**Lip balms, sun creams and antibacterial gel are also considered to be medicines in the context of this policy. The school will not accept responsibility for administering, accepting or storing these items if they have not been prescribed and ask that they are not brought into school to avoid children sharing items which may contain allergens. It is the responsibility of parents to ensure that prior to leaving for school, they apply sufficient sun cream to their child's skin to last for the duration of the school day.

On occasions where a child might travel to school on transport provided by Surrey Children's Services, parents/carers should ensure the escort is informed of any medication sent with their child, including medication for administration during respite care.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

Storage and Record-Keeping

Once medication has been accepted by the School, all medication to be administered during the day will be kept in a locked medical cabinet, with the exception of inhalers which will be stored in the medical room, and epi-pens (which should be readily accessible in the medical room and also in the child's classroom. Epi-pens should be carried by the class teacher or another attending adult during lessons outside the classroom).

The school will keep appropriate records of when medication has been administered to a child. Examples of medication records and parental consent forms are attached to this document as appendices 1-3 to the Policy.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. It is the responsibility of parents/carers to:-

- notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication;
- ensure that medicines do not exceed their expiry date;
- supply any equipment required to administer the medicine; e.g. spoons, oral syringes, syringes for injections or sharps containers.

Administering medicine on school journeys

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.

Children with long-term health conditions

Where a child has a known medical need, it is important that the parent completes a Healthcare Plan before a medical emergency arises. This Healthcare Plan should be completed and agreed between the relevant medical experts, the school and the parents. It will include information about all medications prescribed and details of what to do in an emergency.

Review of this policy

If no prior amendments are required to be made, the first formal review of this policy will take place in the spring term 2019.

Policy Review:

Date reviewed: Summer term 2016
Review date: Spring term 2019



Clarendon Primary School & Children's Centre
APPENDIX 1

PUPIL MEDICATION REQUEST

School Name and Address: _____

Child's Name: _____

Parent's surname if different: _____

Home Address: _____

Condition or Illness: _____

Parent's Home: _____

Work: _____

GP Name: _____ Contact number: _____

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below.

I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical Consultant.

I will ensure that the medicine held by the school has not exceeded its expiry date.

Signed:.....Parent/Carer

Date:

Name of medicine	Dose	Frequency/ times	Completion date of course if known	Expiry date of medicine
Special Instructions:				
Allergies:				
Other prescribed medicines child takes at home:				

NOTE: Where possible, the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.



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APPENDIX 2

ADMINISTERING MEDICINES ON SCHOOL JOURNEY

Whilst your child is away on School Journey, school staff accompanying the trip are prepared to help parents by administering medicines, but only under **strict guidelines laid down by the local Authority.**

Please complete this form and bring it into school on the day of departure with the medicine.

1. **Child's name**..... **Class**.....
2. **Child's medical condition/ illness**.....
3. **GP Name:** **Contact number:**

Name of medicine*	Dose	Frequency/ times
Special Instructions:		
Please specify if your child is allergic to any medication:		

Please also ensure that the medication/equipment is clearly labelled with the child's name and class, the relevant dosage and the condition for which the medication is required.

*Medicines include Lip Balms, Throat Lozenges/Cough sweets and other non-prescription items.

Please note that medication already held in school does not go on the trip, you are responsible for providing an extra supply. Please ensure that your child takes their medication home with them on arrival back at school.

I give permission to the school to administer the above medication for the period of School Journey [name date] as stipulated above.

Signed:.....**Parent/Carer**
Date:



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APPENDIX 3

PUPIL MEDICATION RECORD

Child's name: _____

Date of Birth: _____

	Date	Time	Medicine given	Dose	Signature(s)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



Clarendon Primary School & Children's Centre

APPENDIX 4 MEDICAL QUESTIONNAIRE - RESIDENTIAL VISITS

PUPIL'S NAME _____ DATE OF BIRTH _____

PARENT'S NAME _____

HOME ADDRESS _____ TELEPHONE NO _____

NAME & ADDRESS FAMILY DOCTOR _____

TELEPHONE NO _____

Has your child had any of the following

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies e.g. material, food, insect bites etc.	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of these questions is YES please give details below

Immunisation Status

Has your child received vaccination against Tetanus in the last 5 yrs? YES NO
Date if yes _____

Is your child receiving medical treatment of any kind from either YES NO
your Family Doctor or Hospital?

Has your child been given specific medical advice to follow in YES NO
Emergencies?

If the answer to either of these questions is YES please give the details below. (include dosage etc)

Signed _____ Parent/Guardian Date: _____



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APPENDIX 5

PARENTAL CONSENT FORM FOR OFFSITE VISITS – DAY AND RESIDENTIAL

(N.B. PLEASE COMPLETE PARTS 1 & 2 AND ENSURE THAT YOU HAVE SIGNED EACH SECTION).

1. A journey to

From..... (date) to.....(date)

I give permission for my son/daughter.....

Year.....

To be allowed to take part in the above mentioned school journey and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

Signed _____ Parent/Guardian

.....

2. Please delete and complete the following as is appropriate

My child has no illness, allergy or physical disability *
the following illness or physical disability *

*cross out which does not apply

.....

Which necessitates the following medical treatment

.....

- I consent to any emergency medical treatment necessary during the course of the visit.
- I consent/do not consent* to my son/daughter being given a mild painkiller (paracetamol) if considered necessary by the party leader.

*Delete as applicable

Signed _____ Parent/Guardian

HOME ADDRESS	TELEPHONE NUMBER	MOBILE
WORK ADDRESS	TELEPHONE NUMBER	
EMERGENCY CONTACT NAME/ADDRESS	TELEPHONE NUMBER	MOBILE

