



PRENTON HIGH SCHOOL FOR GIRLS

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 Health Care Plan, involving specific prior written permission from the parents/carers.
8. A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor (National Guidance).
9. All medication should be kept in a locked cabinet in the Main Office.
- 10. Medication will be administered by trained First Aid staff via the main office.**
11. Administration of medication should be recorded on a '**Record of medicines administered to children**' form.
12. 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.

Signature(s): _____ Date: _____