

## **BELLAGHY PRIMARY SCHOOL**

### **POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL**

#### **1. INTRODUCTION**

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

From time to time, parents request that the school should administer medicines to children at regular intervals during the school day.

While the Principal will accept responsibility, in principle, for members of staff giving or supervising pupils taking prescribed medication, there is no obligation for staff to do so.

Please note - Parents should keep their children at home if acutely unwell or infectious.

#### **2. CATEGORIES OF ILLNESS**

##### **2: 1 CATEGORY ONE – MINOR AILMENTS, COUGHS, COLDS, SORE THROATS**

###### **2:1:1**

No member of staff will administer medication to any child with a minor ailment. Cough sweets eg tunes may be taken if necessary. These will be self administered.

###### **2:1:2**

If a child has been prescribed e.g. an antibiotic, this can be administered prior to coming to school and again on arriving home. There is no obligation for antibiotics to be administered during school hours.

##### **2:2 CATEGORY TWO – MEDICATION REQUIRED FOR MORE LONG TERM ILLNESS e.g. asthma, diabetes etc**

###### **2:2:1**

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication plan. (see Forms AM1 and AM2)

###### **2:2:2**

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent

2:2:3

Staff will not give a non prescribed medicine to a child unless there is specific written consent from the parent.

2:2:4

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

2:2:5

All medication must be delivered to the Principal by a 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
- Expiry Date

### **THE SCHOOL WILL NOT ACCEPT ITEMS OF MEDICATION IN UNLABELLED CONTAINERS**

2:2:6

Medication will be kept in a secure place, out of reach of pupils.

2:2:7

The school will keep records which will be available for parents. (See Form AM4)

2:2:8

If a child refuses to take medicine, staff will not force them to do so. Parent will be informed of the refusal as a matter of urgency. If a refusal results in an emergency, the school's emergency procedures will be followed.

2:2:9

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

2:2:10

It is the parent's responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within expiry date.

2:2:11

The school will not make changes to dosages on parental instruction.

2:2:12

School staff will not dispose of medicines. All medicines should be collected by the parent at the end of each term.

2:2:13

For each pupil with a long term or complex medication need, a Medication Plan will be drawn up in conjunction with health professionals – See Form AM1

2:2:14

Where it is appropriate to do so, pupils P4 and above will be encouraged to administer their own medication, if necessary under staff supervision. This medication will remain in the child's school bag. Parents will be asked to confirm in writing if they wish their child to carry and take their medication at school. (See Form AM3)

2:2:15

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

2:2:16

The school will make every effort to continue the administration of medication to a pupil whilst on a school trip, even if additional arrangements might be required. However, there may be occasions when it is impossible to include a pupil on a school trip if appropriate supervision can not be guaranteed.

2:2:17

All staff are aware of the procedure to be followed in the event of an emergency.

**3.EMERGENCY PROCEDURE** (in the event of an accident or sudden illness)

One member of staff dials 999 and requests ambulance support. Be prepared to tell your exact location and nature of the illness or accident. Another member of staff remains with the child. Due to the proximity of Bellaghy Health Centre, an adult may seek professional help from there. An adult must remain with the child at all times if possible.

Bellaghy Health Centre – 79386228

Doctor available – 8.30a.m. – 6.00p.m. – Monday – Friday

**Form AM1**

**Name of School** \_\_\_\_\_

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

Date \_\_\_\_\_ Review Date \_\_\_\_\_

Name of Pupil \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Class \_\_\_\_\_

National Health Number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

**1 Family Contact 1**

Name \_\_\_\_\_  
Phone No (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_  
Relationship \_\_\_\_\_

**2 Family Contact 2**

Phone No (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_  
Relationship \_\_\_\_\_

**3 GP**

Name \_\_\_\_\_  
Phone No \_\_\_\_\_

**4 Clinic/Hospital Contact**

Name \_\_\_\_\_  
Phone No \_\_\_\_\_

**Plan prepared by**

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms

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

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

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

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Follow up care

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Parent/carer*

**Distribution**

School Doctor \_\_\_\_\_ School Nurse \_\_\_\_\_

Parent \_\_\_\_\_ Other \_\_\_\_\_

## Form AM2

**Name of 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 \_\_\_ / \_\_\_ / \_\_\_ 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 dispensed \_\_\_\_\_

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 No (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address

\_\_\_\_\_

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(s) \_\_\_\_\_ 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)*.

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

\_\_\_\_\_ *(name of staff member)*.

This arrangement will continue until \_\_\_\_\_ *(either end date of course of medicine or until instructed by parents)*.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*(The Principal/authorised 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.**

### **Form AM3**

**Name of School** \_\_\_\_\_

#### **REQUEST FOR 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(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

#### **Medication**

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

Name of Medicine \_\_\_\_\_

Procedures to be taken in an emergency \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Contact Details**

Name \_\_\_\_\_  
Phone No (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_  
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 self administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (*either end date of course of medication or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_

*(The Principal/authorised 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 the named pupil carrying his/her own medication.**

**Form AM4**

**Name of School** \_\_\_\_\_

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Date of Birth \_\_\_ / \_\_\_ / \_\_\_ M  F   
Class \_\_\_\_\_

Condition or illness  
\_\_\_\_\_  
\_\_\_\_\_

Date medicine provided by parent \_\_\_\_\_

Name and strength of medicine  
\_\_\_\_\_

Quantity received \_\_\_\_\_  
Expiry date \_\_\_ / \_\_\_ / \_\_\_

Quantity returned \_\_\_\_\_  
Dose and frequency of medicine \_\_\_\_\_

**Checked by:**

Staff signature \_\_\_\_\_ Signature of parent \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_  
Time given \_\_\_\_\_  
Dose given \_\_\_\_\_  
Any reactions \_\_\_\_\_  
Name of member of staff \_\_\_\_\_  
Staff initials \_\_\_\_\_

Time given \_\_\_\_\_  
Dose given \_\_\_\_\_  
Any reactions \_\_\_\_\_  
Name of member of staff \_\_\_\_\_  
Staff initials \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_  
Time given \_\_\_\_\_  
Dose given \_\_\_\_\_  
Any reactions \_\_\_\_\_  
Name of member of staff \_\_\_\_\_  
Staff initials \_\_\_\_\_

etc, etc