

# ROSEMOUNT PRIMARY & NURSERY SCHOOL



## **Policy on the Administration of Medicines During School Hours**

## **Policy on the Administration of Medicines During School Hours**

From time to time, parents request that the school should dispense medicines, which need to be administered at regular intervals to children. These requests fall into two categories:

- Children who require emergency medication on a long term basis because of the chronic nature of their illness (for example, asthma and epilepsy)
- Children who are suffering from casual ailments (coughs, colds etc)

Parents are responsible for the administration of medicine to their children, and if a child needs a dose of medicine at lunchtime, the child should return home for this or the parent should come to school to administer the medicine.

In cases where neither parent is available at lunchtime, and with explicit permission from the parents, and having received all necessary information, **Mr Bradley** will also administer medication for long term conditions, for the benefit of the child. For casual ailments, it is often possible for doses of medication to be given outside school hours. The school does not administer medicines for casual ailments. If it is unavoidable that a child has to take medicine in school for treatment for a long term illness to be effective, then each individual case will be considered individually. Please note that teachers are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis.

18/05/2018

For the school to agree to assist in long term medication:

- Parents must write to the school, giving authorisation for medicines to be administered to their children. This needs to include instructions regarding the quantity and frequency of administration.
  
- The medicines must be brought into school in a properly labelled container which states:
  - (a)The name of the medicine,
  - (b)The dosage
  - (c)The time of administration
  
- Where possible the medicine should be self-administered under the supervision of an adult.

Medicines will be kept in a secure place by staff in accordance with safety requirements where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance.

Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher.

If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

Any parent requesting medicine to be administered must fill in and return the consent form below.

18/05/2018

# ROSEMOUNT PRIMARY & NURSERY SCHOOL

HELEN STREET, DERRY BT48 9DD 028 71265605



## **FORM AM1    MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

**Date** \_\_\_\_\_

**Review Date** \_\_\_\_\_

Name of Pupil \_\_\_\_\_

Date of Birth    /    /    \_\_\_\_\_

Class \_\_\_\_\_

National Health Number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

### **Contact Information**

#### **1    Family contact 1**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship \_\_\_\_\_

#### **2    Family contact 2**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship \_\_\_\_\_

#### **3    GP**

Name \_\_\_\_\_

Phone No \_\_\_\_\_

#### **4    Clinic/Hospital Contact**

Name \_\_\_\_\_

Phone No: \_\_\_\_\_

### **Plan prepared by:**

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

**FORM AM1**

**continued**

Describe condition and give details of pupil's individual symptoms:

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Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

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Members of staff trained to administer medication for this child

(state if different for off-site activities)

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Describe what constitutes an emergency for the child, and the action to take if this occurs

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Follow up care

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**I agree that the medical information contained in this form may be shared with individuals involved with the care and education of**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

Parent/carer

**Distribution**

School Doctor \_\_\_\_\_

School Nurse \_\_\_\_\_

Parent \_\_\_\_\_

Other \_\_\_\_\_

**ROSEMOUNT PRIMARY AND NURSERY SCHOOL**  
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**FORM AM3 REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers

Surname \_\_\_\_\_ Forenames(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_

**Medication**

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

Name of Medicine \_\_\_\_\_

Procedures to be taken in an emergency \_\_\_\_\_  
\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**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 medication or until instructed by parents)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**The Principal/authorised member of staff**

18/05/2018

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

# ROSEMOUNT PRIMARY & NURSERY SCHOOL

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## **FORM AM4**      **Record of medicine administered to an individual child**

Surname	
Forename (s)	
Date of Birth	___ / ___ / ___ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	___ / ___ / ___
Quantity returned	
Dose and frequency of medicine	

Checked by:

**Staff signature** \_\_\_\_\_ **Signature of parent** \_\_\_\_\_

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			

## ROSEMOUNT PRIMARY &amp; NURSERY SCHOOL

## FORM AM4 (Continued)

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			



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

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
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18/05/2018