



# **St. Julian's Primary School**

## **Administration of Medicines Policy**

### Policy Statement

St. Julian's Primary School will support and care for children with medical needs in order to ensure their health and attendance at school, as well as their access to the curriculum. This policy and the procedures set out the framework within which the medical needs of our pupils will be managed. It has been the subject of consultation with Staff and the Governing Body.

In general, there is only one set of circumstances in which the school may need to be involved in supporting the medical needs of its pupils: *Where the pupil has a long term or complex medical need which requires to be addressed to ensure the health and well-being whilst at school, e.g. epilepsy, diabetes, severe allergies, asthma.*

The school will not administer antibiotics and deal with medical issues related to common illnesses. Wherever possible, it is expected that pupils take medication before or after school, or if required, parents are invited to attend school during break or lunch periods to administer medicine. School must be informed first to arrange this.

### Administration of Prescribed Medicines

Teachers cannot be required to administer medication or to supervise its administration. It is part of the teaching assistants' job description to administer medication. All staff, however, have a legal duty of care towards pupils in emergencies. It is therefore imperative that, expert training by health professionals is organised for all staff in the presence of parents of those children requiring it, for those most severe or life threatening conditions, e.g. epilepsy or severe allergies. Staff at St. Julian's Primary have taken on the training, skills and responsibility for the small number of pupils requiring this medication, with the full support of the parents. In some rare situations a child may need prescribed medicine for a temporary condition, but is well enough to attend school. If the medicine cannot be administered outside of school hours and a parent or nominated adult is unable to attend school to administer this medication themselves, then school may permit the child to self-administer medication in this instance. For this to happen, all the necessary medical forms must be completed by the parent after discussion with the Head Teacher.

The following procedures are rigidly adhered to:

- No medication will be administered without the express written consent of the parent/guardian. Parents will be expected to complete the 'Healthcare Plan for a Pupil with Medical Needs', the 'Request for School to Administer Medication required in an Emergency' or the 'Request to Administer Medicine/Asthma Inhalers.' A separate form relating to medication needed for residential visits will be distributed to families well in advance of the visit and must be completed and checked before the visit takes place. All forms are kept in the School Office, and pupil photographs are kept in the staffroom. Medicines relating to the child will be held securely in dated packages provided by parents with emergency telephone numbers and instructions.
- Should a child have asthma or the need for an inhaler, then the specific form above needs to be obtained, signed and returned to the School Office before the inhaler is brought to school. All inhalers and pumps are stored in sealed medi-containers in each class, for the pupils to use when needed. A record is kept of

the date, time and number of puffs in an individual book. Nursery and Reception pupils are assisted with their inhalers. From Year 2, pupils are encouraged to manage and administer their inhalers.

- All medication is taken by the class teacher, for all class visits.
- Under no circumstances will any pupil be given pain killers or be allowed to self-administer medication other than asthma pumps or inhalers, without the necessary permission as above.
- The administration of emergency medication in the event that it is necessary, will be by any trained member of staff.
- School staff will not dispose of surplus or out of date medication. It will be returned to the parent or guardian to be disposed of.
- It is the responsibility of the parent or guardian to ensure that medication is in date and in sufficient supply.

### *Equal Opportunities Statement*

We are committed to equality for all members of our school community.

This policy was updated January 2018 by Mr David Rees

This policy was presented and accepted by the Governing Body on 8th February 2018

Signed .....(Chair)

The staff were made aware of this policy and or updates on

February 2018

This policy will be reviewed: July 2019

ASTHMA FORM

**ADMINISTRATION OF MEDICINE IN SCHOOL – ASTHMA INHALER**

The Parent, Guardian or Carer of the pupil is responsible for completing Part A of this form. Part B should be completed by the school. **School staff will not allow use of an asthma inhaler if this form is not fully completed.**

**Please print all information.**

**PART A – TO BE COMPLETED BY THE PARENT/GUARDIAN/CARER**

**PUPIL INFORMATION**

Surname ..... Forename .....

Address  
.....  
.....

Date of Birth .....

**HOME CONTACT INFORMATION**

Home Contact 1

Home Contact 2

Surname ..... Surname .....

Forename ..... Forename .....

Address ..... Address .....

.....

Phone - Home ..... Phone - Home .....

- Work ..... – Work .....

Relationship to Pupil ..... Relationship to Pupil .....

**MEDICAL CONTACT INFORMATION**

A.1 Has your child been prescribed an inhaler by medical personnel? YES/NO

If YES, please provide details of the medical personnel

Name ..... Status (GP/Consultant) .....

Work address .....

.....

Phone. ....

A.2 Can your child use the inhaler without supervision? YES/NO

A.3 When must your child have access to his/her inhaler?

.....

A. Is there any other information the school should have about your child's asthma?

.....

**STATEMENT BY PARENT, GUARDIAN OR CARER**

I accept responsibility for the accuracy of the information I have provided in this form and agree to tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

Signed ..... Date .....

Print Name .....

Relationship to Pupil .....

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**PART B – TO BE COMPLETED BY THE SCHOOL**

The asthma inhaler for this pupil will be kept .....

The inhaler will be

Available at all times ☐ Issued on request ☐ Carried by the pupil ☐

This pupil is/is not capable of using his/her inhaler without supervision.

The person responsible for the pupil's access to his/her inhaler is :-

Name .....

**DECISION - This section to be completed by the Head Teacher or nominated substitute**

I am/am not satisfied with the arrangements for this pupil to use his/her inhaler in this school

I approve/refuse the request.

Signed ..... Date .....

Designation .....

FORM MED 2

**REQUEST FOR SCHOOL TO ADMINISTER MEDICINE OR CARRY OUT A MEDICAL PROCEDURE**

This form is in two parts –

**PART A** must be completed by the parent, guardian or carer.

**PART B** must be completed by the school.

The term “Administration of Medicine” also refers to “Carrying out medical procedures” in this form.

**Please print all information.**

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**PART A – TO BE COMPLETED BY THE PARENT, GUARDIAN OR CARER**

A.1 I request that the staff of St Julian's Primary School administer medicine to my child, in accordance with the information given below.

**A.2 Pupil's Name**

Surname .....

Forenames .....

A.3 What condition or illness does your child have?

.....  
.....  
.....  
.....

Please complete the section marked **MEDICINES** (from A.4 to A.13) if you want your child to have medicine in school and the section marked **MEDICAL PROCEDURES** (From A.14 to A.22) if you want your child to have a medical procedure carried out in school.

**MEDICINES**

Please give details of the medicine to be administered (as described on the container). You may attach copies of the prescription and any instructions you have been given, if that would be helpful -

A.4 Name or type of medicine .....

A.5 How long will your child take this medicine .....

A.6 Date the medicine was dispensed .....

A.7 Date of expiry of the medicine .....

A.8 Dosage and how it is to be taken .....

A.9 At what times must it be taken at school?

.....

A.10 Are there any side effects?

YES/NO

A.10.1 If YES, please give details  
.....

A.11 Does your child need to be observed afterwards? YES/NO

A.11.1 If YES, what signs should be watched for?  
.....

A.11.2 What action should be taken if they are seen?  
.....  
.....  
.....

A.12 What should be done in an emergency?  
.....  
.....  
.....

A.13 Does the medicine or procedure involve any risk to other people? YES/NO

A.13.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff -  
.....  
.....

Now go to question A 23

**MEDICAL PROCEDURES**

A.14 Please give details of the procedure to be carried out. You may attach copies of any instructions you have been given by medical personnel, if that would be helpful -  
.....  
.....

.....  
.....  
.....

A.15 What equipment or materials will be needed to carry out this procedure and who will provide it?  
.....  
.....  
.....  
.....

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A.16 Medical procedures are normally carried out in the school's medical area. Is this a suitable place for the procedure to be carried out? YES/NO

A.16.1 If NO, what changes need to be made?

.....

.....

.....

A.17 For how long will your child need to have this procedure? .....

A.18 At what times must the procedure be carried out in school?

.....

.....

A.19 Are there any side effects? YES/NO

A.19.1 If YES, please give details

.....

A.20 Does your child need to be observed afterwards? YES/NO

A.20.1 If YES, what signs should be watched for?

.....

A.20.2 What action should be taken if they are seen?

.....

.....

.....

A.21 What should be done in an emergency?

.....

.....

.....

A.22 Is the procedure hazardous to other people? YES/NO

A.22.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff -

.....

.....

.....

.....

A.23 **STATEMENT BY PARENT/GUARDIAN/CARER**

I confirm that the above information is correct and I agree -

to deliver any medicine to the nominated school contact,



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to provide any necessary equipment or materials to the nominated school contact,

to collect and safely dispose of any unused medicine or materials, and to remove any equipment when it is no longer required in school.

I accept responsibility for the accuracy of the information I have provided and will tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

Signed .....  
Parent/Guardian/Carer  
(delete where inappropriate)

Date .....

**PART B – ARRANGEMENTS - TO BE COMPLETED BY THE SCHOOL**

B.1 The staff who have responsibility for storing and administering this medicine or carrying out this procedure are :-

Name .....

Designation .....

Substitute(s) in the event of absence –

Name .....

Designation .....

Name .....

Designation .....

B.2 The following information/training is required for the nominated person and substitutes –

.....

.....

B.3 The following equipment or materials are needed (show who will provide them) –

.....

.....

.....

B.4 The medicine or procedure will be administered in the following place –

.....

.....

**B. 5 This section to be completed by staff with responsibility for administering medicine**

I confirm that -

I received appropriate information/training relating to the administration of the above medicine or carrying out the procedure to the above pupil on (date)

.....

The information/training was provided by .....

I feel able to administer this medicine or carry out this procedure to this pupil safely.

Signed ..... Date .....  
(Nominated person)

Signed ..... Date .....  
(Substitute)

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Signed ..... Date .....

(Substitute)

### **DECISION - This section to be completed by the Head Teacher or nominated substitute**

I have considered all alternatives and I am/am not satisfied that medicine must be administered to this pupil or that a medical procedure must be carried out at school to ensure that the pupil can attend school or can have access to the curriculum.

I am/am not satisfied with the arrangements that have been made for administering medicine or carrying out the procedure described above -

	Yes	No
all necessary information/training has been provided for the nominated person and substitutes	<input type="checkbox"/>	<input type="checkbox"/>
all necessary equipment and materials have been provided	<input type="checkbox"/>	<input type="checkbox"/>
the place identified above is suitable for doing this work	<input type="checkbox"/>	<input type="checkbox"/>
proper arrangements have been made for the provision, use, storage and maintenance of all necessary PPE	<input type="checkbox"/>	<input type="checkbox"/>
all necessary emergency procedures are in place	<input type="checkbox"/>	<input type="checkbox"/>

the need to do this work will be reviewed on .....

and will end on .....

I approve/refuse the request.

Signed ..... Date .....

Designation .....

FORM MED 3 – PARENT OR PUPIL TO ADMINISTER

REQUEST FOR PARENT, MEDICAL PERSONNEL OR PUPIL TO ADMINISTER MEDICINE OR CARRY OUT A MEDICAL PROCEDURE AT SCHOOL

This form is in two parts –  
**PART A** must be completed by the parent, guardian or carer.  
**PART B** must be completed by the school.  
The term “Administration of Medicines” also applies to “carrying out medical procedures” in this document.  
**Please print all information.**

PART A – TO BE COMPLETED BY THE PARENT, GUARDIAN OR CARER

A.1 I request permission to EITHER Tick

administer medicine or carry out a medical procedure to my child ☐

OR

allow my child to administer his/her own medicine or carry out his/her own medical procedures ☐

at .....School in accordance with the information given below.

A.2 Pupil’s Name

Surname .....

Forenames .....

A.3 What condition or illness does your child have?  
.....

Medicines

A.4 Name or type of medicine .....

A.5 How will it be given (eg tablets, injection) .....

Go to A.7  
Medical Procedures

A.6 Describe the procedure  
.....  
.....  
.....

A.7 How long will your child take this medicine or have this procedure in school?  
.....  
.....

A.8 At what times must it be taken or carried out at school?

.....  
.....  
A.9 Are there any side effects of the medicine or the procedure?

YES/NO

A.9.1 If YES, please give details

.....  
.....  
.....

A.10 Does your child need to be observed after the procedure or after taking the medicine?

YES/NO

A.10.1 If YES, what adverse signs should be watched for?

.....  
.....  
.....

A.10.2 What action should be taken if they are seen?

.....  
.....  
.....

A.11 What should be done in an emergency?

.....  
.....  
.....

A.12 Does the procedure or the medicine involve any risk to other people?

YES/NO

A.12.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff

.....  
.....  
.....  
.....

A.13 Who will administer the medicine or carry out the procedure?

A parent/guardian/carer or another adult  
(go to A.14)

Tick  
☐

The pupil  
(go to A.16)

☐

A.14 If the medicine is to be administered by a parent/guardian/carer or another adult -

Name

.....  
.....

Address

.....  
.

Phone .....

Relationship to the pupil .....

Substitute in the event of absence -

Name .....

Address .....

Phone .....

Relationship to the pupil .....

A.15 Medicine and medical procedures are normally administered in the school's medical area. Is this accommodation suitable? YES/NO

A.15.1 If NO, what facilities do you need?  
.....

Please note that you will have to provide any specialist equipment and the school may not be able to agree to your request if a specialist environment is needed.

Go to A .18.

#### **A.16 If the medicine is to be administered by your child**

##### **IMPORTANT NOTE FOR PARENTS**

Medicine will normally be held in the school's medical area and will be issued to your child in accordance with the instructions you give below. Exceptions may be made where the Head Teacher is satisfied there is a need for medicine to be carried by a child because it may be needed at any time during the day, but this will be at the discretion of the Head Teacher. School staff will monitor the administration of medicine and carrying out of medical procedures by pupils as the Head thinks necessary, and will inform parents if the Head becomes concerned about any part of the process. **However, you must recognize that completion of this section of the form and subsequent administration of medicine gives your child significant responsibility for their own health, safety and well being.**

**By completing section 17, below, you are agreeing that your child will be allowed to take their medicine without any further confirmation from you.**

A.17 Does your child have to carry their medicine with them during the day? YES/NO

A.17.1 If YES, your child will be allowed to carry and use their medicine as they think necessary, without any further confirmation from you.

A.17.2 If NO, your child's medicine will be kept in the school's medical area and will be issued to you child when they ask for it, without any further confirmation from you.

Is this arrangement suitable for your child?

YES/NO

A.17.3 If NO, what other facilities are needed?

.....

Please note that you will have to provide any specialist equipment and the school may not be able to agree to your request if a specialist environment is needed.

**A.18 STATEMENT BY PARENT/GUARDIAN/CARER**

I accept responsibility for the accuracy of the information I have provided and agree to tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

agree to safely dispose of any unused medicine or waste material away from the school site and to remove any specialist equipment.

I accept that, if permission is given, the Head can monitor what is done on school premises and may withdraw or modify any permission that is given.

Signed .....

Date .....

Parent/Guardian/Carer

(delete where inappropriate)

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**PART B – TO BE COMPLETED BY THE SCHOOL**

B.1 Person nominated to monitor the administration of this medicine -

Name .....

Designation .....

Substitute(s) in the event of absence –

Name .....

Designation .....

Name .....

Designation .....

B.2 Monitoring procedure for administration of medicine

.....

.....

.....

.....  
.....

B.3 Person nominated to monitor pupil after administration of medicine -

Name .....

Designation .....

Substitute(s) in the event of absence –

Name .....

Designation .....

Name .....

Designation .....

B.4 Monitoring procedure

.....  
.....  
.....  
.....

B.5 The following information/training is required for the nominated monitor and substitutes –

.....  
.....  
.....  
.....

B.6 The following equipment or materials are needed –

.....  
.....  
.....  
.....

B.7 The medicine will be administered in the following place –

.....  
.....



**B.8 TRAINING RECORD - To be completed by staff responsible for monitoring the administration of medicine or carrying out medical procedures**

I confirm that -

I received information/training relating to the administration of medicine or carrying out medical procedures to the above pupil on (date)

.....  
.....

The information/training was provided by

.....

I feel able to monitor this activity safely.

Signed ..... Date .....

(Nominated person)

Signed ..... Date .....

(Substitute)

Signed ..... Date .....

(Substitute)

**B.9 DECISION - To be completed by the Head Teacher or nominated substitute**

I am/am not satisfied that medicine must be administered to this pupil or medical procedures must be carried out at school to ensure that the pupil can attend school or can have access to the curriculum.

I am/am not satisfied with the arrangements that have been made for administering medicine or carrying out the procedure described above -

	Yes	No
all necessary information/training has been provided for the nominated person and substitutes to monitor the work	<input type="checkbox"/>	<input type="checkbox"/>
all necessary equipment and materials have has been provided	<input type="checkbox"/>	<input type="checkbox"/>
the place identified above is suitable for carrying out this procedure for this pupil	<input type="checkbox"/>	<input type="checkbox"/>
all necessary emergency procedures are in place	<input type="checkbox"/>	<input type="checkbox"/>

**Delete if inappropriate –**

I am/am not satisfied that this pupil is able to carry and/or administer this medicine or carry out this procedure safely.

The need to administer medicine or carry out the procedure will be reviewed

on .....

and will end on .....

I approve/refuse the request.

Signed .....  
.....

Date

Designation .....