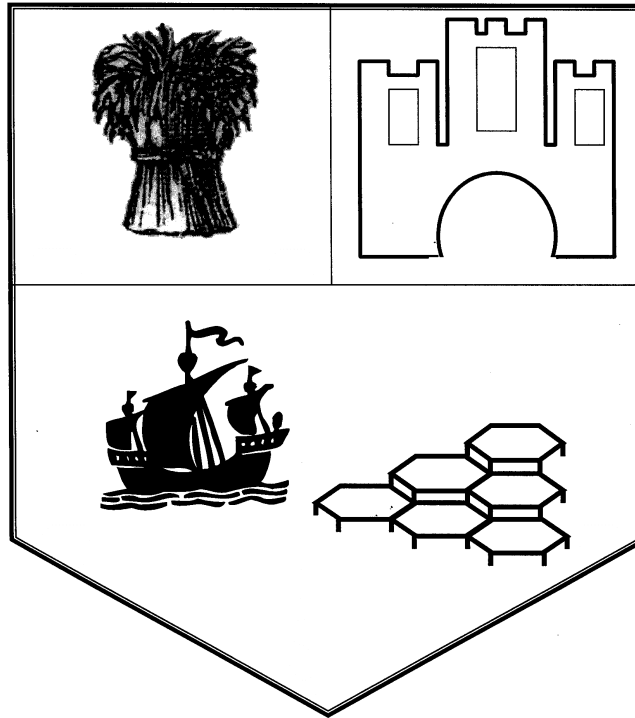


Dunseverick Primary School



Prescribed Medication Policy

Updated September 2013

This policy was adopted by the BOG on _____

Signed by the Principal _____

Signed by the Chair of the BOG _____

Review Date _____

DUNSEVERCICK PRIMARY SCHOOL 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. (Forms AM4/AM5)
- ❖ 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
Administration of Medicines at School (Form AM2)

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Details of Pupil

Pupil's Name _____

Class _____ Teacher _____

Date of Birth _____

Male/Female _____

Medical condition of my son/daughter:-

Medication

Parents must ensure that in date properly labelled medication is supplied

Name/Type of Medication (as described on the container)

Date dispensed _____

Expiry Date _____

Full Directions for use

Dosage and method

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

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Procedures to take in an Emergency

Name of G.P. _____

G.P.'s telephone number _____

Contact Details

First Contact

Second Contact

_____ Name _____

_____ Address _____

_____ Tel. No. _____

I understand that I must deliver the medicine personally to the Principal and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____

Date _____

Agreement of Principal

I agree that _____ (name of child) will receive _____ (quantity and name of medicine) at _____ (time(s) medicine to be administered eg. lunchtime or as required).

The child will be supervised whilst he/she takes their medication.

This arrangement will continue until

_____ (either end date of course or until instructed by parents).

Signed _____ Date _____

(The Principal)

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

