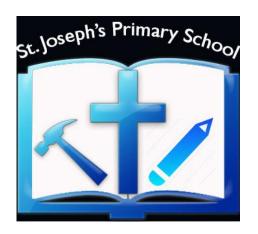
Joseph's Primary School, Meles



ADMINISTRATION of MEDICATIONS POLICY

Agreed by Governing Body	October 2018
Review Date	October 2020
Review Schedule	Biennial
Person(s) Responsible	Principal/Safeguarding Team
Signed (Chair of Governing Body)	

St. Joseph's Primary School, Meigh

The Board of Governors and staff of St. Joseph's Primary School wish to ensure that pupils with medication needs receive the 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 <u>where those members of staff have</u> volunteered to do so.

Please note that parents should keep their children at home if acutely unwell or infectious. Children who have suffered a bout of vomiting or diarrhoea should not return to school for 48 hours after their last episode.

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication. (*Appendix* 1)

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent/doctor. The pharmacy dosage label must still be attached. Staff will not give a non-prescribed medicine to a child.

Only reasonable quantities of medication should be supplied to the school e.g. a maximum of 4 weeks' supply at any one time.

Where the pupil travels on school transport with an escort, parents should ensure that 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 Principal 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:

- Name of the pupil
- Name of medication
- Frequency of administration
- Storage requirements (if important)
- Expiry date

The school will not accept items of medicine in unlabelled containers.

Medication will be kept in a secure place, out of the reach of the pupil. Unless otherwise indicated, all medication to be administrated in school will be kept in a locked cabinet. The school will keep records, which they will have available for parents. (*Appendix 2*)

If children refuse to take medication, staff will not force them to do so, and will inform the parents of the child as a matter of urgency on the same day. If a refusal to take medication results in an emergency the school's emergency procedures will be followed.

It is the responsibility of the parent 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. The only exception to this will be for children with Type 1 diabetes whose levels may need to be adjusted. If this adjustment is being made over the phone it will be received and verified by two members of staff. The change will be recorded in the home/school pupil log.

School staff will not dispose of medicines. Medicines which are in use and are in date should be collected by the parent at the end of each term. Date expired medication 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 medical needs, the Principal will ensure 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 under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. For children with asthma, labeled inhalers will be kept in a drawer within the child's classroom.

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

The school will make every effort to continue the administration of medication to a pupil on school trips away from the school premises, even if additional arrangements may 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 made aware of the procedures to be followed in the event of an emergency.

The school cannot take responsibility for dealing with medicines which are dangerous and where timing is of vital importance. If a child has a serious condition requiring regular medication the pupil will have a medical support plan which clearly details medication required, dosage and storage. It is the sole responsibility of parents to ensure that medicines/pens have not expired!

EPIPENS/J -Tex Pens:

There are currently two pupils in school who require an Epipen/J-Tex Pen to be held on the premises. These are held within the main office along with pupil care plans. Three staff have been trained in their use. Training for other staff will be available as these pupils move year groups.

This policy will be reviewed every two years.



ST. JOSEPH'S PRIMARY SCHOOL

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

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 Surname:	Forename (s)	
Address:		
Date of Birth:		
Class:		
Condition or illness:		
		
MEDICATION Parents must ensure that in de Name/Type of Medication (as de Name/Type of Medicat	ate properly labelled medication is suppled lescribed on the container)	ied.
Date dispensed		
Expiry Date		
FULL INSTRUCTIONS Dosage and method	FOR USE	
NB DOSAGE CAN ONI INSTRUCTIONS	LY BE CHANGED ON A DOCTO	R'S
Timing:		
Special precautions:		
Are there any side effects that the	he School needs to know about?	
Self Administration Yes / N	To (delete as appropriate)	

Procedures to take in an Emergency

Contact Details				
Name:		_		
Phone No: (hom (work	e / mobile)			
Relationship to Pupi	1:			
Address				
	tand that I must	notify the school	of any changes in writing Date:	ng.
Agreement of P	rincipal			
I agree that		(quantity a	(name of child) vand name of medicine) of ministered e.g. lunchtim	every day at
break).	(time(s)		stored e.g. randinini	
This child will be gi	-		kes their medication by per).	
This arrangement w of medicine or until			(either end	l date of course
Signed:			Date:	
(The Principal / auth	norised member	of staff)		

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.



RECORD of MEDICATIONS

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print Name