

# **COWORTH-FLEXLANDS SCHOOL**

## **MEDICINE ADMINISTRATION POLICY**

### **INTRODUCTION**

1. The health, safety and well-being of all our children are of paramount importance to all the adults who work in our school. The school recognises that children are sometimes well enough to attend school but require medication during school hours.
2. Medication comes in three main categories:
  - Treatment of short term ill health e.g. antibiotic.
  - Treatment of a long term condition e.g. Epipen, inhalers.
  - Treatment for normal school bumps and scrapes, insect bites etc
3. The school maintains a minimum of two qualified First Aiders and two Paediatric First Aiders and the details of these are published on the staff notice boards and briefed to staff. All staff receive Emergency First Aid in School training on a three year cycle.

### **AIMS AND OBJECTIVES**

4. This policy ensures that all staff in our school are clear about the actions necessary with regard to the administration of medicine. Its aims are:
  - To ensure that a child requiring medicine receives a safe and appropriate dose.
  - To ensure that parents have the main responsibility for the health and treatment of their child

### **PROCEDURES**

5. **Long Term provision / Medical Treatment Consent**
  - Upon joining the School parents are asked to complete the "Pupil Information Sheet" detailing any long term medical conditions (copy attached), this forms included parental consent for minor medical administrations.
  - Those with a long term condition that requires on going or emergency medication to be available will have additional arrangements made for their care and if necessary a full risk assessment will be completed – see also Allergy.
  - Parents are asked to inform the school of any change in medical circumstances, and this should be renewed annually to ensure all changes are captured.
6. **Short term provision - Parent Advised** (a course of treatment no longer than 4 weeks)
  - The parent will contact the school outlining the treatment their child requires,
  - The school will agree to administer the medicine on condition that the parent completes the "Request for School to Administer Medication" form (copy attached).
  - Parents/Guardian must personally deliver (and collect) medication which must be in the original container with the original dispensing label which must not be altered; it must be clearly labelled with the child's name and the time the dose is to be administered.
  - The school will maintain a record of the doses administered and the time given.
  - Medicines will be stored in the dedicated fridge where necessary or in the Medical room.
7. **First Aid Provision – School Initiated**. When unexpected treatment is found necessary at school, one of the trained First Aider will administer medicine in accordance with the permissions held for that pupil. If no permission is held then the school will contact the parent to gain agreement for the proposed treatment.
  - The school will maintain detailed records of treatment administered, including pupils name, class, date and time, dose, medicine type, who administered it.
  - The school will inform parents when ever medicine is administered and the child will wear a sticker to that effect so that all staff are aware the child has been treated.

- The school will provide a written slip to advise parents of the treatment.

### **APPROVED MEDICATION**

8. In consultation with the Qualified First Aiders, the school will administer the medication listed below. Any medication not listed below requires authorisation from the Head before the school agree to administer:
  - Throat lozenges
  - Pain killers
  - Antibiotics
  - Inhalers
  - EpiPens
  - Sun Cream
9. Children must not administer medicine unsupervised or have medicine in their possession.

Signed:.....  
Chair of H&S Committee

Dated: .....



## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Medicine will not be given unless you complete this form and return it to the Office.

### DETAILS OF PUPIL

Surname: ..... Forename:..... Class: .....

Condition / Illness: .....

### MEDICATION

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

Duration of Course: .....

Date Dispensed to Parents/Guardian: .....

Date given to School: .....

### DIRECTIONS

Dosage and Method: .....

Timing: .....

Special Precautions (if any): .....

Side Effects (if any): .....

Procedures to take in an Emergency (if applicable): .....

.....

### DECLARATION

I hereby authorise the School to administer the above medication as directed. I understand that while the School Staff will take all reasonable care, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child which occurs as a result of my instruction to administer the medication as detailed above.

I understand that I must deliver and collect the medication from the school office personally.

Signed: ..... Date: .....

Name: ..... Relationship to Child: .....



Please complete and return to the School Office as soon as possible.

Child's Full Name		Date of Birth	
Home Address		Email:	
		Home ☎	

<b>Father's Business Address</b>
<b>Business</b> ☎
<b>Mobile</b> ☎

<b>Mother's Business Address</b>
<b>Business</b> ☎
<b>Mobile</b> ☎

<b>Name of Nanny/Childminder (if applicable)</b>
<b>Address</b>
<b>Contact</b> ☎
<b>Mobile</b> ☎

<b>Name of Doctor</b>
<b>Address</b>
<b>Doctor</b> ☎

**IN THE CASE OF EMERGENCY**

Please let us have the name of a person, locally, who may be contacted should parents be unavailable.

<b>Name</b>	<b>Address</b>
<b>Relationship to child</b>	
<b>Home</b> ☎	
<b>Mobile</b> ☎	

**MEDICAL HISTORY**

<b>Details of any known allergies, phobias or sensitivities: (e.g. special dietary requirements, allergy to plasters etc, use extra sheet if necessary)</b>
<b>Details of any surgery or prolonged treatment:</b>
<b>Details of any disabilities or long-term illness:</b>

I am happy for my child to be treated with the following:

**Calamine: YES / NO**

**Waspeze: YES / NO**

**Calpol: YES / NO**

In the event of an Emergency and the non-availability of a parent, I give permission for the School to take any action which is considered necessary.

Signed:.....

Dated:.....