



Harwell Primary School  
ADMINISTERING MEDICINES POLICY

|   |                       |
|---|-----------------------|
| Policy Review by Governor working party | 5th November 2019     |
| Ratified by FGB                         | 18th November 2019    |
| Next Review due                         | Academic Year 2021/22 |

## 1. PURPOSE

To provide guidelines to support staff who are willing to accept the responsibility of administration of medicines to a child at school. This policy works in partnership with parents and staff.

## 2. SCOPE

The administration of prescribed medicines is the responsibility of parents and carers. Ideally, a child who is unwell should return only when he or she is able to participate fully in the curriculum.

Drugs on school premises do constitute a risk and there is no requirement for the Headteacher or staff to undertake the administration of medicines.

## 3. POLICY

### 3.1. Commonly Required Medication

#### ***Antibiotics***

A child may be considered fit to return to school by his or her GP before the course of antibiotics is completed. In most cases, the remaining medication can be arranged so that a dose during school hours is unnecessary. Where a midday dose cannot be avoided (and parents are unable to come to school themselves to administer the medication, parents will be asked to give the medicine in its original container with the chemist's label and correct 'dose dispenser' (syringe or spoon), to the office, together with clear and unambiguous signed instructions. The necessary form is available from the school office. Medicine will be stored in the office – or refrigerated in the staff room if required. It is the responsibility of the parent or carer to collect the medicine at the end of each day.

#### ***Maintenance drugs***

A child who requires such medication will have an individual HCP, in which instructions or needs are entered by the parent or carer, and a nominated adult to administer the drugs.

### ***Eye, Ear or Nose Drops***

It is the responsibility of the parent or carer to see that the child receives the appropriate treatment.

### ***Inhalers***

A child with asthma may have an inhaler at school. Information regarding its use must be given to the school in writing on the request form available from the office. The inhaler must be clearly labelled with its owner's name and easily accessible to the child at all times. It is the responsibility of parents to ensure that inhalers are within date.

All inhalers will be kept in the classroom in a named container (with the necessary parental forms completed).

In KS2, pupils are encouraged to be responsible for their own inhaler where appropriate.

### **Proprietary medicines (such as Calpol or Piriton)**

Doses should be arranged so that medication is administered before the start of the school day. In exceptional circumstances, should an additional dose be required, this should be agreed in advance and is not the decision of the child or staff to make. In this circumstance, the decision whether the child is well enough to attend school should be reviewed.

The arrangement for administering will be the same as an antibiotic medication.

In very exceptional circumstances, the school may administer proprietary medicines provided that:

- parents have been contacted
- OR Healthcare Professionals have instructed the school to do so in the event of an emergency

These medicines will have been purchased for school residential visits and are to be kept in locked cupboards in Years 4 and 6. If a medicine has been administered, the paperwork for administering medicines is to be completed by staff and signed retrospectively by parents.

## **3.2 Serious Medical Conditions**

See policy on Supporting children with medical conditions

## Request for school to administer medication

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

### Details of pupil

|   |        |
|---|--------|
| Name:   |        |
| Date of Birth:  | Class: |
| Condition or illness:                                   |        |
| Name/Type of Mediation (as described on the container): |        |
| Date dispensed:   |        |
| For how long will your child take this medication:      |        |

### Full Directions for use

|                                 |
|---------------------------------|
| Dosage and method:              |
| Time of day to be administered: |

### Contact Details

|                        |                           |
|------------------------|---------------------------|
| Name:                  | Daytime Telephone Number: |
| Relationship to pupil: |                           |

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signature: ..... Date .....

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### Confirmation of the Headteacher's agreement to administer medication to a named child

|   |        |
|---|--------|
| Name of child   |        |
| I agree to administer:  | Time:  |
| Daily    Yes <input type="checkbox"/> No <input type="checkbox"/> | Until: |
| Signed:<br>(Headteacher/designated member of staff)               | Date:  |

