ST. MARY'S R.C. PRIMARY SCHOOL

ADMINISTRATION OF MEDICINES NON-STATUTORY POLICY

Reviewed **December 2023**
Reviewed **December 2024**

Parents are responsible for their children's wellbeing. If a child is unfit to attend school, parents/carers should keep their child at home until they are sufficiently recovered to attend school.

If a child becomes unwell during the school day, the school will make every effort to contact parents/guardians and the child should be collected as soon as possible.

Administration of medicine in school time

- Medicine prescribed by a doctor can be administered in school by, Mrs Christian, Miss Cornwell, Mrs Houghton and other designated members of staff (list available from the office). This will only be administered if an Administration of Medicine Form is completed by the parent or guardian.
- Under no circumstances should pupils be given any medicines to bring into school for self-medication, other than prescribed asthma inhalers.
- If a child suffers an allergic reaction to medicine prescribed by their doctor, parents will be informed immediately. However, ultimate responsibility remains with the parents/carers.
- If a child refuses to take their prescribed medicine, parents will be informed. In such a case, parents must make alternative arrangements for the administration of medicine.

Administration of Medicines Form

Parents need to provide:

1. Name of child.
2. Name of medicine.
3. Who prescribed the medicine
4. Dosage and timing of medicine.
5. Emergency contact number – in case of difficulties.
6. Storage container if applicable

All medicines will be stored in the first aid cupboard in the medical room or in the designated fridge in the staff room. The smallest practical dose should be brought to school by the parent/guardian.

An 'Administration of Medicine' sheet will be completed by the relevant member of staff so there is a record of the information/details.

Anaphylaxis or Anaphylactic Reactions

If a child could possibly require the administration of medicine in case of anaphylactic shock, the parent should fill in the school letter requesting this.

It is the parent's duty to ensure the medication stored in school is with the correct date.

First Aid

Members of staff are First Aid trained. We take a sensible approach to minor bumps and scrapes and act *in loco parentis*.

- If your child has a more serious injury we will contact one of the parents or nominated contacts to take the child to A & E. Under normal circumstances staff will not be permitted to take a child to hospital.
- Under exceptional circumstances an ambulance would be called and arrangements would be made to meet parents/carers at the appropriate venue.

It is vitally important that all your contact details are kept up-to-date. Please let us know immediately if there are any changes to your circumstances.

Form Requesting the Administration of Medications

Dear Headteacher

I request and authorise that …… (*full name of child)* in Year …… be given the following medication. I take full responsibility for the administration of the medicine prescribed.

Name of medicine ……

Dosage ……

Time required ……..

This medication has been prescribed to my child by…… *(name of GP)* whom you may contact for verification. The medication is clearly labelled indicating the contents, dosage and the child's full name.

Parental Emergency Contact Number: ……

Headteacher ……Mrs hayes…… Date ……..

Form Requesting the Administration of Medications in Cases of Anaphylactic Shock

I authorise …… *(name/s of trained individual/s)* to administer the injection as I am satisfied that he/she has been trained in the use of the injection and is competent in recognising the indications for its administration.

I fully understand that the medication will only be given if there is a suitably trained volunteer in school at the time. Should no volunteer be available, it is my responsibility to provide the necessary cover until the volunteer replacement is in school.

I confirm that I am the parent/person with parental responsibility in respect of the child and accordingly I am legally empowered to give authority for the administration of this medication.

Signed …… Date ……

Name ……..

Parental Emergency Contact Number: ……

Headteacher ……Mrs Hayes…… Date ……..

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