

ST.PATRICKS PRIMARY  
SCHOOL AND NURSERY UNIT,  
LOUGHGUILLE

POLICY FOR THE  
ADMINISTRATION OF  
MEDICATION IN SCHOOL

Policy reviewed and amended: June 2023

Ratified by Governors: June 2023

Chair of Governors: Mr John Devlin

Review date: June 2026

The Board of Governors and staff at St. Patrick's Primary school and nursery unit, wish to ensure that pupils with medication needs receive appropriate care and support at school.

**The prime responsibility for a pupil's health rests with the parent/guardian,** however, to enable pupils requiring medication to participate as fully as possible in school activities the school may agree to assist a child with medical needs.

The employer will ensure that all staff acting within the scope of the Pupil's Health Care Plan as well as within their terms and conditions of employment will be indemnified for all actions taken that are associated with the administration of medicines.

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.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

Staff will not give non prescribed medicine to a child and it should not be sent into school.

Only reasonable quantities of medication should be supplied to the school

When the 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 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. Unless otherwise indicated all medication to be administered in school will be kept in a teacher's cupboard/ staffroom fridge.

The school will keep records, which they will have 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 medication results in an emergency, the school's emergency procedures will be followed.

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

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

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 will ensure that a medication plan and protocol is drawn up, in conjunction with the appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.

Parents are to request in writing if they wish their child to carry their medication with them in school. Such requests will be considered on an individual basis and the granting of permission is at the discretion of the school.

Staff who volunteers 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 away on trips with the school, even if additional arrangements might be required. 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.

## Appendix:

EA forms relating to administration of medicine:

Form 1: Health Care Plan for Pupil with Medical Needs

Form 2: Request by parent for school to administer medicine

Form 3: School's agreement to administer medicine

Form 4: Staff training record – administration of medical treatment

Form 5: Emergency Planning

Form 6: Record of medication administered

## Form 1

### Healthcare Plan for a Pupil with Medical Needs

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Name \_\_\_\_\_

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

Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photograph

Class/Form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name of School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contact Information

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#### Family Contact 1

Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home)

\_\_\_\_\_

Relationship

\_\_\_\_\_

**Family Contract 2**

Name

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Phone No. (work) \_\_\_\_\_ (home)

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Relationship

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**Clinic/Hospital Contact**

Name

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Phone No.

---

G.P.

---

Name \_\_\_\_\_ Phone No.

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

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Daily care requirements, (e.g. before sport/at lunchtime):

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

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Follow up care:

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Who is responsible in an emergency: (State if different on off-site activities)

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Form copied to:

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## Form 2

### Request by Parent for School to administer medication

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Example form for parents to complete if they wish the 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 medication

### Details of Pupil

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Surname:

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Forename(s)

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Address:

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

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

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

Condition or illness:

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### Medication

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

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For how long will your child take this medication:

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Date dispensed: \_\_\_\_\_

Full direction for use:

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Dosage and method:

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

Special precautions:

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Side effects:

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Self-administration:

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Procedures to take in an Emergency:

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**Contact Details**

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Name:

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Daytime Telephone No:

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Relationship to Pupil:

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Address:

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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):

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Relationship to pupil:

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### **Form 3**

#### **School's agreement to administer medication**

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Example form for schools to complete and send to parent if they agree to administer medication to a named child

I agree that (name of child) will receive (quantity and name of medicine) every day at (time medicine to be administered e.g. lunchtime or afternoon break). (Name of child) will be given/ supervised whilst he/she take their medication by (name of member of staff). This arrangement will continue until (either end date of course of medicine or until instructed by parents).

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

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

**Form 4**

**Staff training record-administration of medical treatment**

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**Example of form for recording medical training for staff**

Name:

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Type of training received:

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Date training completed:

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Training provided by:

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I confirm that \_\_\_\_\_ has received the training detailed above  
and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date:

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**Form 5**  
**Emergency Planning**

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**Request for an Ambulance to:**

Dial 999, ask for ambulance and be ready with the following information.

1. School telephone number
2. School name, address and postcode
3. Give exact location in the school (insert brief description)
4. Give your name
5. Give brief description of pupil's symptoms
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

### Record of medication administered

[illegible]