

# Managing Medicines Policy Parental Version

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#### **ADMINISTRATION OF MEDICINES**

#### **Background to the Policy:**

Parents or carers have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

- There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication, in accordance with the procedures detailed within this guidance, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described in the full Managing Medicines Policy School Version.
- Unless children are acutely ill they should attend school. To facilitate this it may be
  necessary for them to take medication during school hours; however this should
  only be when essential. Where clinically appropriate, medicines can be prescribed
  in dose frequencies, which enable it to be taken outside of school hours. Parents
  should be encouraged to ask the prescriber about this. It is noted that medicines
  that need to be taken three times a day could be taken in the morning, after school
  and at bedtime.
- Written agreement from the child's parents/carer is required prior to administering any medication (form A).
- Written confirmation of instructions from a health practitioner is required prior to administering prescribed medication.
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer
- The school will have a system of record keeping. Records of all administration and disposal of medications must be kept in a bound book.

This policy applies to: All Students

#### **Statement of the Policy**

The purpose of this policy is to give advice to parents in relation to the administration of medicines in school both as a matter of routine and in an emergency.

#### **Main Policy**

1. All medication must be in the original container.

- 2. All medication **MUST** be clearly labeled with:
  - the child's name
  - the name and strength of the medication
  - the dosage and when the medication should be given
  - the expiry date
- 3. All prescribed medication (including homeopathic medicines) must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse specialist, nurse practitioner) including the time/dose to be given in school.
- 4. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer
- 5. If two medications are required, these should be in separate, clearly and appropriately labeled containers.
- On arrival at school, all medication is to be handed to the school office by the parent/carer, unless there is prior agreement with the school for the student to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record.

#### Storage of Medication in school

- 1. Controlled Medication must be stored in a locked cabinet with the key stored in an accessible but restricted place known to the designated members of staff.
- 2. If refrigerated storage is required this must be lockable and in a designated area of the school and used solely for that purpose
- 3. Once removed from the cabinet, medication should be administered immediately and never left unattended.

#### **Documentation**

- 1. Medical forms are included in the appendices.

  N.B verbal and text messages are not acceptable.
- 2. Each student receiving medication will have the following documentation:
  - Written request and permission by Parents/Carers for school to administer medication (Form A - appendices)
  - Written request and permission by Parents/Carers for student to carry and self administer medication (Form B appendices)

- Written request and permission by Parents/Carers for school to administer emergency medication (Form C - appendices)
- 3. In addition, students with complex medical needs will have an Individual Health Care Plan as arranged through the SENDCO

#### **Self-Administration of Medication**

Parents/carers must complete a written request form for a child to self-administer medication. (Examples of medication include; Insulin or asthma medication, or temporary medication that <u>must</u> be taken within the school day). This will only be permitted where a child has been trained and is competent to administer their own medication. (Form B - appendices)

#### **Record Keeping**

- 1. A system of record keeping will include:
  - Records of parental/carer consent and or health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating.
  - Record of administration of medication including amount administered and amount remaining (running total) is to be kept in a bound book.
  - Record of medication returned to the parent/carer wherever possible.
  - Record of medication disposed of and the form of this disposal
- A parent/carer request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.
- 3. The request form must include:
  - Child's name, class, date of birth
  - Reason for request
  - · Name of medication, timing of administration and dosage of medication
  - Emergency contact names and telephone numbers
  - Name and details of Doctor and/or health practitioner
- 4. Reasons for not administering regular medication (e.g. refusal by student) must be recorded and parents informed immediately/within the timescale agreed by the health practitioner.
- 5. The school must keep records of administration of medication in a bound book. This bound book must be kept in the storage cabinet.

#### **Emergency Medication**

- 6. Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed Consent and written Individual Care Plan (available from the SENDCO).
- 7. This type of medication will be readily available.
- 8. Consent and Care Plan to be kept with the medication.
- 9. The Care Plan must be checked and reviewed Termly.
- 10. It is the parents'/carers' responsibility to notify school of any change in medication or administration.
- 11. Procedures in the Care Plan should identify:
  - Where the medication is stored
  - Who should collect it in an emergency
  - Who should stay with the child
  - Who will telephone for an ambulance/medical support
  - Contact arrangements for parents/carers
  - Supervision of other students
  - Support for students witnessing the event

#### **Monitoring of Impact:**

The Headteacher shall monitor the policy. The SENDCO will audit the medication protocols

#### Attached appendicies relating to this policy

Form <i>F</i>	A /	Agreement	to ad	lminster	medicine

Form B Request for child/young person to carry own medicine

Form C Agreement to administer emergency medicine

# Form A - Agreement to Administer Medicine

JSCHS will not give your child medicine unless you complete and sign this form

**Note:** Medicines must be in the original container as dispenced by the Pharmacy

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instruction	ns
Are there any side effects that the school/setting needs to know about	
Self-administration – y/n	
Procedures to take in an emergency	у
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	
The above information is, to the pest of my knowledge, accurate at	[the school office]
	medicine in accordance with the school policy. I writing, if there is any change in dosage or medicine is stopped.
Signature(s)	Date

## Form B - request for student to carry his/her own medicine

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be disucssed with the healthcare professionals)

Name of school/Setting			
Name of Child			
Group/Class/Form			
Name and strength of Medicine			
I would like the student named necessary	above to keep his/her medicine with them for use as		
I confirm that the student named above has received suitable information, instruction and training and is competent to administer their own medication			
Signature Of Parent/Carer:	Date:		
Signature Of Student:	Date:		

# Form C - Authorisation for the administration of emergency medication

To be completed where administering of emergency medication may be required

Name of School or Setting	
Child's Name	
Date of Birth	
Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	
Parent/carer Signature	Date: