



ADMINISTRATION OF MEDICINES POLICY

WOLSEY HOUSE PRIMARY SCHOOL



HEADTEACHER: MRS H.M KING
CHAIR OF GOVERNORS: MR M. PEATFIELD

Policy Statement:

It is the policy of Wolsley House Primary School that no medicine for children should be administered by members of staff, except emergency medication. This policy should be read in conjunction with the Medical Conditions Policy.

General Procedures:**Short-term illness:**

- i) Children who are acutely ill and who require a short course of medication, e.g.: antibiotics will normally remain at home until the course is finished.
- ii) If it is felt by a general practitioner that the child is fit enough to return to school while still on the medication, the dosage should be adjusted so that none is required at lunchtime.
- iii) Should a lunchtime dosage remain necessary, a parent/guardian may come into school to administer the dose or the child may self-administer by prior arrangement with the school.
- iv) Parents must apply to the office and complete a Self-Administration Form with Jacqueline Hayes before this can take place.
- v) All medicines must be clearly labelled with the child's name, route (i.e.: mode of administration), dosage, frequency and name of medication being given.
- vi) All children who require medication to be given during school hours will have clear instructions to report to the office at a given time to meet the named parent/guardian administering the dose.
- vii) No over-the-counter medications such as cough/throat lozenges, creams or lotions, will be allowed in school unless approved through the above procedures. If a child brings such medication into class, the teacher is to retain it and report to Deputy Headteacher as soon as possible.

Long-term Illness:

School will refer to the Medical Conditions Policy where an illness is classed as long term. The medicines in this category are largely preventative in nature.

The school will agree to keep such medication on the premises for children to have access to for self-administration once an Individual Healthcare Plan is in place. Part of this will require the parent/guardian of the child to complete and sign a form (available from the office) giving the child's name, route of administration, dosage, frequency and name of medication being taken. A photograph of each child, with the parent's consent, will be kept on a medical conditions board in the staffroom in a further attempt to ensure the children's health and safety of the children. This ensures that all staff are aware of those children who could need emergency treatment; what they look like and what steps need to be taken to ensure their safety.

The medication itself must be clearly labelled with all of the above.

Long-term illness is particularly, though not exclusively, applicable to the management of asthma. There are two types of inhaler treatment:

- Preventers: - These medicines are taken regularly to make the airways less sensitive.
- Relievers: - These medicines quickly open up the narrowed airways to help a child's breathing difficulties.
- i) It is expected that Reliever inhalers will be kept in the child's classroom at all times and that when children leave the building for sports events, trips or visits, children's inhalers will be taken along by staff to allow for immediate accessibility.
 - ii) Children will notify the staff present in the office when they come to use their inhaler.
 - iii) A register is kept of all children with asthma.
 - iv) Staff cannot undertake to monitor the use of inhalers carried by children.
 - v) The school is not responsible for loss or damage to any medication.
 - vi) Any child who is under a consultant for asthma or who has been hospitalised within the last 12 months must have an IHP

Emergency Treatment

No emergency medication will be kept in school, except any specified by special written arrangement between the parent and the Headteacher for use with a named individual. These medications may include treatments for anaphylactic shock or hypoglycaemic attacks and again, will be accompanied by an IHP.

See Appendix A for Administration of Medicines Form and Appendix B for record sheet.

Signed :

_____ (Headteacher)

_____ (Chair of Governors)

Reviewed: September 2024

Date to be reviewed: Autumn 2025

APPENDIX A

Request for Administration of Medicines

Date:.....

Name of child:..... Child's teacher.....

My child has been diagnosed as suffering from

He/she is considered fit for school but requires access to the following medication for administration during school hours:

Name of medication:.....

Dosage (amount):.....

Route (please indicate):

By mouth

Nasally

By ear

Other.....

Frequency (please indicate):

As required

Other.....

I/we agree to the medication being kept in the Foundation Stage medical storage cupboard/school office.

Tick ONE of the following:

My child can administer his/her own medicine OR

My child requires supervision to administer his/her medicine OR

My child requires assistance in administering his/her medicine

I request that the treatment be given in accordance with the above information by a member of staff. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises. I recognise that Wolsey House does this as a service to parents and that schools are not legally bound to do this. To assist, I agree to contact the school around 15-30 minutes prior to the medicine being needed in order to remind the administrative staff.


I undertake to supply the school with the drugs and medicines in the original labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, staff are in the position of the parent and may need to arrange any medical aid considered necessary in an emergency. If this happens, I will be told of any such action as soon as possible. I can be contacted via the following during school hours:

I undertake to update the school with any changes in administration for agreed medication for my child.

Signed Date

Name of Parent/Guardian:.....(Please print)

Contact details -  Home.....

Work.....

Emergency.....

