



Policy for the Administration of Medicines

The Board of Governors and staff of St. Joseph's Primary School wish to ensure that pupils with medication needs receive 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 **where those members of staff have volunteered to do so.** In formulating this policy, the school has given cognisance to the guidance set out in DE's 'Supporting Pupils with Medical Needs' and Circular 2017/04 'Safeguarding and Child Protection: A Guide for Schools'.

Parents should understand that the implementation of this policy is based on the good will of staff. It is not a statutory requirement for staff to administer medication but school staff will seek to support pupils and parents in a voluntary role. The school will endeavour to administer the medication at the nominated time(s) each day but we cannot guarantee that the medication will be administered at the exact time each day or indeed at all, given certain events that can transpire in a busy school day (e.g. teacher absence/trips)

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

Parents are responsible for providing the Principal 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.

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 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 Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication early labelled with the following information:

- o Pupil's Name.
- o Name of medication.
- o Dosage.

- o Composition of medication
- o Frequency of administration.
- o Date of dispensing.
- o Storage requirements (if important).
- o 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.

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 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.

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. We will carry out a risk assessment to review whether children will have access to nuts, etc. 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.

St. Joseph's Primary School

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date: _____ Review Date: _____

Name of Pupil: _____

Date of Birth: ____/____/____

Class: _____

National Health No. _____

Medical Diagnosis _____

Contact Information

1. Family Contact

Name: _____

Phone:

Home: _____ Work: _____ Mobile: _____

Relationship: _____

2. Family Contact

Name: _____

Phone:

Home: _____ Work: _____ Mobile: _____

Relationship: _____

3. GP

Name: _____ **Phone No.** _____

4. Clinic/Hospital

Name: _____ **Phone No.** _____

Plan prepared by:

Name: _____ **Designation** _____

Date: _____

Describe condition and give details of pupil's individual symptoms

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child (state if different for off site activities)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with care and education of;

Signed: _____
Parent/Carer

Date: _____

Distribution

School Doctor: _____ School Nurse: _____

Parent: _____ Other: _____

St. Joseph's Primary School

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Date of Birth: ____ / ____ / ____

Class: _____

National Health No. _____

Medical Diagnosis: _____

Contact Information

1. Family Contact

Name: _____

Phone: Home: _____ Work: _____ Mobile: _____

Relationship: _____

2. Family Contact

Name: _____

Phone: Home: _____ Work: _____
Mobile: _____

Relationship: _____

GP

Name: _____ **Phone No.** _____

Clinic/Hospital

Name: _____ **Phone No.** _____

Plan prepared by:

Name: _____ **Designation** _____

Date: _____

St. Joseph's Primary School

REQUEST FOR THE 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: _____
Address: _____

Date of Birth: ____ / ____ / ____ M ____ F ____

Class: _____

Condition or illness:

Medication

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

Name/type of medication (as described on the container):

Date dispense: ____ / ____ / ____ Expiry Date:
____ / ____ / ____

Full directions for use:

Dosage and method: _____

NB Dosage can only be changed on a Doctor's instructions

Timing: _____

Special precautions: _____

Are there any side effects that the School needs to know about?

Self Administration: _____ **Yes/No (delete as appropriate)** _____

Procedures to take in an Emergency

Contact Details:

Name: _____

Phone: _____ Home: _____ Work: _____
Mobile: _____

Relationship: _____

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.

Signature: _____ **Date:** _____

Agreement of Principal

I agree that

_____ **(name of child) will receive**
_____ **(quantity and name of medicine)**
every day at _____ **(time(s) medicine to be**
administered e.g. _____ **lunchtime or**
afternoon break)

The child will be given/supervised whilst he/she takes their
medication by:

_____ **(name of staff member)**

This agreement will continue until

(either end date of course of medicine or until instructed by
parents)

Signed: _____
(The Principal/authorized member of staff)

Date: _____

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.

St. Joseph's Primary School

REQUEST FOR A PUPIL TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers

If staff have any concerns discuss this request with healthcare professionals.

Details of Pupil

Surname: _____ Forename: _____

Address: _____

Date of Birth: ____ / ____ / ____ M ____ F ____

Class: _____

Condition or illness: _____

Medication

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

Name of medication:

Procedures to be taken in an emergency

Contact Details:

Name: _____

Phone: Home: _____ Work: _____ Mobile: _____

Relationship to child: _____

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

Signed: _____

Date: _____

Relationship to child: _____

Agreement of Principal

I agree that

**_____ (name of child) will be allowed to
carry and administer his/her medication whilst in school and that
this arrangement will continue until**

**_____ (either end date of course of medicine or until instructed by
parents)**

Signed: _____
(The Principal/authorized member of staff)

Date: _____

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.

