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# B4L ADMINISTERING MEDICATION TO STUDENTS

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Weston Point College

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# 1. Policy Statement

- On occasion a Young Person whilst fit to attend school, may require medication during school hours. In addition, it may be necessary for Young People with long term complaints or chronic illness such as asthma or diabetes to receive medication. The following guidelines are designed to give direction as to the procedures and arrangements which should be observed when dealing with this subject.
- Medicines should only be administered at school when it would be detrimental to a Young Person's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours and parents/carers should make arrangements to administer medicines at home.
- However, when it is thought necessary for a Young Person to take medication during the school day, a written consent form must be completed by the parent/carer (See Appendix 1) giving clear instructions regarding the required dosage. A doctor's (or health professional's) note should also be received to the effect that it is necessary for the medicine to be administered during school hours.

## 2. Guidance

- Prescriptive medication must be in date, labelled and brought into the school in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. **With the exception of insulin which should be in a pen or pump, not its original container.**
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication should never be administered without first checking maximum dosages and when the previous dose was taken.
- Non-prescribed medicines should be brought in their original container within an envelope clearly showing the Young Person's name and dosage to be given together with the information sheet detailing any possible side effects.
- It is the responsibility of the parent/carer to maintain adequate supplies contained within the diabetic containers.
- Herbal, holistic, homeopathic and/or natural products must be given at home.
- It is the responsibility of the parent/carer to bring and collect any medications from school when the Young Person is no longer taking that particular medication.
- If it is not collected, medicines will be safely disposed of.
- Medication cannot be brought in by taxi/transport or given to drivers to take home.
- All medication will be stored in a locked box in the site offices or locked box in the refrigerators.
- Any controlled medications will be kept in the school safe.
- Only the Head Teacher or DSL can give controlled medication, such as those for ADHD.
- Medication records will be kept on Cpoms.

## 3. Policy Review

**Issue Date: 01/11/2020**

**The next review date for this policy is October 2021.**

## 4. Appendix 1

The college will not give your child medicine unless you complete and sign this form. The Head Teacher must also agree to permit and support any college staff who might volunteer to administer the medication with the appropriate training/instruction.

### Parental Consent Form for Weston Point College to administer medicines

STUDENT NAME		MEDICAL CONDITION/ILLNESS
NAME OF DOCTOR/PRACTICE TELEPHONE NUMBER		
DOCTOR/MEDICAL NOTE RECEIVED - YES OR NO		
PARENT/CARER TELEPHONE NUMBERS		
CAN THE MEDICINE BE SELF-ADMINISTERED? - YES OR NO		
EXPIRY DATE		
DOSAGE		
METHOD		
TIMING OF DOSAGE		
HOW LONG WILL YOUR CHILD TAKE THIS MEDICINE FOR?		
SPECIAL PRECAUTIONS/OTHER INSTRUCTIONS		
ARE THERE ANY SIDE EFFECTS THE COLLEGE NEEDS TO KNOW ABOUT?		
PROCEDURES TO TAKE IN AN EMERGENCY		

## PARENT/CARER DECLARATION:

**I UNDERSTAND THAT I MUST DELIVER THE MEDICINE PERSONALLY TO THE HEAD TEACHER OR THE DESIGNATED TEACHER.**

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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## MEMBER OF STAFF TAKING RECEIPT OF MEDICATION:

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**STAFF ROLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_