



# Steam Mills Primary School

**Policy and Procedure: Administering Medications**

**Signed by**

**Head Teacher**

**Date:**

**Chair of Governors**

**Date:**

**Next review date: January 2018**

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# 1. Key roles and responsibilities

1.1. The Governing Body has overall responsibility for the implementation of the Administering Medication Policy and procedures of Steam Mills Primary School.

1.2. The Governing Body has overall responsibility for ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

1.3. The Governing Body has responsibility for handling complaints regarding this policy as outlined in the school's Complaints Policy.

1.4. The Governing Body has responsibility for ensuring the correct level of insurance is in place for the administration of medication.

1.5. The Headteacher will be responsible for the day-to-day implementation and management of the Administering Medication Policy and procedures of Steam Mills Primary School.

1.6. Staff, including teachers, support staff and volunteers, will be responsible for following the policy and for also ensuring pupils do so also.

1.7. Staff, including teachers, support staff and volunteers, will be responsible for implementing the agreed policy fairly and consistently.

1.8. Parents and carers will be expected to keep the school informed about any changes to their child/children's health.

1.9. Parents and carers will be expected to complete a [medication administration form](#) prior to bringing medication into school.

1.10. Parents and carers will be expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.

## 2. Definitions

2.1. Steam Mills Primary School defines "medication" as any prescribed or over the counter medicine.

2.2. Steam Mills Primary School defines "prescription medication" as any drug or device prescribed by a doctor.

2.3. Steam Mills Primary School defines a "staff member" as any member of staff employed at Steam Mills Primary School, including teachers.

### 3. Training of staff

- 3.1. Teachers and support staff will receive training on the Administering Medication Policy as part of their new starter induction.
- 3.2. Teachers and support staff will receive regular and ongoing training as part of their development.

### 4. Guidelines

- 4.1. Prior to staff members administering any medication, the parents / carers of the child must complete and sign a medication administration form.
- 4.2. No child will be given medicines without written parental consent, or aspirin unless prescribed by a doctor.
- 4.3. Prescribed medication will only be administered in school if the dosage cannot reasonably be administered at home e.g. if the prescribed dosage is four times daily.
- 4.4. Medicines MUST be **in date, labelled**, and provided in the **original container** with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 4.5. A maximum of four weeks supply of the medication may be provided to the school.
- 4.6. For chronic or long-term conditions and disabilities, an Individual Healthcare Plan (IHCP) will be developed in liaison with the pupil, parents/carers, headteacher, SENCO and medical professionals.
- 4.7. Medications will only be administered at school if it would be detrimental to the child not to do so.
- 4.8. Medications will be stored securely in the staff room/Office Manager's Office. Only qualified staff may administer a controlled drug.
- 4.9. Staff members may refuse to administer medication. If a class teacher refuses to administer medication, the Head Teacher will delegate the responsibility to another staff member.
- 4.10. Any medications left over at the end of the course will be returned to the child's parents.
- 4.11. Written records will be kept of any medication administered to children.
- 4.12. Pupils will never be prevented from accessing their medication.

4.13. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

4.14. Steam Mills Primary School cannot be held responsible for side effects which occur when medication is taken correctly.

## Appendix 1 – Individual Healthcare Plan Template

# Steam Mills Primary Individual Healthcare Plan

**Pupil name:**

**Address:**

**Date of Birth:**

**Class teacher:**

**Medical Condition:**

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**Date plan drawn up:**

**Review date:**

**CONTACT INFORMATION**

**Family Contact 1**

**Name:**

**Phone No:**

**(work):**

**(home):**

**(mobile):**

**Relationship:**

**Family Contact 2**

**Name:**

**Phone No:**

**(work):**

**(home):**

**(mobile):**

**Relationship:**

**GP**

**Name:**

**Address:**

**Phone No:**

**Clinic/Hospital Contact**

**Name:**

**Phone No:**

**Describe medical condition and give details of pupil's individual symptoms:**

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**Daily care requirements (e.g. before sport/at lunchtime):**

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**Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:**

**Follow up care:**

**Who is responsible in an emergency (State if different on off-site activities):**

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<b>Signed</b>	<b>Date</b>
<b>Parent/Carer</b>	
<b>Pupil (where appropriate)</b>	
<b>Headteacher</b>	
<b>SENCO</b>	
<b>GP</b>	

## Appendix 2 - Parental agreement for school to administer medicine

### Parental agreement for Steam Mills Primary School to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that staff can administer medicine.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

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

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

Name and relationship to child \_\_\_\_\_

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by *[name of member of staff]*: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

## FORM 4

### Confirmation of the Head's agreement to administer medicine

It is agreed that \_\_\_\_\_ *[name of child]* will receive \_\_\_\_\_  
*[quantity and name of medicine]* every day at \_\_\_\_\_ *[time medicine to be*  
*administered e.g. Lunchtime or afternoon break]*.

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she takes their  
medication by \_\_\_\_\_ *[name of member of staff]*.

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

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher]*