

## **Procedure for Administering Medicines at Ewelme C.E. (A) Primary School**

- Where possible, unless advised it would be detrimental to health or school attendance, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administer medicine form.
- No child will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but must not pass to another child for use. Monitoring arrangements may be necessary. School will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a container in a locked cabinet in the School Office. Controlled drugs should be easily accessible in an emergency.
- Medications will be stored in the School Office.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room
- Ewelme C.E. (A) Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

## Template B: parental agreement for school to administer medicine

The school 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.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/for

m

Medical condition or illness


### **Medicine**

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other  
instructions

Are there any side effects that the  
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### **Contact Details**

Name

Daytime telephone

no. Relationship to

child Address

I understand that I must deliver the  
medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_