



Aviemore Primary School - Medicines in School

Rational

Most pupils will need to take medication in school at some point. For many this will be short-term, but other pupils have medical conditions such as asthma or diabetes that if not properly managed, could limit their access to education. Some children have conditions that also require emergency treatment e.g. severe allergic conditions (anaphylaxis) or epilepsy.

If parents/carers need a child to be given medicine in school then it is essential that we work together to ensure appropriate arrangements are put in place.

For the majority of staff, there is no legal duty that requires them to administer medication; this is a voluntary role.

If your child is acutely unwell, please keep them at home. Staff cannot administer non-prescribed medication for minor complaints - these should be dealt with at home. This includes cough sweets and other cold/flu products, which should not be brought into school by pupils.

If your child is sick or has diarrhoea, please ensure that they remain at home for 48 hours, after their last episode.

Health care information

- The school will liaise with parents about specific health care issues and will seek parental agreement before passing on information about their child's health to other school staff.
- Staff will discuss the medical needs of pupils, in the first instance, with the Head Teacher.
- Information regarding pupils' health needs will be recorded on Seemis and updated annually.
- A list of pupil medical details will be issued to staff at the beginning of the academic year and will be updated as necessary.

Administering Medication

The Head Teacher accepts responsibility, in principle, for school staff giving or supervising children taking medication during the school day.

Only **prescribed** medication, supplied by the parent/carer, can be administered at school.

We are **NOT PERMITTED** to give the **FIRST DOSE** of a new medication to a pupil. This must be given 24 hours in advance of a staff member being asked to administer it.

A record will be kept of all administered medicine.

General prescribed medicines require one adult to supervise and sign the log.

Controlled medications must be supervised by two staff members and both must sign the log. (Morphine, Ritalin, Methylphenidate, Codeine/Co-codamol).

Short term medicines:

Parents/carers must send the medicine into school with a note that **clearly states:**

- the date
- the pupil's name
- written instructions of how the medicine should be administered
- the prescribed dose



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- the dose frequency
- the expiry date of the medicine (for long term medicines)
- any additional information/particular cautions to be aware of (e.g. side effects)

If in doubt about any of the procedures, staff should check with the parents/carers or a health professional **before** taking further action.

Verbal consent/instructions cannot be accepted under any circumstances.

All medication, except for reliever inhalers, will be stored securely and safely out of reach of pupils, usually in a child's classroom. A locked draw/cupboard will be used for controlled medication; a high shelf is acceptable for inhalers/epi-pens (as these may need to be accessed quickly).

Parents should deliver medication to school office. Where this is not possible, the parent should inform the office that the child has the medication, which should be given to the class teacher immediately.

Long Term Medication

- Pupils who require long term medication will have a separate log.
- The school will liaise with the school nurse and other health care professionals in relation to planning for children with specific health care needs.
- All relevant adults should have access to a written set of procedures (protocol) relating to children with long term medical needs.
- A health professional will provide annual training for staff in relation to specific conditions.

In all cases, if a child refuses to take the advised medication, parents will be immediately informed. No member of staff will attempt to force a pupil to take medication against their will except in emergency circumstances where non-administration is likely to be life threatening.

Inhalers and Epi-pens

- All inhalers and Epi-pens are to be kept in a container, clearly stating the child's full name.
- If it is believed that a child is too young to keep their own inhaler/epi-pen, it should be kept in an easily accessible place.
- Older children should have free access to their medication and are allowed to carry their own inhaler/epi-pen, providing that parents/carers have consented to this.

Diabetic equipment

- All diabetic equipment will be kept in a container, clearly stating the child's full name. These will be kept in the child's classroom, out of the reach of children (unless a parent advises the school otherwise). This should readily accessible at all times of the school day.

The Education Authority will indemnify staff who volunteer to administer medication to pupils and staff who act in good faith for the benefit of a pupil in an emergency situation.

In an emergency situation, the emergency services or local medical centre will be contacted immediately.

Please see our policy on first aid procedures and medical protocols for further information.



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Child Health Plan for Conditions Requiring Medication

Date: _____

Name of Pupil:		Date of Birth:	
Class:			
Diagnosis:			
Symptoms Displayed (be specific and clear):			
Triggers (E.g. exercise leads to breathlessness):			
Treatment			
Name of medication	Dosage	Method of Administration	Times
Actions to be taken in Emergency:			
Contact Information			
Emergency Contact 1			
Name:			
Phone No: (Home)		Phone No: (Work)	
Mobile No		Relationship	
Emergency Contact 2			
Name:			
Phone No: (Home)		Phone No: (Work)	
Mobile No		Relationship	
Medical Practitioner Contacts			
G.P. Name:		G.P. Practice:	
Phone No:			
Paediatrician/Consultant:		Clinic/Hospital:	
Phone No:			

Members of staff trained to administer medication for this child:

Name	Designation

I agree that the medicines above may be administered to my child in accordance with this plan. I agree to provide the school/service with all medicines required in appropriately labelled original containers. I agree that the medical information contained in this form may be shared with individuals involved in the care and education of my child.

Plan Prepared By (Parent/Carer): Name: _____ Date ___/___/___

Plan Approved By (Staff Member): Name: _____ Date ___/___/___

Designation: _____



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REQUEST FOR ADMINISTRATION OF MEDICATION

The school will not give your child medicine unless a parent/carer completes and sign this form and school staff agree to administer the medication.

Name of Pupil:	Date of Birth:
Class:	Gender:
Condition or illness:	

Parents must ensure that the medication supplied is in date and is properly labelled with a Pharmacy or Dispensed label which states:

- Child's Name
- Name of Medication
- Dose & Frequency
- Dispensing & Expiry Date

Name/type of medication:							
Length of course:							
Quantity/Dose:							
Date of First Dose:	Please note first dose MUST have been given my parent/carer unless agreed by medical practitioner for emergency medication such as an 'epipen'						
Full directions:	Note dosage and method e.g. Oral, Injection, Inhaler or other: Time and frequency (when medicine should be given): Special precautions / Possible/known side effects: N.B. "As directed" is not acceptable.						
Child Self-administration	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>		

Action to be taken in Emergency:	
Emergency Contact 1	
Name:	
Phone No: (Home)	Phone No: (Work)
Mobile No	Relationship
Emergency Contact 2	
Name:	
Phone No: (Home)	Phone No: (Work)
Mobile No	Relationship
Medical Practitioner Contacts	
G.P. Name:	G.P. Practice:
Phone No:	

Parent/Carer:

I understand that I must deliver the medicine personally (to agreed member of staff).

I undertake to inform the agreed member of staff immediately of any changes in the medication and provide an appropriately labelled supply.

Medicines will be replaced / replenished by me as required and I understand and agree that the service is not responsible for ensuring supply of the medication.

Please Note: Verbal information will not be acted upon.

Signature:	
Relationship	
Date:	



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PERMISSION FOR CHILD TO CARRY HIS/HER PRESCRIBED MEDICATION

Form for parents to complete if they wish their child to carry and administer his/her own prescribed medication.

Child's name :	Name of medication:
Child's DOB:	Condition or illness:
Class:	Gender:

Description of how medicine is administered:	Note dosage and method e.g. Oral, Injection, Inhaler or other:
	Time and frequency (when medicine should be given):
	Special precautions / Possible/known side effects:
	N.B. "As directed" is not acceptable.
Details of storage of medication:	
Action to be taken in an emergency:	

I would like the above named pupil to keep his/her prescribed medication on him/her for use and for him/her to self-administer as described above.

Parent/Carer:

Signature:	
Relationship	
Date:	