



Baildon Church of England Primary School

Administration of Medication Policy

Policy Creation: October 2023 Policy Review Date: October 2026

'Those who hope in the Lord will renew their strength and they will soar on wings like eagles.'

Vision Statement

"We celebrate our place within God's loving family, showing respect for ourselves, others and the world around us. We are a safe, supportive community of inspired, resilient life-long learners, with a spirit of curiosity, where every individual is provided with the opportunity to flourish and achieve in our ever-changing world."

Rationale

The Governors and staff of Baildon C of E Primary School wish to ensure that pupils with medical needs receive care and support in school. Pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.

Forms

- 1. A record of medicine administered will be sent home each day your child receives medication (Appendix 1).
- 2. To request that school administer a short-term course of prescribed medication, parents/ carers must complete a Request for school to administer prescribed medication form (Appendix 2). Each item of medication must be in its original container clearly labelled by the parent with the following information:
 - Pupils name
 - Pupil's date of birth
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if necessary)
 - Expiry date
- 3. For children new to school, information should be recorded on the Medical Needs section of the Data Collection Form (Appendix 3).
- 4. On receipt of the Data Collection Form, school will request that parents/carers complete a Health Care Plan which records the request of the parent to the administration of medication which should be updated regularly (Appendix 4).

Bringing medication into school

- 5. All items of medication should be delivered to a member of the office, by parents, carers or escorts employed by the authority.
- 6. Where a pupil travels on school transport with an escort, parents/carers should inform the escort of any medication sent with the pupil and should hand the medication to the escort for transporting to the school.

7. Parents and carers of children attending breakfast club will need to hand over the medication to the member of staff in charge that morning.

Administering medication

- 8. The Headteacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so. However, staff are not obliged to administer medication in school and staff do this of their own choice.
- 9. The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a pupil's needs the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.
- 10. Medicine will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 11. Medication can only be accepted in school where it has been prescribed by a doctor or other medical professional, which is a course for an identified period of time.
- 12. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. This does not include children with on-going medical needs, such as asthma, diabetes and severe allergies.
- 13. For a course of prescribed medication that can be administered at other times out of school hours, for example: before school, after school and at bedtime, then school will not authorise the administration of the medication. However if the prescribed course of medication is for four times a day or for a child who attends our out of school care we will give one dose.
- 14. We will not give medication that states 'as required' as a dosage method, as school staff are not in a position to make informed judgements as to when this may be. This again does not included children with on-going medical needs, such as asthma, diabetes, severe allergies and those with a care plan.
- 15. All medication to be administered will be stored appropriately.
- 16. Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with health professionals.
- 17. Pain relief medication is not given in school unless it is a very exceptional case. This will only be accepted with written consent from parents/carers.

- 18. Where appropriate, pupils will be encouraged to self-administer their own medication under staff supervision. Parent/carers of children will be asked to confirm in writing their consent to this. The Headteacher must approve pupils carrying and administering their own medicine. In deciding whether to permit this, the Headteacher will take into account the nature of the medication, the age of the pupil and the safety of other pupils.
- 19. Children will not be given permission to take their own medication without staff supervision.
- 20. Where pupils require medication to be administered, school may seek a view from the health professionals as to whether there are alternative approaches to the administration of medication as well as to seek clarification from health professionals of the care plan which is prepared for school staff undertaking the pupils' care.
- 21. If pupils refuse to take medication, the school staff should not force them to do so. The school should inform the child's parents/carers as a matter of urgency, and may need to call the emergency services.

Communication

- 22. Parents and carers are responsible for supplying school with all necessary information regarding their child's condition and medication. This should be provided in conjunction with the GP or other medical professional as appropriate.
- 23. Parents/carers should be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.
- 24. It is the responsibility of parents to monitor the expiry date of medication in school and provide new medication when necessary, but school will inform parents/ carers when their child's medication is due to expire.
- 25. Parents should be asked to make it clear whether medication needs to be kept in school or should be collected at the end of the day. This will need to be the parent's responsibility if the latter applies.
- 26. Parents may be contacted before medication is accepted to be administered in school, particularly when dosage needs further discussion.

Katie Savage	Headteacher
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Approved by the GovernorsDate

Appendices-

Documentation

Appendix 1	Record of individual medication given in school
Appendix 2	Request for school to administer prescribed medication
Appendix 3	Medical Needs section of the Data Collection Form

Appendix 4 Healthcare Plan for pupils with medical needs, allergies or long-term medication

RECO	RD OF N	IEDICINES ADMINIS	TER	ED IN SCHOOL
Date	Time	Child's Name	Class/ Form	Name of Medicine
Dose	Given		Reacti	ons or Comments
Date	Time	Child's Name	Class/Form	Name of Medicine
Dose Given		Reactions or Comments		
P	rimary Scl /ay, Baildon, S	Aurch of England hool and Nursery Shipley, West Yor Select multiple th	together	NOTICE TO PARENT OR GUARDIAN You have been issued with this record for information purposes only. Your child has been administered with medication as detailed above.



Baildon Church of England Primary School

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

Full name:		Class:	Date of birth:
Condition or Illness:_			
Name/Type of Medi	cation (as described	i on the container);	
For how long will you	ur child take this mea	lication:	
Date dispensed:	Expiry Date:	Dosage fiming &	and method:
Special precautions,	/side effects:		
Self-Administration: _			
Procedures to take i	n an emergency:		
NB: Medicine must b	be in the original cor	ntainer as dispensed	by the pharmacy.
Contact Name:		Contact te	lephone:
Daytime contact ad	Idress:		

I understand that I must deliver the medicine personally to the office or Mrs Hargreaves and accept that this is a service which the school is not obliged to undertake.

I will ensure that the medicine is collected at the end of the school day by an adult; otherwise the medicine will remain in the school cabinet or fridge. I am also responsible to monitor the expiry date of medication in school and provide new medication when necessary.

In the event of my child displaying symptoms of asthma or allergic reactions and their inhaler/Emerade Pen is not available or is unusable, I consent for my child to receive Salbutamoi from an emergency inhaler or use of a Emarade Pen held by the school for such emergencies.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or medicine is stopped.

Date:

Signature:	Relationship to child:
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Staff will not give your child prescribed medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

Medical Needs

Please complete regarding your child's health and medical needs so school can determine if further information is required. If so we will send the relevant forms for you to complete and return to school.

Please confirm if your child has any medical/health needs. *

Yes
No

If you answered yes, please tick all medical/health needs which apply to your child. You will be sent a link to complete a more detailed School Health Care Plan.

- Hearing/Ear Problems
- Speech & Language Difficulties
- Allergies
- Asthma
- Skin Disorder
- Eye Sight
- Colour Blindness
- Toileting Problems
- Headaches
- Hay Fever
- Other

If you have any further information regarding the health/medical needs for your child, please write these in the comments box below.



Does your child require medication in school? (such as an inhaler, epipen). If yes, you will be sent a link to complete a more detailed School Health Care Plan. *

Yes

🗆 No

Medical Practice *

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Address Line 1	
Address Line 2	
	1
Town	
	1
Postcode	

Phone Number *



Baildon Church of England Primary School

School Healthcare Plan

For pupils who have medical needs, allergies or require long term medication in school. Updated April 2022

Child Details

Class *				
Name *				
First Name	Surname			
Date of Birth of Child *				

~		~	~
Day	Month		Year

GP/Hospital Contact

Name of GP *

Phone Number *

Name and details of hospital consultant (if appropriate)

Type here...

Telephone

Email Address

Medical Needs

Medical Condition/Allergy *

Type here...

Does your child have a healthcare plan from a medical professional? *

🗆 No

Yes - please send to office@baildonce.co.uk

Daily Care requirements needed in school (eg-before sport/at lunchtimes) *

In an emergency, what would your child display, and what actions are needed. *

Type here...

Medication

Does the pupil require long term medication *

- No (proceed to signature)
- Yes (please answer the questions below)

Do you require School to deliver medication during the school day on a long term basis? Including medication in the event of an emergency eg Inhaler or Emerade pen.

- O No , the medication is taken at home only (proceed to signature)
- Yes (please answer the questions below)

Name / Type of Medication (as described on the container) Please note that medicine brought in to school must be in the original container as dispensed by the Pharmacy

Ту	m.	h	01	
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How long is the medication prescribed for?

- Ongoing / Until Further notice
- Fixed Period (please state below)

Expiry date of medicine.

mm-dd-yyyy

Dosage, timing and method of administration of medication

Type here...

Special Precautions/Side Effects

Type here...

Procedures to take in an emergency

Type here...

Please sign in the box below to confirm all of the above information is correct. By signing this form you are agreeing to the following statement:

I understand that (if applicable) I must deliver the medicine personally to the school and accept that this is a service which the school is not obliged to undertake.

I am responsible to monitor the expiry date of the medication in school and provide new medication when necessary.

In the event of my child displaying symptoms of asthma or allergic reactions and their Inhaler/Emerade Pen is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler or use of an Emerade Pen held by school for such emergencies.

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or the medicine is stopped.

This data is being collected, controlled & processed in line with General Data Protection Regulations(2018). The school has a duty to protect this data & to keep it up to date. The school is required to share some of the data with the Local Authority and with the Department for Education. More information about data sharing can be found under the Data Protection section on our website https://baildonce.co.uk/parents-and-pupils/policies/

Name of Parent/Carer *

Relationship to Child *

Parent/Carer email address *

Signature *

		Clear
Date *		
mm-dd-yyyy		
Date		
Submit Form	Clear Fields	

Powered by Jotform