

**ST PATRICK'S CATHOLIC PRIMARY SCHOOL, A
VOLUNTARY ACADEMY**



MEDICINES POLICY

Approval Approved by
Directors

Approval date
November 2018

Review Date
November 2020

Teachers and other staff have a duty of care to act as any responsible prudent parent would to make sure that pupils are healthy and safe on and off school premises but **do not** have a legal or contractual duty to administer medicine. However, in particular circumstances, staff may be willing to administer medicine on a voluntary basis.

Staff should be particularly wary about agreeing to administer medicines where:

- The timing of its administration is crucial to the health of the child; or
- Some technical or medical knowledge is required; or
- Intimate contact with a pupil is necessary

Staff who do agree to administer medicines should not agree to do so without first receiving appropriate information and training.

The Governors will fully support any member of staff who does not wish to administer medicines or who feel they are being unfairly pressurised to do so.

The Governors recognise that it is desirable for children with long term recurring health problems, such as asthma, epilepsy, diabetes and eczema, to be accommodated within school in order that they can continue their education. For this to be done, however, proper and clearly understood arrangements for the administration of medicines must be made.

Parents are responsible for their child's medication. Parents have a responsibility to inform school when their child requires medication and, where necessary, take personal responsibility for any action which is beyond that which can reasonably be expected of any school and its staff.

Schools would not normally be expected to supervise routinely the treatment of all children who receive medication three times a day (e.g. antibiotics or even anti-convulsant drugs) as the medication could be taken before and after school and at bedtime.

When a child on any medication requires this in school hours, it is the parent's responsibility to request in writing the co-operation of the school in administering the medication. No medication can be administered from verbal instructions. This letter must state name of child, name of medication, dosage and time it is to be given. Parents will be asked to complete a Medication Consent Form (*Form 3A*); this must be returned next day, without which medication cannot continue to be administered. This will be renewed every school year.

The governing body will decide whether the school can assist pupils who need medication. This responsibility may be delegated to the Head teacher or their representative. As far as practicable, such decisions will encourage regular school attendance and participation in school life.

Parents should send the medication in its original container, complete with information leaflet, fully labelled with the child's name and the dosage/time to be given, to the Head teacher or designated member of staff. It should be in a sealed envelope. The quantity of medication supplied should not be excessive. School cannot undertake to administer any non-

prescription medications such as Paracetamol unless there is a completed consent form in place already. No medication can be given with verbal permission only.

All medicines will be kept in a locked cupboard. The consent forms will be stored with the medicines and will be kept on file for a period of 3 years. School has no facilities to keep liquids which require refrigeration - except insulin.

Medicine expiration dates will be checked termly. All medication will be returned home, in a sealed envelope, at end of school year, or before if expiry date is reached.

School policy encourages children to administer their own medication when appropriate, particularly for those pupils who have a long term medical condition, although this may still be under supervision. *Form 3B* needs to be completed for this.

Children must take responsibility for attending to take their medication.

School staff cannot be responsible for fetching children who fail to attend for their medication, although parents may be contacted if a dose is missed, if they request this.

Related Documents:

Policy: First Aid

Dealing with Sharps

DFEE Managing Medicines in Schools and Early Years Settings

FORM 3A

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting	<input type="text"/>
Name of child	<input type="text"/>
Date of birth	<input type="text"/>
Group/class/form	<input type="text"/>
Medical condition or illness	<input type="text"/>
Medicine	<input type="text"/>
Name/type of medicine (as described on the container)	<input type="text"/>
Date dispensed	<input type="text"/>
Expiry date	<input type="text"/>
Agreed review date to be initiated by [name of member of staff]	<input type="text"/>
Dosage and method	<input type="text"/>
Timing	<input type="text"/>
Special precautions	<input type="text"/>
Are there any side effects that the school/setting needs to know about?	<input type="text"/>
Self administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	<input type="text"/>
Contact Details	
Name	<input type="text"/>
Daytime telephone no.	<input type="text"/>
Relationship to child	<input type="text"/>
Address	<input type="text"/>

I understand that I must deliver the medicine personally to [agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date _____ Signature(s) _____

FORM 3B

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting

Date

Child's name

Group/class/form

Name and strength of medicine

Expiry date

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

When to be given

Any other instructions

Number of tablets/quantity to be given to school/setting

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

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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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

Date

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