

## St Michael's Catholic School



## Administration of Medicine Policy

The St Michael's administration of medicine policy has been developed to ensure that children with medical needs have the same access to education as their peers. There may be times when your child will need access to medicines during the school day and this policy should be used as a guide to ensure that such medicine is administered safely. All medicine administered by school staff will be recorded.

## Prescription Medicines

Medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber should only be brought to school when it is essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

In cases where it is essential that medication is taken by a student during the school day we require parents/carers to:

- Complete the 'parental agreement for school to administer medicine' form attached (Appendix 1) or a paper copy can be obtained from reception
- Provide the medicine in its original container including the prescriber's instructions for administration and dosage. **Medicines not in their original container will not be accepted by the school and will be returned to the parent/carer**

Prescribed medicines will be stored in a locked cupboard and administered by a member of staff trained in first aid. It is the responsibility of your child to attend reception to receive their medication.

Medicines that need to be refrigerated will be kept in the fridge in the medical room

Medicines which have reached their expiry date will be returned to the parents/carers for disposal.

If your child is going on a school trip while taking a prescribed medicine, you will be asked to arrange for an adequate supply to take with them. The trip leader will arrange for the medicine to be stored safely and issued to your child according to the prescriber's instructions. Before any school trip all parents will have completed a medical consent form detailing any medical condition their child has. If these details change please inform the school. The annual medical consent form is attached (Appendix 2) or a paper copy can be obtained from reception.

If your child has a long term illness eg. asthma you may prefer them to carry their own medication. In this case please complete the 'request for child to

carry his/her medicine' form attached (Appendix 3) or a paper copy can be obtained from reception A back up supply may be kept in reception for emergencies where medicines requiring urgent access eg. Inhalers, epi pens will be stored where they can be accessed without delay and must be in their original container including the prescriber's instructions for administration and storage.

### Use of Inhalers

Reliever medicine is extremely safe. Although reliever inhalers should be treated as medicine, staff need not worry that a child may overdose on their reliever inhaler. In addition if a child without asthma uses another child's reliever inhaler this will not be harmful.

Reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. The guidance also says however that in an emergency when a pupil is having a severe asthma attack, using another child's reliever inhaler is preferable to being unable to give any medicines. It is important to remember that in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.

### Non-Prescription Medicines

Your child will never be given non-prescription medicines without written permission from their parent/carer.

If you wish for your child to be given paracetamol in the event of a headache or other pain, please complete the 'Parental agreement for school to administer occasional non-prescription paracetamol', attached (Appendix 4) or a paper copy can be obtained from reception.

To ensure the recommended four hours between doses of paracetamol it will not be given to your child before 12 noon.

Other non-prescription medicines will not be administered by school staff and should not be brought in to school by your child.

### Health Care Plans

If your child has long term or complex medical needs you will be asked to complete a health care plan with details of your child's illness, medication and procedure in case of emergency. The health care plan form is attached (Appendix 4) or a paper copy is available from reception. Good practice nationally would suggest that it is advantageous to monitor medical conditions pupils have during their school life, as conditions do change from time to time.

We therefore ask parents and guardians to advise the School of any changes.

If you have any questions about medicine in school please talk to the school receptionists who are qualified first aiders and have attended Buckinghamshire County Council training on administering medicine in school.

## Appendix 1

### Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting	
Date	
Child's Name	
Group/Class/Form	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	
<b>Note: Medicines must be the original container as dispensed by the Pharmacy</b>	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by [NAME OF MEMBER OF STAFF]:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

**I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.**

Parent's signature: .....

Print Name: .....

**If more than one medicine is to be given a separate form should be completed for each one.**

## ANNUAL CONSENT FOR EDUCATIONAL VISITS INCLUDING MEDICAL TREATMENT AND EMERGENCY CONTACT INFORMATION

Name of child ..... Date of Birth.....

1. I understand that my son / daughter may leave the school premises for the types of visits **set out on the school website and / or accompanying letter** and give my consent for my child to participate in these visits. I also understand that s/he may leave the school premises at other times when I will be informed separately by letter. If so, further consent will be required from me if the activity takes place outside school time or the activity is perceived to involve a higher level of risk, such as a visit involving a long journey or adventure activity.

I agree to my son / daughter receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. **(Details on the school website / at the school office.)**

I undertake to inform the school as soon as possible of any change in the medical circumstances of my child, and any change of emergency contacts after the date below:

Signed: (parent/guardian)	
Signed: (parent/guardian)	
Date:	

I/We ..... can be contacted by telephone on the following numbers: Mobile:..... Home:..... Work:.....
If the contact above is unavailable, please contact:..... Mobile:..... Home:..... Home Address:..... .....

Name, address and telephone number of family doctor: .....

.....

.....

.....

Does your son/daughter suffer from any conditions requiring medical treatment or medication? **Yes/No**

If Yes, please give details: .....

.....

Is s/he allergic to any medication or treatment? **Yes/No**

If Yes, please give details: .....

.....

When was the last time your son/daughter received a tetanus injection?

.....

Does your son/daughter have any special dietary requirements? **Yes/No**

If Yes, please give details: .....

.....

This form should be completed when a child is first admitted to school and then yearly. It will be placed on the child's school record and will be used throughout compulsory schooling. If a request is subsequently made for the withdrawal of the form, a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.

**The school will state clearly on its website and / or by letter which types of visit are covered by annual consent and those which may require additional consent (e.g. adventurous, residential, overseas and coach travel). The school will make available on its website and or at the school office the extent and limitations of the insurance cover provided.**

## Appendix 3

### Request for child to carry his/her medicine

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns, they will discuss the request with school healthcare professionals**

Name of School/Setting:	
Child's Name:	
Group/Class/Form:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	
<b>Contact Information</b>	
Name:	
Daytime Phone No:	
Relationship to child:	
I would like my son/daughter to keep his/her medicine on him/her for use as necessary.	
Signed:	
Date:	

If more than one medicine is to be given a separate form should be completed for each one.



**Parental agreement for school to administer *OCCASIONAL* non- prescription paracetamol (that is provided by the school) e.g. during the normal school day for secondary school pupils or on school visits/journeys.**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of School/Setting	
Date	
Child's Name	
Group/Class/Form	
Name and strength of medicine*	
How much to give	Child 6 – 12 years 250 – 500mg Child 12 – 18 years 500mg
When to be given	Every 4-6 hours
Any other instructions	Maximum 4 doses in 24 hours
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by [NAME OF MEMBER OF STAFF]:	

Paracetamol tablets are usually 500mg per tablet/capsule

I confirm that I have administered paracetamol without adverse effect to my child in the past.

I give consent to school staff to administer paracetamol in accordance with the school policy.

**I will inform the school immediately, in writing, if my child subsequently is adversely affected by paracetamol.**

Parent's signature: .....

Print Name: .....