

2024

Administration of Medication in School Policy

Ratified: May 2024

To be reviewed: May 2027



Ardmore House

Help, Care, Support

Policy Information

The Board of Governors and staff wish to ensure that pupils with medication needs receive appropriate care and support at Ardmore House Special School. 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.

The policy refers to medication which is prescribed by a medical practitioner. Pupils are **not** permitted to self-administer 'over the counter' medication in school e.g., paracetamol. Such medication must be accompanied by the information outlined in points 1-5 below.

Pupils who suffer from asthma are expected to carry their blue inhaler with them. This is not a part of the medication policy.

All matters relating to medication needs are to be delivered to Mrs Spence (Acting Principal) or Mr Laird (Acting Vice Principal).

1. Parents/Guardians are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.
2. Prescribed medication will not be accepted in school without complete written and signed consent from the parent/guardian.
3. Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents/guardians.
4. Only reasonable quantities of medication should be supplied to the school.
5. Each item of medication must be delivered to Mrs Spence (Acting Principal) or Mr Laird (Acting Vice Principal) in a secure 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
6. 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 locked cabinet in the Acting Principal's office.
 7. The school will keep records, which they will have available for parents.

8. If children refuse to take their medicines, staff will not force them to do so and will inform the parents/guardians 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.
9. It is the responsibility of parents/guardians to notify the school in writing if the pupil's need for medication has ceased.
10. It is the parents/guardian's responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
11. The school will not make changes to dosages based on parental/guardian instructions.
12. School staff will not dispose of medicines. Out of date, expired medicines or those no longer required for treatment will be returned immediately to the parent/guardian for transfer to a community pharmacist for safe disposal.
13. 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.
14. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
15. 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. 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.
16. All staff will be made aware of the procedures to be followed in the event of an emergency!

Ardmore House - Record of Medicine Administered to an Individual Pupil.

| | |
|---|--|
| Name: | |
| Date of Birth: | |
| Year Group: | |
| Condition of Illness: | |
| Date medicine provided by parent/guardian: | |
| Name and strength of medicine: | |
| Quantity received: | |
| Dose and frequency of medicine: | |
| Expiry date: | |
| Quantity returned and date: | |

Checked by:

| | |
|-----------------------------------|--------------|
| Parent/Guardian signature: | Date: |
| Staff signature: | Date: |



Medication Plan for a Pupil with Medical Needs

| | |
|--------------|---------------------|
| Date: | Review Date: |
|--------------|---------------------|

Pupil Information:

| | |
|--------------------|--|
| Pupil Name: | |
|--------------------|--|

| | |
|-----------------------|--|
| Date of Birth: | |
|-----------------------|--|

| | |
|--------------------|--|
| Year Group: | |
|--------------------|--|

| | |
|--------------------------------|--|
| National Health Number: | |
|--------------------------------|--|

| | |
|---------------------------|--|
| Medical Diagnosis: | |
|---------------------------|--|

Contact Information:

| Contact Number 1 | | Contact Number 2 | |
|----------------------|--|----------------------|--|
| Name: | | Name: | |
| Phone: | | Phone: | |
| Relationship: | | Relationship: | |

| General Practitioner (GP) | | Clinic / Hospital Contact | |
|---------------------------|--|---------------------------|--|
| Name: | | Name: | |
| Phone: | | Phone: | |



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 specifically to administer medication for this child:

State if different for off-site activities...

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

Follow up care:

| |
|--|
| |
|--|

I _____ agree that the medical information contained on this form may be shared with individuals involved with the care and education of _____.

Signed:

Date:

Ardmore House Special School, 95A Saul Street, Downpatrick, BT30 6NJ

Telephone: 028 4461 4881

Email: info@ardmorehouse.org.uk

Website: www.ardmorehouse.org.uk

Acting Principal: Mrs. Ruth Spence



Request for 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.

Pupil Information:

| | |
|------------------------------|--|
| Name: | |
| Date of Birth: | |
| Address: | |
| Year Group: | |
| Condition or Illness: | |

Medication: Parents/Guardians must ensure that in date, properly labelled medication is supplied.

| | |
|---|--|
| Name/Type of Medication: <i>(As described on the container)</i> | |
| Date Dispensed: | |
| Expiry Date: | |
| Dosage and Method: <i>(Note – Dosage can only be changed on Doctor's instruction)</i> | |
| Timing: | |
| Special precautions: | |
| Full Directions for use: | |

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| | |
|----------------------|--|
| Side effects: | |
|----------------------|--|

Procedures to take in an Emergency: Who school need to contact...

| | |
|----------------------|--|
| Name: | |
| Relationship: | |
| Address: | |
| Phone: | |

I, _____ understand that I must deliver the medicine personally to Ardmore House Special School 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.

Agreement of Principal

I _____ agree that _____

will receive _____ every day at _____.

This pupil will be given / supervised whilst they take their medication by: _____

This agreement with continue until: _____

| | |
|----------------|--------------|
| Signed: | Date: |
|----------------|--------------|

The original of this form should be retained on the school file and a copy sent to the parents/guardians to conform the school's agreement to administer medication to the named pupil.



Consent Form – Administrating *Non-Prescribed* Medication in School

| | |
|----------------------|--|
| Pupil's Name: | |
| Year Group: | |
| Date: | |

I, _____ give permission for the above named pupil to be given medication as outlined below by a designated staff member during school hours. Please indicate which medication the above named pupil may receive. **NO** medication will be administrated until you have been contacted by telephone to clarify that it is safe to administer and that it is with your permission.

| | |
|-----------------------|--|
| <i>Paracetamol</i> | |
| <i>Ibuprofen</i> | |
| <i>Anti-histamine</i> | |

| | |
|---|--|
| Signed: | |
| Relationship to pupil named above: | |
| Date: | |