

Botanic

PRIMARY SCHOOL



Supporting Pupils With Medication Needs
Reviewed 2022

The Board of Governors and staff of Botanic Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. See also the Intimate Care Policy and Health and Safety Policy.

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.**

Please note that parents should keep their children at home if acutely unwell or infectious.

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication, including completion of information forms prior to enrolment. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. (This form, (AM2), is available from School Office, Principal or Vice-Principal). Copies are kept on the front of the SENCO's door. Parents must complete the whole TWO-page form.

Copies of all medical forms are placed in a folder in the Medical Room and a copy is given to the class teacher.

Staff will not give a non prescribed medicine to a child unless there is specific prior written permission from the parents.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

If a pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled (non glass) 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.

A record of medication administered will be made on form AM5

The school will not accept items of medication in unlabelled containers. Similarly, the school will not accept tablets etc, that are not in the wrapping they were dispensed in.

Medication [where possible – with the exception of Epi-Pens or similar] will be kept in a secure place. Epi-pens etc must remain visible but where possible, they will be out of the normal reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

In October 2022 there are three Epi-pens [P1,2 and a P7 child] and associated medication plans are kept in the child's classroom. Epi-pens are either carried around by the child or (at parental request) 'parked' in the classroom, reception area – and if a third is available, in the Dinner Hall. Each year the school will update this document as a record, available for parents.

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.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

Parents must ensure that phones are switched on and that school has their most up to date phone numbers.

The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term.

Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long term or complex medication needs, the Principal, in consultation with the school nursing service/relevant health professionals, will ensure that a Medication Plan and Protocol is drawn up.

It is unlikely that this eventuality might arise in Botanic Primary School but **where it is appropriate to do so**, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. (Form AM3 will be available at the start of each school year and thereafter can be requested at any time from the School Office, Principal or the Vice-Principal). Copies of the template are stored on the front of the SENCO's door.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

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. In this circumstance, medication will be carried in the First Aid Kit. 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.

All staff will be made aware of the procedures to be followed in the event of an emergency.

FORM AM1

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 _____

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 / / _____

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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)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

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

