

Long Melford Primary School

Medication

Administration of Prescribed Medication – School Policy

Whenever possible parents should ask their GP to prescribe medication in dose frequencies that enable it to be taken outside school hours. However, if parents wish the school to administer the medication (in loco parentis) they must give the Head teacher a written request (using the appropriate form*) detailing the medication to be given along with the frequency, dosage and any other relevant information (e.g. interaction with other medicines such as paracetamol). Oral information from the pupil or parent will not be acted upon.

If required, the parents will be able to visit the establishment during the day to administer the medication in person.

The parent must supply the medication in a secure container as originally dispensed, clearly labelled with:

- the child's name
- the name of the medicine
- the method, dosage and timing of administration
- the date of dispensing
- storage requirements (if important)
- the expiry date

Details of possible side effects should also be given.

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

Where possible not more than one week's supply should be sent to school at one time.

It is important that an up-to-date record of the parent's home and work telephone numbers are kept so that they can be contacted at any time.

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.

Medicines will be kept in a safe place, and any medications needed in an emergency will be readily accessible.

A designated member/ designated members of staff will be made responsible for administering medication.

Medicines no longer required will be returned to the parent. If parents do not collect medicines after a reasonable period, they will be given to a pharmacist for disposal.

**(Appendix 1)*

Appendix 1

Permission to Administer Medication

Child's full name _____

Address _____

Name of the medicine (as it appears on the packaging) _____

Storage instructions _____

Detailed instructions for administration

Dosage _____

Method _____

Frequency _____

Any other relevant information _____

Parent/carer (please sign and print)

_____ (sign)

_____ (print)

Date _____

LONG MELFORD CEVC PRIMARY SCHOOL

JUST TO LET YOU KNOW: medicine administered

Name		
Medicine has been administered as per written instructions		
Time	Date	Administered by