



Thrupp Primary School

Administration of Medication Policy

Approved by: Full Governing Body	Date Approved: February 2024
Date Approved: March 2021	Review Date: January 2027

Thrupp Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff, governors and volunteers to share this commitment.

1. The Governors and staff of Thrupp Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Headteacher 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.
2. Medication will usually only be accepted in school if it has been prescribed by a doctor. Non-prescribed medicines will only be administered in exceptional circumstances at the discretion of the Headteacher. The School will inform the school nurse of any pupil, who has been prescribed a controlled medication e.g. Methylphenidate (e.g. Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drug Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym).
3. Medication will not be accepted anywhere in school without complete written and signed instructions from parent/carer.
4. Only reasonable quantities of medication should be supplied to the school by a responsible person and recorded in the Medication Administration Records File.
5. Each item of medication must be delivered in its original container and handed directly to the Headteacher or to a nominated person authorised by the Headteacher. (Office Staff will take this role)
6. Each item of medication must be clearly labelled with the following information:
 - a. Pupil's name
 - b. Name of medication
 - c. Dosage
 - d. Frequency of dosage
 - e. Date of dispensing
 - f. Storage requirements (if important)
 - g. Expiry date (if available)
7. The school will not accept items of medication which are in unlabelled containers.
8. Unless otherwise indicated all medication to be administered in school will be kept in a designated clearly identified secure area, e.g. locked cupboard, school office, staffroom fridge.
9. The school will provide parents/carers with details of when medication has or has not been administered to their child.

10. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.
11. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.
12. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance where necessary.
13. 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. Separate, formally agreed arrangements are acceptable on educational visits that involve an on over-night stay. 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.

Medical Consent Form Reviewed and updated: February 2024

MEDICATION CONSENT FORM (to be filed in Medication Administration Record File)

The School will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

DETAILS OF PUPIL

Surname: _____

Forename (s): _____

Address: _____

M/F: _____ Date of Birth: _____ Class: _____

Reason for medication (optional): _____

CONTACT DETAILS:

Name: _____ Daytime Contact Telephone No: _____

Relationship to Pupil: _____

Address: _____

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake

Date: _____ Signature (s): _____

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 amount (**as per instructions on container**): _____

Method: _____

Timing: _____

Special Precautions: _____

Self-Administration: _____

I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

Date Administered	Time	Staff Name	Amount Administered