



Saint Fanchea's College

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THE ADMINISTRATION OF MEDICATION IN SCHOOL POLICY

2022-2023

The Board of Governors and staff of Saint Fanchea's College wish to ensure that pupils with medication needs receive appropriate care and support at school. Most children with medication needs are able to attend school regularly and, with some support from the school, can take part in the majority of school activities.

Legal Duty and Indemnity:

The Principal, Assistant Principal and teachers are not contractually required to administer medication to students. This is a voluntary role. If a member of staff administers medication to a student, or undertakes a medical procedure to support a student and, as a result, expenses, liability, loss, claim or proceedings arise, the College will indemnify the member of staff provided the member of staff follows the procedures set out in this policy and the procedures outlined in the student's Individual Healthcare Plan (Form AM1), and/or written permission from parents.

Please note that parents should keep their children at home if acutely unwell or infectious.

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication. Prescription and Non-prescription medication will not be accepted in school without complete written and signed instructions from the parent. (Appendix 1 Forms AM1, AM2, AM3, AM4)

Only the daily quantity of medication should be supplied to the school unless it has been pre-arranged with the Principal that an emergency supply is kept in the school.

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances **by the parent, in a secure and 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.

The school will not accept items of medication in unlabelled containers.

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.

The school will keep records, which they will have available for parents.

If children refuse to take medicines, **staff will not force** them to do so, and will inform the parents 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.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term.

Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long term or complex medication needs, the Principal, will ensure that an Individual Healthcare Plan (AM1) and Protocol is drawn up, in conjunction with the appropriate health professionals.

Pupils with asthma will have an Asthma school record card held in school which parents will be asked to complete.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
(AM2/AM3/AM4)

UNDER NO CIRCUMSTANCES SHOULD ONE PUPIL GIVE MEDICATION TO ANOTHER

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

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.

All staff will be made aware of the procedures to be followed in the event of an emergency.

Administering Medication Policy COVID-19 Addendum

Following DE guidance due to the ongoing Covid-19 Pandemic, the following amendments to the above policy on the Administration of Medication in St Fanchreas's College will be followed.

Administering Medication

Staff – no medication will be administered by staff to pupils or other staff members unless a medical emergency occurs such as Epi Pens or is prescribed such as asthma inhalers.

Parents are required to notify the school as a matter of urgency if pupils require medication in school, and the appropriate documents must be completed.

If any medication is administered to a pupil, a record is kept in the main office.

Medicine should be supplied in an opened bottle to be left in school, use by dates must be checked by parents.

All medication will be kept in the school office in a locked cabinet.

Staff administering medicine should wear a face covering and maintain a distance of 2m if possible.

Parents will be unable to enter the site; therefore non prescription medication will not be administered to pupils during the school day.

This policy will be reviewed every year

Date of next review – September 2023

Principal Date

Chair of the Board of Governors

Date

Individual healthcare plan(AM1)



Pupil Name:	Class:	Date of Birth:
Medical Diagnosis or condition:		
Family Contact Information		
Contact 1 – Name:	Contact 2 – Name:	
Relationship to pupil:	Relationship to pupil:	
Telephone Work: Home: Mobile:	Telephone Work: Home: Mobile:	
Clinic/Hospital Contact		
Name:	Phone number:	
G.P. Contact		
Name:	Phone number:	
Information		
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc		
Daily care requirements (e.g. before sport /at lunchtime)		
Describe what constitutes an emergency, and the action to take if this occurs		
Date:	Review Date:	

I agree that the medical information contained in this plan may be shared with individuals involved with the care and education of _____ (student name)

Parental Signature: _____ Date: _____

Student Signature: _____ Date: _____

This original should be retained on the school file and a copy sent to the parents to confirm the Individual Healthcare Plan for the named student.

Parental agreement for College to administer medicine

(AM2)

The College will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication.



Pupil Name:	Class:	Date of Birth:
Medical Diagnosis or condition:		
Medicine		
Name of Medicine:	Expiry Date:	Date Dispensed:
Dosage and Method:	Timing:	Self-Administration – y/n
Full directions for use including timescale:		Special precautions/other instructions:
Are there any side effects that the college needs to know about?		Procedures to take in an emergency:
NB: Medicines must be in the original container as dispensed by the pharmacy		
Family Contact Information		
Contact – Name:	Relationship to pupil:	
Address:	Telephone number Work: Home: Mobile:	

I understand that I must deliver the medicine personally to the College and accept that this is a service which the school is not obliged to undertake. I will inform the college immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian Signature: _____ Date: _____

Agreement of Principal/Assistant Principal

I agree that _____ (student name) will receive medication as per information detailed above. This student will be given/supervised whilst she takes her medication by _____.

This arrangement will continue until the end date of the course of medication or until instructed by parents.

Principal/Assistant Principal: _____ Date: _____

Request for a Student to carry her medication.

(AM3)



The College will not give students permission to carry medication unless parents complete and sign this form, and the Principal has agreed.

Pupil Name:	Class:	Date of Birth:
Medical Diagnosis or condition:		
Medicine		
Name of Medicine: <i>(as described on the container)</i>	Full directions for use:	
Procedures to take in an emergency:		
NB: Parents must ensure that in date properly labelled medication is supplied.		
Family Contact Information		
Contact – Name:	Relationship to pupil:	
Address:	Telephone number Work: Home: Mobile:	

I would like my child to keep her medication on her for use as necessary.

Parent /Guardian Signature: _____ Date: _____

Agreement of Principal/Assistant Principal

I agree that _____ will be allowed to carry and self-administer her medication whilst in school and that this arrangement will continue until the end date of the course of the medication or until instructed by parents.

Principal/Assistant Principal Signature: _____ Date: _____

Parental agreement for College to administer medication short term.

(e.g. Paracetamol / ibuprofen / antibiotics)
(AM4)



The College will not give your child medicine unless you complete and sign this form.

Pupil Name:		Class:		Date of Birth:	
Medical Diagnosis or condition:					
Medicine					
Name of Medicine: (as described on the container)		Expiry Date:		Dosage and Method:	
				Timing/length of course:	
Full directions for use:			Special precautions/other instructions:		
Are there any side effects that the college needs to know about?			Procedures to take in an emergency:		
NB: Medicines must be in the original container as dispensed by the pharmacy					
Family Contact Information					
Contact – Name:			Relationship to pupil:		
Address:			Telephone number		
			Work:		
			Home:		
			Mobile:		

I understand that the information I have given above is correct. I agree that _____ (student name) will take her medication as per information detailed above. This student will be given/supervised whilst she takes her medication by _____. I accept that this is a service which the school is not obliged to undertake.

Parent/Guardian Signature: _____ Date: _____

Principal/Assistant Principal: _____ Date: _____

