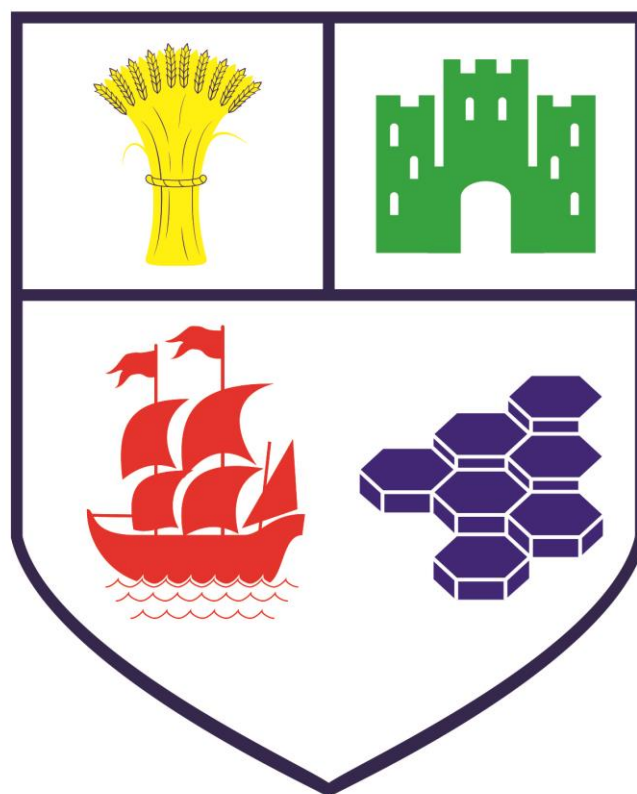


Dunseverick Primary School



Prescribed Medication Policy

This policy was reviewed & adopted by the BOG

November 2023

Signed by the Principal

Signed by the Chair of the BOG

Review Date

November 2024

PRESCRIBED MEDICATION POLICY

The Board of Governors and staff of Dunseverick Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.** (There is no contractual requirement to administer medicines and it remains at his/her discretion).

Please note that parents should keep their children at home if acutely unwell or infectious.

- ❖ Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication on Forms AM2 (Administration of Medicines at School) and AM4 (Record of Medicine Administered To An Individual Child).
- ❖ Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- ❖ Non-prescribed medication should not be sent with pupils to school eg. Calpol, throat lozenges etc. (Ref. Department of Education's document – Supporting Pupils with Medication Needs) '...schools should only store, supervise and administer medicines that has been prescribed for an individual child....'
- ❖ Only reasonable quantities of medication should be supplied to the school.
- ❖ Each item of medication should be delivered to the Principal by that parent **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:
 - Pupil's Name.
 - Name of medication.
 - Dosage.
 - Frequency of administration.
 - Date of dispensing.
 - Storage requirements (if important).
 - Expiry date.

The school will not accept items of medication in unlabelled containers.

- ❖ Medication will be kept in a secure place, out of the reach of pupils. If it requires refrigeration, it is not possible for the medicine to be stored in school as the location of the refrigerator enables pupils to access it.
- ❖ The school will keep records of medicine that has been administered which is counter-signed by another adult witness. (Form AM4)
- ❖ If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed, in line with the Health and Safety policy.
- ❖ It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

- ❖ It is the parent's responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- ❖ The school will only follow the instructions outlined on the medication label and will follow the doctor's instruction.
- ❖ School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each school year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for safe disposal.
- ❖ For each pupil with complex medication needs, the Principal will ensure that a Medication Plan/Care Plan/Protocol is drawn up, in conjunction with the appropriate health professionals.
- ❖ Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service if necessary.
- ❖ 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. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- ❖ All staff will be aware of the procedures to be followed in the event of an emergency.

DUNSEVERICK PRIMARY SCHOOL

REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION

This form will be used for children who are on prescribed medication, who either need this medication administered or keep this medication in their schoolbags.

PUPIL DETAILS

Name _____ Class _____ DOB _____

Condition or illness _____

MEDICATION

Parents must ensure that the medication is properly labelled and in date.

Name/Type of Medication (Including inhalers, as described on container)

Name of Medicine	Date Dispensed	Expiry Date	Full Directions for use (time, dosage*, method) Also possible side effects

*NB Dosage can only be changed on a Doctor's instructions

PROCEDURES TO BE TAKEN IN AN EMERGENCY

Please sign the statement below which applies to your child's medication

I would like my child to keep his/her medication on him/her for use as necessary.

To be Self Administered YES/NO

Signed _____ (Parent/Guardian)

Or

I would like my child's medication to be administered by the school

Signed _____ (Parent/Guardian)

SCHOOL AGREEMENT

I agree that _____ will receive the medicine(s) as described and when detailed to do so according to the instructions on this form, or that the child can administer their own medication as agreed by the parent.

This arrangement will continue until instructed otherwise by parents or until date of expiry of medication.

Signed _____ (Principal)

Date _____

Dunseverick Primary School

Record Of Medicine Administered To An Individual Child (Form AM4)

Surname	
Forename(s)	
Date Of Birth	
Male/Female	
Class	
Teacher	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Signature of Parent/Guardian	
Signature of Principal	

Date	Time given	Dose given	Any reactions	Names and initials of staff members

