



Administering Medicine Policy

February 2024

The Board of Governors and staff of Millquarter Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school.

Please note that parents should keep their children at home if acutely unwell or infectious and the Public Health Agency advice Guidance Infection control in schools will be referred to.

Prescribed Medication

- 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.
- Parents are responsible for providing the Principal with comprehensive information regarding a pupil's condition and medication.
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

Non-Prescribed Medication

Staff will give a non-prescribed medicine to a child with written consent from the parent/guardian. The correct dosage must be stated on the written consent.

General information relating to Prescribed Medication

- Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
- Each item of medication must be delivered to the Principal or Class Teacher in normal circumstances 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. All medication to be administered in school will be kept either in the classroom or the fridge in the staffroom.
- 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.

Where administration of medication is requested, a relevant form must be completed in advance by parents/carers, in consultation with the Principal / Designated Member of Safeguarding Team, as necessary.

Forms, copies of which are enclosed, are available from school.

Signed: _____ BoG Chairperson

Signed: _____ Principal

Approved by Governors: _____

Next Review: February 2028

MILLQUARTER PRIMARY SCHOOL FORM AM 1

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date _____

Review Date _____

Name of Pupil _____

Date of Birth ____ / ____ / ____

Class _____

National Health Number _____

Medical Diagnosis _____

Contact Information

1 Family contact 1

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship _____

2 Family contact 2

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship _____

3 GP

Name _____

Phone No _____

4 Clinic/Hospital Contact

Name _____

Phone No: _____

Plan prepared by:

Name _____

Designation _____

Date _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child
(state if different for off-site activities)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of

Signed _____

Parent/carer

Date _____

Distribution

School Doctor _____

Parent _____

School Nurse _____

Other _____

MILLQUARTER PRIMARY SCHOOL FORM AM2

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

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

Surname _____ Forename(s) _____

Address _____

Date of Birth ____/____/____

M ☐ F ☐

Class _____

Condition or illness _____

Medication

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

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

Date dispensed _____

Expiry Date _____

Full Directions for use:

Dosage and method _____

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?

Self-Administration

Yes/No (delete as appropriate)

Procedures to take in an Emergency

Contact Details

Name _____

Phone No: (home/mobile) _____

(work) _____

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. 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) every day at
_____ (time(s) medicine to be administered eg lunchtime or
afternoon break).

This child will be given/supervised whilst he/she takes their medication by
_____ (name of staff member)

This arrangement will continue until _____ (either end
date of course of medicine or until instructed by parents)

Signed _____ **Date** _____
(The Principal/authorised member of staff)

MILLQUARTER PRIMARY SCHOOL FORM AM3

TEMPLATE FOR A REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers

Details of Pupil

Surname _____ Forenames(s) _____

Address _____

Date of Birth ____ / ____ / ____

Class _____

Condition or illness _____

Medication

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

Name of Medicine _____

Procedures to be taken in an emergency _____

Contact Details

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship to child _____

I would like my child to keep his/her medication on him/her for use as necessary

Signed _____ **Date** _____

Relationship to child _____

Agreement of Principal

I agree that _____ (name of child) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until _____ (either end date of course of medication or until instructed by parents)

Signed _____ Date _____

The Principal/authorised member of staff

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication