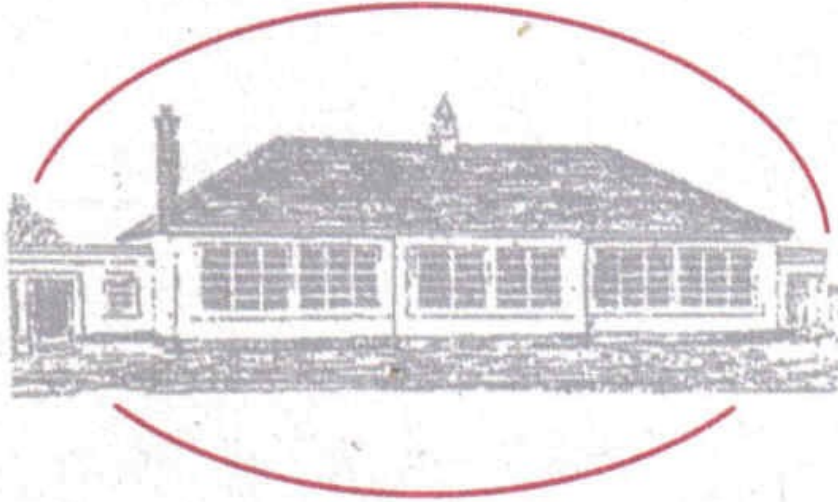


# The Diamond Primary School



## **Prescribed Medication Policy**

Updated October 2010

## The Diamond Primary School

The Board of Governors and staff of The Diamond 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**. (There is no contractual requirement to administer medicines and it remains at his/her discretion).

**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 on Forms AM2 (Administration of Medicines at School) and AM4 (Record of Medicine Administered To An Individual Child).
- ❖ Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- ❖ Staff will **not** consent to administer "over the counter" non-prescribed medicines, such as cough bottles, paracetamol etc.
- ❖ Only reasonable quantities of medication should be supplied to the school.
- ❖ Each item of medication should be delivered to the Principal 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 secure place, out of the reach of pupils.
- ❖ The school will keep records of medicine that has been administered which is counter-signed by another adult witness. (Forms AM4/AM5)

- ❖ 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, in line with the Health and Safety policy.
- ❖ It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- ❖ It is the parent's 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 school year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for safe disposal.
- ❖ For each pupil with complex medication needs, the Principal will ensure that a Medication Plan/Care Plan/Protocol is drawn up, in conjunction with the appropriate health professionals.
- ❖ Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service if necessary.
- ❖ 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 aware of the procedures to be followed in the event of an emergency.

**The Diamond Primary School  
Administration of Medicines at School (Form AM2)**

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**

Pupil's Name \_\_\_\_\_

Class \_\_\_\_\_ Teacher \_\_\_\_\_

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

Male/Female \_\_\_\_\_

Medical condition of my son/daughter:-

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**Medication**

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

Name/Type of Medication (as described on the container)

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Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Full Directions for use**

Dosage and method

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**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?

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## Procedures to take in an Emergency

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Name of G.P. \_\_\_\_\_

G.P.'s telephone number \_\_\_\_\_

### Contact Details

First Contact

Second Contact

\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

I understand that I must deliver the medicine personally to the Principal 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) at \_\_\_\_\_ (time(s) medicine to be administered eg. lunchtime or as required).

The child will be supervised whilst he/she takes their medication.

This arrangement will continue until

\_\_\_\_\_ (either end date of course or until instructed by parents).

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

(The Principal)

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**The Diamond Primary School**

**Record Of Medicine Administered To An Individual Child (Form AM4)**

|                                         |  |
|-----------------------------------------|--|
| <b>Surname</b>                          |  |
| <b>Forename(s)</b>                      |  |
| <b>Date Of Birth</b>                    |  |
| <b>Male/Female</b>                      |  |
| <b>Class</b>                            |  |
| <b>Teacher</b>                          |  |
| <b>Condition or illness</b>             |  |
| <b>Date medicine provided by parent</b> |  |
| <b>Name and strength of medicine</b>    |  |
| <b>Quantity received</b>                |  |
| <b>Expiry date</b>                      |  |
| <b>Quantity returned</b>                |  |
| <b>Dose and frequency of medicine</b>   |  |
| <b>Signature of Parent/Guardian</b>     |  |
| <b>Signature of Principal</b>           |  |



