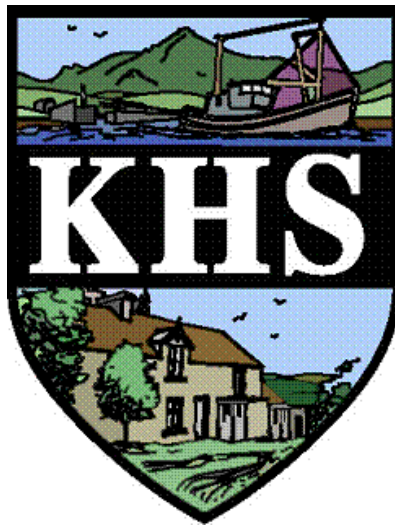


KILKEEL HIGH SCHOOL



ADMINISTRATION OF MEDICINE POLICY

September 2020

INTRODUCTION

The Board of Governors and staff of Kilkeel High School wish to ensure that pupils with medication needs receive appropriate care and support in school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day ***where those members of staff have volunteered to do so.***

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. The form in Appendix 1 can be used for this purpose.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Each item of medication must be delivered to the Principal or staff in the General Office, 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. The only exception to this are inhalers. Pupils at Kilkeel High School who need to use an inhaler will be responsible for keeping their own inhalers and for self-administration.

The school will keep records, which they will have available for parents. (Appendix 3)

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 a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. **If you wish your child to carry and administer their own medication, then you are asked to confirm this in writing, using the form in Appendix 2.**

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.

Signed: _____ Principal

Signed: _____ Chair, Board of Governors

Date: _____

Adopted: September 2017

Review: Sept 2020

Appendix 1

KILKEEL HIGH SCHOOL
Request for a School to Administer Medication

Kilkeel High School will not give your child medicine less you complete and sign this form and the Principal has agreed that school staff can administer the medicine.

DETAILS OF PUPIL

Surname: _____ Forename(s) _____

Address: _____

Date of Birth: ____/____/____ Male/Female (please delete)

Class: _____

Condition of Illness: _____

MEDICATION

Parents must ensure that in date, properly labelled medication is supplied.

Name/Type of medication (as described on container)

Date dispensed: _____

Expiry date: _____

Full direction for use

Dosage and method _____

NB Dosage can only be changed on a Doctor's instructions.

Timing: _____

Special precautions: _____

Are there any side effects the school need to know about?

Self-administration: Yes/No (delete as appropriate)

PROCEDURES TO TAKE IN AN EMERGENCY**CONTACT DETAILS**

Name: _____

Phone number (Home/Mobile) _____ (Work) _____

Relationship to pupil _____

Address _____

I understand that I must deliver the medicine personally to the office staff and accept that this is a service which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: _____ Date ____/____/____

AGREEMENT OF PRINCIPAL

I agree that _____ (name of child) will receive _____
_____ (quantity and name of medicine) every day at _____
(time(s) to be administered e.g. breaktime or lunchtime).

This child will be given/supervised whilst he/she takes his/her medication by
_____ (name of staff member).

This arrangement will continue until _____ (either end date
of course of medicine or until instructed by parent).

Signed _____ Date ____/____/____

(The Principal)

***The original will be retained on the school file and a copy sent to the
parents to confirm the school's agreement to administer medication to
the named pupil.***

APPENDIX 2

KILKEEL HIGH SCHOOL **Request for a pupil to carry his/her medication**

This form must be completed by a parent/carer.

If staff have any concerns they will discuss the content of the form with healthcare professionals.

DETAILS OF PUPIL

Surname: _____ Forename(s) : _____

Address: _____

Date of Birth ____/____/____ Male/Female (please delete)

Class _____

Condition or illness: _____

MEDICATION

Parents must ensure that in date, properly labelled medication is supplied.

Name/Type of Medication _____

Procedures to take in an emergency:

CONTACT DETAILS

Name: _____

Phone number (Home/Mobile) _____ (Work) _____

Relationship to pupil _____

Address _____

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

Signed: _____ Date: ____/____/____

Relationship to pupil: _____

AGREEMENT OF PRINCIPAL

I agree that _____ (*name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until _____ (*either end date of course of medicine or until instructed by parent*).

Signed _____ Date ____/____/____

(*The Principal*)

The original will be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying and administering his/her own medication.

APPENDIX 3

KILKEEL HIGH SCHOOL**Record of medicine administered to an individual child**

Surname	
Forename(s)	
Date of Birth	____/____/____ Male/Female
Class	
Condition/Illness	
Date medication provided by parent	
Name and strength of medicine	
Quantity received	
Expiry Date	
Quantity returned	
Dose and frequency of medicine	

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	____/____/____	____/____/____	____/____/____
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			