

# St Mary's Church of England Primary School & Little Oaks Nursery



*"Let your light shine"*

## Medication Policy

Status:	Statutory
Responsible Person	Headteacher
Responsible Governor	Chair of Governors
Ratified by the Headteacher	September 2024
Date first approved by the GB	
Review Period	Biannually
Review Date	September 2026

## ST MARY'S CEVC PRIMARY SCHOOL

### Arrangements for the administration of medication

#### Non-Prescribed Medication

- School staff are not able to give non-prescribed medication to pupils, unless written consent has been given. The form in Appendix B must be filled in and both the medication and the form need to be handed into the school office.
- In the majority of cases, this medication would only need to be administered short term. If your child has a medical condition which requires long term non-prescription medication, then we would collaboratively write a medical care plan for your child (Appendix D).
- Parents / Carers will need to collect non-prescribed medication at the end of each week, from the school office.

#### Prescribed medication

- Where it is necessary for a child to take medication at school, parents will need to complete a 'prescribed medication' form, specifying the medication involved, circumstances under which it should be administered, the frequency and levels of dosage. This can be found on the school website or at the school office.
- When the medicine has been administered, the date and time will be recorded on the back of the 'prescribed medication' form.
- All medicines must be in the original packaging, named and accompanied by the prescribed medication form/label.
- Medicine that requires a clean procedure, such as eye drops, if prescribed, can be administered by school staff. When possible, skin creams are to be administered by the child under adult supervision.
- Inhalers must be named and kept in school. A 'prescribed asthma medication' form must be completed detailing the dosage and frequency of use.
- If a child refuses medication, they cannot be forced, but a record will be kept and the parents/carers informed.
- Parents/carers can come in to school to administer their child's medicine if they would prefer.
- Parents/carers are responsible for ensuring that there is sufficient medication and that it has not passed its expiry date.
- Inhalers will be sent home at the end of each year.
- Any short term medication should be collected when the course is finished, unless it is medication which is collected every day for doses at home.

#### Storage and Disposal

- Medication will be kept in the school office, and inhalers kept in the First Aid room.
- Medication needing refrigeration will be kept in the fridge in the school office.
- Staff will not dispose of medicines. Parents will ensure that they collect any unused medication.

#### School Trips

- Careful consideration will be given to preparation for trips involving children on medication, in consultation with the parents.
- Relevant medication, along with a completed medical form or medical information plan, will be taken on all school trips. A mobile phone will also be available in case of the need to contact a parent/carer.

- Parents are required to complete a detailed medical form prior to their child attending a residential visit

### **Employees' Medication**

All staff will ensure that their medicines are kept securely and that children do not have access to them.

This policy supplements the school's 'Supporting Pupils with Medical Needs Policy'.



**ST. MARY'S C of E PRIMARY SCHOOL  
PRESCRIBED MEDICATION FORM**

Child's Name.....Class: .....

Emergency Contact & Telephone Number: .....

Name/ Telephone Number of Family Doctor: .....

.....

Name of medication:

.....

Prescribed treatment/Time frequency:

.....

Start date: .....

End date: .....

I authorise the above prescribed treatment to be administered to my child at:

Time and frequency:

.....

Signed..... Parent/ Guardian      Date .....

**All medication must be labelled and dosage clearly indicated**



**NON-PRESCRIBED MEDICATION**

Child's Name..... Class: .....

Home address:

.....  
.....

Name/ Telephone Number of Family Doctor:

.....  
.....

Name of Medication

.....

I authorise the above non-prescribed treatment to be administered to my child at:

Times and frequency:

.....

Signed.....Parent/ Guardian      Date .....

Signed.....staff member      Date .....

**All medicines must be labelled and dosage clearly indicated**



ASTHMA PLAN

**CHILDS NAME.....CLASS.....**

Inhaler Name:

.....

Type of Equipment:

.....

Expiry Date of Medication:

.....

Time and frequency:

.....



Pupil Medical Information

Name:

Date of Birth:

Condition:

Class:

Date: **September 2024**

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**EMERGENCY CONTACT INFORMATION**

<b>Name:</b>	<b>Contact 1:</b>	<b>Contact 2:</b>
<b>Contact number:</b>		
<b>Relationship:</b>		

<u>Hospital address:</u>	<u>GP address:</u>
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**Medication and symptoms:**

**Other signs and symptoms**

**Signs of infection and action to be taken:**

**Additional Information:**

**Form circulated to:**

SENDCo/ Class teacher and support staff  
Parents  
Pupil information File in the school office  
SIMS Data Base

**Shared and agreed with:**

Parents – \_\_\_\_\_  
Head teacher – Mrs Dunstan  
SENDCO – Mrs Barnett  
Review: As required