



Gorran Primary School

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Principal: Mr J Cleland

'The Perfect Start to Lifelong Learning'



Administration of Medication Policy

Gorran Primary School

Principal: Mr J Cleland

First Aid: Mrs Parkhill

Chairperson of Board of Governors: Mr Ian Gregg

Signed: _____

Chair of the Board of Governors

Date: _____

Signed: _____

Principal

Date: _____

Gorran Primary School

Administration of Medication in School Policy

The Board of Governors and staff of Gorran 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.**

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 (Form AM2 from "Supporting pupils with Medication Needs" Feb 2008- Appendix 1)

AM2 is to be completed by the parent. It enables the school to ensure the correct information has been received from parents and to monitor and correctly support the use of medication in the school. If a pupil requires several items of medication in school the appropriate details should be provided on the reverse of this form. On receipt of Form AM2 the school should complete the "Agreement of Principal" Section. 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.

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 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 safe place, out of the reach of pupils.

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.

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.

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. 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.

Appendix 1

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.