

CALSHOT PRIMARY SCHOOL

Medication Policy



'At Calshot we aim to provide the highest quality of learning and care for ALL children in a safe and enjoyable environment, nurturing personal values, in partnership with parents, carers and the wider community. We expect everyone in our school to strive to achieve their full potential.'

Policy Statement

- We would ask that parents request that their doctor, wherever possible, prescribe medication, which can be taken outside the school.
- However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
- We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this policy.

Children with Special Medical Needs

- Should we be asked to admit a child to school with special medical needs we will, in partnership with the parents/carers, school nurses and medical advisors, discuss individual needs.
- Where appropriate an individual alert card will be developed in partnership with parents/carers, school nurses and medical advisors.
- Any resulting training needs will be met.

On Admission to School

All parents/carers will be asked to complete an admissions form giving full details of a child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, allergies, special dietary requirements, etc.

Administration and Storage of Medication in School

- Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to the office staff
- The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.
- The 'School Medication Administration Record' (see below) should be completed by the parent/carer. This will be kept by the Head Teacher.

- A record of the administration of each dose will be kept on the 'School Medication Administration Record' which will be initialled by the member of staff who has administered the medication.
- Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on that day. A child should never be forced to accept medication. A wasted dose (e.g. a tablet is dropped on the floor) should also be recorded.
- Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, the school should be notified, if possible in writing, immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible.
- If medication needs to be replenished this should be done in person by the parent/carer.
- Should the child be required or is able to administer their own medication e.g. reliever inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want to ask the school nurse to check the child's technique before accepting full responsibility.
- Due to Covid-19 children will be given the medication using a disposable cup which they can throw away to reduce contact and limit risk

Storage and Disposal of Medication

- All medication with the exception of Emergency Medication will be kept in the Head Teachers Office
- A regular check will be made of the medication and parents will be asked to collect any medication which is out of date or not clearly labelled.

This policy was adopted by the 'Health, Safety, Buildings and Welfare Committee' on 12th November 2020.



School Medication Administration Record

| | | |
|-------------------------------------|---------------------------------|----------------|
| Name of child: | | Date of Birth: |
| Class: | Parent/ carer telephone number: | |
| Family Doctor: Telephone number: | | |

Details of Medicine

| | | |
|-----------------------|-------------------------|-------------------|
| Name of Medicine: | | Time to be taken: |
| How much to be given: | | |
| Side Effects: | Any other instructions: | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer the medication, I accept that they are acting on my instructions and they cannot be held responsible if the medicine is not given or given wrongly. I will inform the school immediately if there is any changes to the dose or frequency for the medication or if the medication is to be stopped.

Signature of parent/ carer..... Date:.....

Record of Administration

| | Date | Time | Dose | Initial | | Date | Time | Dose | Initial |
|-----|------|------|------|---------|-----|------|------|------|---------|
| 1. | | | | | 11. | | | | |
| 2. | | | | | 12. | | | | |
| 3. | | | | | 13. | | | | |
| 4. | | | | | 14. | | | | |
| 5. | | | | | 15. | | | | |
| 6. | | | | | 16. | | | | |
| 7. | | | | | 17. | | | | |
| 8. | | | | | 18. | | | | |
| 9. | | | | | 19. | | | | |
| 10. | | | | | 20. | | | | |

