



## Procedures for Administration of Medicines

1. Parents / carers should provide full written information about their child's medical needs.
2. Prior written agreement should be obtained from parents/carers for any medicines to be given to a child and this should be done using the '**Request to Administer Medication Form**'.
3. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
4. All medicines should be provided in the original container as dispensed by a pharmacist and should include the prescriber's instruction for administration. In all cases this should include: Name of child, name of medicine, dose, method of administration, time/frequency of administration, any side effects and expiry dates.
5. The information contained within the '**Request to Administer Medication Form**' should match the information on the container. Where any discrepancies appear, parents should be contacted for further information / written approval.
6. It is the responsibility of parents to advise of changes in medication and dosage and this should be done by submitting a revised '**Request to Administer Medication Form**'.
7. Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Student Medical Plan, involving specific prior written permission from the parents/carers.
8. A child under 16 should **never** be given aspirin unless prescribed by a doctor (National Guidance).
9. All medication should be kept in a locked cabinet in the Main Office.
10. The following members of staff have received training in administering medication: H Sanderson, A Dunbar, K Williams, A Zukova, K Connolly, S McCoy.
11. In the unlikely event that none of the above are available and where timing of medication is essential, parents should be contacted to advise.
12. Administration of medication should be recorded on a '**Record of medicines administered to children**' form.
13. All documents relating to the above should be kept securely with the medication and accessed by authorised personnel only.



## Request to Administer Medication

### *Parental agreement for school/setting to administer medicine (short-term)*

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.*

Date                      Signature

