

# Policy for Managing Medicines

Ysgol Llanbedrog



*Approval Date:* 30/11/20

*Review Date:*

Signed on behalf of the Chair of Governors: Alaw Ceris

Date: 24/10/22

## 1. Administration of Medication

Parents should be encouraged to ask their GP if it is possible for the timing of doses of any medication be set for outside normal school hours. Wherever possible, the parents of pupils requiring medication during school hours should attend the school to administer the medication to their children.

The headteacher, with the support of the school governing body, agrees to the administration of medicines in school.

- 1.1 Any member of staff who agrees to administer medication to pupils does so on a voluntary basis.
- 1.2 Staff who volunteer to administer medication must receive correct training before being allowed to administer medication to any pupil.
- 1.3 The school must receive a completed form from the pupil's parent requesting the school to administer medication during school hours. ([Appendix 1](#))
- 1.4 It is necessary for the headteacher to formally agree to the request before any medication is administered. ([Appendix 2](#))
- 1.5 Staff who administer medication to pupils must record all details on the school's 'Administration of Medication' form. ([Appendix 3](#))
- 1.6 Any adverse effects experienced by the pupil following the administration must be reported to the parent (either immediately or at the end of the school day depending on severity).
- 1.7 If the pupil refuses to take his/her medication, then they should not be forced to do so. Parents must be informed if a pupil refuses medication. If a pupil refuses medication in an emergency situation (for example: adrenaline injection in the case of anaphylaxis), then professional medical help must be requested and the parents informed immediately.
- 1.8 Staff should ensure that the privacy and dignity of the pupil is maintained as best as possible, even in an emergency situation.
- 1.9 If a pupil requires intimate or invasive treatment, there should be two members of staff present, one must be the same sex as the pupil.

## 2. Storage of Medication

Wherever possible, parents must be asked to provide the school with the amount of medication required for the school day only, rather than bringing in a full bottle of medicine or full bottle of tablets.

- 2.1 The school will not accept any medication which is not in its original container.
- 2.2 All medication must be clearly marked with the pupil's name and class.
- 2.3 With the exception of: asthma inhalers, medication which needs to be kept refrigerated, and medication which may be needed urgently in an emergency, all other medication must be kept in a locked cabinet/container.
- 2.4 It is the headteacher's responsibility to ensure that all staff are made aware of where the key to the medicine cabinet is kept.
- 2.5 Any medication which requires refrigeration must be stored in the fridge in the staffroom. The medication must be kept in an airtight container which is clearly marked with the pupil's name and class.
- 2.6 Pupils considered mature enough to take responsibility for their asthma inhaler are allowed to carry them on their person provided that a formal request has been made by the parent. ([Appendix 4](#))
- 2.7 During off-site activities, any medication which may be needed should be carried by the member of staff in charge of the activity or a member of staff with first aid training. Pupils who may urgently require their medication should be in a group which is supervised by the member of staff carrying the medication. Pupils considered mature enough to take responsibility for their asthma medication should be allowed to carry them on their person provided that a formal request has been made by the parent.
- 2.8 Staff should never transfer medication from its original container to another container except in the event of the original container being broken. In such an instance, the alternative container must be clearly labelled with all of the information held on the label of the original container. The parent must be notified in the event of any damaged containers.
- 2.9 School staff must not dispose of any unused medication. This is the responsibility of the parent. Any unused medication must be collected by the parent at the end of every half term. In the event that the parents are unable to attend the school, then the school nurse will be able to assist with the disposal of unused medication left in school. If a pupil's medication runs out or expires, it is the responsibility of the parents to replenish it.

## Appendix 1 Form: AM2

### 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

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ M/F \_\_\_\_\_

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

\_\_\_\_\_ Class/Form: \_\_\_\_\_

Condition or Illness: \_\_\_\_\_

#### MEDICATION

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

For how long will your child take this medication: \_\_\_\_\_

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

#### Full Directions for Use

Dosage and Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Procedures to Take in an Emergency: \_\_\_\_\_

\_\_\_\_\_

## CONTACT DETAILS

**Name:**

\_\_\_\_\_

**Daytime Telephone No.:** \_\_\_\_\_

**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.

*Date:* \_\_\_\_\_ *Signature(s):* \_\_\_\_\_

**Relationship to Pupil:**

\_\_\_\_\_

## Appendix 2      Form: AM3

### *AGREEMENT TO ADMINISTER MEDICATION*

I agree that \_\_\_\_\_ will receive \_\_\_\_\_  
(name of pupil) (quantity and name of medication)

every day at \_\_\_\_\_ (time medication to be administered, e.g.  
lunchtime).

\_\_\_\_\_ (name of pupil) will be given/supervised whilst s/he takes

his/her medication by \_\_\_\_\_ (name of member of staff).

This arrangement will continue until \_\_\_\_\_ (either end date of  
course of medication or until instructed by parents).

**Signed (The Headteacher/Named Member of Staff):** \_\_\_\_\_

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

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*RECORD OF MEDICATION ADMINISTERED IN SCHOOL***Name of School:** \_\_\_\_\_

| <b>Date</b> | <i>Pupil's Name</i> | <b>Time</b> | <b>Name of Medication</b> | <b>Dose Given</b> | <b>Any Reactions</b> | <b>Signature of Staff</b> | <b>Print Name</b> |
|-------------|---------------------|-------------|---------------------------|-------------------|----------------------|---------------------------|-------------------|
|             |                     |             |                           |                   |                      |                           |                   |
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*REQUEST FOR PUPIL TO CARRY HIS/HER***ASTHMA MEDICATION**

This form must be completed by parents/guardian.

**Pupil's Name:** \_\_\_\_\_

**Class/Form:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Condition or Illness:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Medicine:** \_\_\_\_\_

**Procedures to be taken in an Emergency:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*CONTACT INFORMATION*

**Name:** \_\_\_\_\_

**Daytime Telephone No.:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

I would like my son/daughter to keep his/her medication on him/her for use as necessary. I will take full responsibility for any loss or misuse of the medication.

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

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

**Relationship to Child:** \_\_\_\_\_