



# **Policy for the Administration of Medicines in School**

**Agreed by Governors: Spring 2023  
To be reviewed: Spring 2025**

The Board of Governors and staff of Dothill Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Head 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.

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

Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent on the school MED1 form. School will usually only administer medication with a dose of 4 times per day.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents on the school MED1 form, authorised by the Head Teacher.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Head Teacher or Authorised Person, in normal circumstances by the 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. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

The school will keep records, which they will have available for parents.

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.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' 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 not make changes to dosages on parental instructions.

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 term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the Head, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

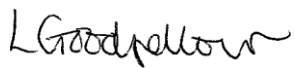
***Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.***

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.

All staff will be made aware of the procedures to be followed in the event of an emergency.

Signed..........Date 23.3.23

(Head teacher)

Signed..........Date 23.3.23

(Chair of Governors)



School: Dothill Primary School  
Address: Severn Drive, Wellington, TF1 3JB

**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION – MED 1**

DETAILS OF PUPIL ( <i>Capitals please</i> )						
Name		M/F	Date of Birth	/ /	Class	
Condition or illness ( <i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i> ):						
DOCTOR'S DETAILS						
Doctor's Name		Medical Practice		Telephone Number		
MEDICATION AND ADMINISTRATION						
Name of medication ( <i>give full details given on the container label issued by the pharmacist</i> )						
Type of Medication ( <i>eg tablets, mixture, inhaler, Epipen, other (please specify)</i> )						
Date Dispensed:		Dosage and method:				
Times to be Taken in School:		Is precise timing critical? Yes/ No				
For how long will your child need to take this medication?						
For medication that need not be administered at pre-set times please indicate when it should be given: ( <i>eg before exercise, onset of asthma attack, onset of migraine etc</i> )						
The medication needs to be administered by a member of staff					Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff					Yes	No
The medication needs to be readily accessible in case of emergency					Yes	No
ADDITIONAL INFORMATION						
Precautions or Side Effects:						
What to do in an emergency:						

**(Please read the notes on the reverse of this form carefully If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)**

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent  
I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer

Date:

## NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written request using this form, having first been made.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day, eg medicines taken 3 times per day can be administered at home before school, after school and at bedtime).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.
6. The school will only administer prescribed medicine which must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.
13. You may find it necessary to seek your Doctor's help in completing this form.





**Misadministration of Medications for Schools Form**

<b>Name of child who received the Incorrect medication.</b>		<b>Name:</b>			
		<b>Address:</b>			
<b>Date incident occurred</b>					
<b>Time incident occurred</b>					
<b>Who was the original medication prescribed for?</b>					
<b>Please list the incorrect medication administered</b>	<b>Name of Medication</b>	<b>Dose given</b>	<b>Comments</b>		
<b>Was the child admitted to Hospital (please tick)</b>		<b>Yes</b>		<b>No</b>	
<b>If yes, which hospital and what time were they admitted</b>					
<b>Advice sought from a doctor or Pharmacist (other than hospital)</b>		<b>Yes</b>		<b>No</b>	
		<b>Date and time advice sought</b>			
<b>Name of Doctor or Pharmacist Contact details: (address, telephone, number)</b>					
<b>Persons on duty at the time incident occurred</b>					

<b>Child's parents contacted</b>	<i>Record summary of conservation:</i>		
<b>Was the member of staff administering the medication trained and authorised to do so (please circle)</b>		<b>Yes</b>	<b>No</b>
<b>How did the incident occur</b>	<i>Describe in full details:</i>		
<b>Outcome:</b>		<b>Please tick/add comments</b>	
<b>Parents informed and incident report form completed</b>			
<b>Child monitored with no ill effects</b>			
<b>Outcome uncertain</b>			
<b>Child may have short term side effects</b>			
<b>Child survived but may have long term damage</b>			
<b>If admitted to hospital how long did they stay in for (dates from/to)</b>			
<b>What systems were in place at the time medication was incorrectly administered?</b>			
<b>Risk assessment reviewed</b>			
<b>Training needs identified</b>			
<b>Misadministration form completed</b>			
<ul style="list-style-type: none"> <li>• copy sent to Health and Safety</li> <li>• copy on child's file</li> </ul>			