



Pentland Primary School

Policy For The Administration Of Medication In School

1. Excellence Multi Academy Trust, Pentland Local Advisory Board members and staff of Pentland Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The Head Teacher will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.
2. Medication will only be accepted in school if it has been prescribed by a doctor.
3. Medication will not be accepted in school without complete written and signed instructions from the parent.
4. Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
5. Each item of medication must be delivered in its original container and handed directly to the Head Teacher (or to a nominated person authorised by the Head Teacher).
6. Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.
7. Each item of medication must be clearly labelled with the following information:
 - ✓ Pupil's name
 - ✓ Name of medication
 - ✓ Dosage
 - ✓ Frequency of dosage
 - ✓ Date of dispensing
 - ✓ Storage requirements
 - ✓ Expiry date.
8. The school will not accept items of medication which are in unlabelled containers.
9. Unless otherwise indicated all medication to be administered will be kept in a locked medicine cabinet.
10. The school will provide parent/carers with details of when medication has been administered to their child.
11. Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/Carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.
12. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements or discontinuation of the pupils need for medication.
13. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the PCT.
14. 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. Any such decisions will only be taken if there are no reasonable adjustments that the school can make.



AUTHORISATION FORM FOR THE DISPENSING OF MEDICINES

PLEASE ENSURE YOU COMPLETE ALL PARTS OF THIS FORM

DETAILS OF PUPIL			
Surname:			
Forename:			
Address:			
M/F:		Date of Birth:	
Class/Form:			
Condition or Illness:			

MEDICATION	
Name/Type of medication	
For how long will your child take this medication:	
Date dispensed:	
Name and Address of prescribing Doctor:	

**We may not administer any medicine which has not been prescribed by a Doctor.*

FULL DIRECTIONS FOR USE	
Dosage and amount (as per instructions on container):	
Method:	
Timing:	
Special precautions:	
Side Effects:	
Self Administration:	
Procedures to take in emergency:	

CONTACT DETAILS	
Name:	
Daytime Telephone no:	
Relationship to pupil:	
Address:	

I understand that I must deliver the medication personally to the school office and accept that this is a service which the school is not obliged to undertake

Date: _____ Signature: _____

Relationship to pupil: _____

Medical Review Form



As a review of our medical records please could we ask you to complete the following questions. Please complete and return the form even if your child has no medical needs. Please do not hesitate to contact us should you have any queries.

Thank you in advance for your co-operation

Mrs D Dacombe

Child's full name		Child's Class	
Address			

Asthma

My child has asthma		My child does not have asthma		My child uses a volumiser	
Does your child need an inhaler in school? Yes/No (please delete)					
If yes Is your child able to self administer his/her inhaler? Yes/No (please delete)					

Allergies

Food	v	Others	v
Nuts		Plasters	
Dairy		Antiseptic wipes	
Seafood		Bee Stings	
Other (please specify):		Other (please specify):	
Does your child have an Epee Pen for any of the above? Yes/No (please delete) If yes please detail.			

Medical conditions	v	Sensory and Physical needs	v
Epilepsy		Hearing loss or difficulty	
Diabetes		Hearing aids	
Asthma		Grommets	
Eczema		Blind	
Arthritis		Partial Sight	
Multiple Sclerosis			
Tuberculosis			
ADHD			
ADD			
Celiac disease			
Other (please specify)		Other (please specify)	

Please use this space to inform of us any other medical information that you may feel is relevant but not covered by the earlier questions:

Signed		Date	
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