

2016



# Administration of Medications Policy

POLICY & PROCEDURES  
R GREER

MONEYREA PRIMARY & NURSERY SCHOOL

## Moneyrea Primary and Nursery School

### Administration of Medications Policy

Ideally, medication should be administered by parents. However, when medications are an essential/daily requirement (e.g. epilepsy, diabetes, asthma, anaphylaxis), the school will comply with requests from parents to help in administering medicines to children

The Principal will accept responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have agreed to do so.

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

Parents are responsible for providing the Principal/class teacher with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted without parental completion of "*Request for a School to Administer Medication*" form. (Sample attached). Antibiotics should be administered at home.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

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 with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil.

Each item of medication must be delivered to the Principal 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 within the classroom, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in the teacher's drawer or tall cabinet.

The school will keep records of all medication administered.

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.

If a refusal to take medicines results in an emergency, the school's emergency first aid 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.
- 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 Principal, 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.

Inhalers should be kept in the teacher's drawer or tall cupboard but senior pupils may take responsibility for keeping their own inhalers.

Staff who volunteer to assist in the administration of medication to a pupil with Medical Needs (eg Epi Pen for allergy) 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. 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 made aware of the procedures to be followed in the event of an emergency. This will be posted on the staffroom noticeboard and in a file in the teacher's top drawer.



**MONEYREA PRIMARY AND NURSERY SCHOOL**  
**REQUEST FOR STAFF TO ADMINISTER MEDICATION**



Staff will not administer medication unless parents complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

<b>Pupil Name:</b>		<b>DoB</b>	<b>Year</b>
<b>Condition or illness</b>			
<b>Medication</b>	Parents must ensure that only in-date, properly labelled medication is supplied.		
<b>Date dispensed:</b>	<b>Expiry Date:</b>		
<b>Full Directions for use:</b>			
<b>Dosage:</b>	NB: Dosage can only be changed on a Doctor's instructions		
<b>Timing</b>	<b>Self-Administration</b> Yes / No		
<b>Special precautions and side effects</b>			
<b>Emergency Contact (1) Name relationship to child and mobile</b>		<b>Emergency Contact (2) Name relationship to child and mobile</b>	

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(agreed member of staff) 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.

Signed \_\_\_\_\_ Parent      Date \_\_\_ / \_\_\_ / 20\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (child) will receive \_\_\_\_\_ (Name of medicine) at the time agreed for the medicine to be administered.

This child will be given /supervised whilst he/she takes their medication by \_\_\_\_\_  
(Staff Member)

This arrangement will continue until either end of date of the course of medicine or until instructed by parents.

Signed \_\_\_\_\_ Principal      Date \_\_\_ / \_\_\_ / 20\_\_\_

*Original retained by the school and a copy forwarded to the parents.*



**MONEYREA PRIMARY AND NURSERY SCHOOL**  
**REQUEST FOR A PUPIL TO CARRY HIS/HER MEDICATION**



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

**Pupil Name** \_\_\_\_\_ **Year** \_\_\_\_

**Condition** \_\_\_\_\_

**Medication** \_\_\_\_\_

*Parents must ensure that in date properly labelled medication is supplied.*

**Parents' Contact Details**

**Name** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Phone no.s** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / 20\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (Name of child) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until instructed by parents.

Signed \_\_\_\_\_ **Principal** **Date** \_\_\_\_ / \_\_\_\_ / 20\_\_

*Original retained by the school and a copy forwarded to the parents.*



