



St John Vianney Catholic Primary School

Policy for the Management of Medication in School

1 Rationale

- 1.1 School will do everything possible to ensure that any child with medical problems is given access to the curriculum & that they receive as full an education as possible.
- 1.2 Teachers are not obliged to administer/ supervise pupil's medication.
- 1.3 Emergency action may be needed, both in school & on outings.
- 1.4 Prime responsibility lies with parent/ carer - main source of information.

2 Aims

- 2.1 Assist parents with medical care of their children.
- 2.2 Educate staff & children regarding special medical needs.
- 2.3 Adopt & implement DFE / LA guidance
- 2.4 Arrange and update appropriate training for staff willing to support children with medical needs.
- 2.5 When necessary, liaise with medical services in support of children with medical needs.
- 2.6 Ensure access to broad, balanced curriculum.
- 2.7 Maintain appropriate records.

3 Entitlement

- 3.1 Pupils with medical needs have a right to a full education.
- 3.2 Pupils with medical needs require proper care & support.
- 3.3 Staff can consider;
 - 3.3.1 •whether to be involved with a pupil's medical care.
 - 3.3.2 •having appropriate training.
 - 3.3.3 •working to clear guidelines.
 - 3.3.4 •legal implications.
 - 3.3.5 •concerns regarding the support of children with medical needs.

4 Expectations

- 4.1 Staff are not expected to administer medication unless;
 - they agree to do so and appropriate training is sought.
 - it is essential that it be taken in school hours.
 - the child is unable to manage his /her own medication

- 4.2 The pharmacist can dispense the medication in a separate container with the quantity required for use in school. (GP's are obliged to duplicate medication for school use)
- 4.3 The name of the pharmacist and child together with the prescription, date & dosage should be printed on the outside of the container.
- Any medication that is incorrectly labelled cannot be accepted
 - No non - prescribed medicines will be administered by school staff (including aspirin and ibproufen).
- 4.4 In the case of anti-biotic treatment it is expected that these should be administered before and after the school session where possible.
- 4.5 The school will consider each request to administer medication for a pupil with special medical needs, liaising with the School Health Service to seek advice & support.

4 Practice

- 4.1 When a parent/ carer requests that we administer medication we will;
- 4.2.1 Consider whether the school's identified staff are prepared to administer the medication.
- 4.2.2 If agreed, a risk assessment will be conducted to determine the necessary arrangements.
- 4.2.3 Work with the parent to set up a Healthcare Plan for the child.
- 4.2.4 Ensure secure storage for medication in school, accessed only by designated staff & each time it is administered, a record is completed.
(Children self medicating i.e. inhalers, parents will need to complete the appropriate plan and children will be expected to maintain a record of use.)
- 4.2.5 At the end of term or end of treatment, any remaining medication is to be handed over to the parent /carer by the designated person.
- 4.2.6 If the parent/carers fails to collect the medication, it will be destroyed and the details of the action taken recorded.
- 4.2.7 When treatment is completed, this will be noted on the care plan, and the record retained as a point of reference.
- 4.3 A register of pupils' medical needs is to be kept indicating whether a care plan is in place and the information is available to staff.

This policy was ratified 11/10/22 and will be reviewed October 2023



St John Vianney Catholic Primary School
The Management of Medication in School Form

Parental Agreement for St John Vianney Catholic Primary School to administer medicine.

St John Vianney Catholic Primary School will not give your child medicine unless you complete and sign this form.

Name of School/Setting	St John Vianney Catholic Primary School	Date:
Name of child	Date of birth	Class:
Medical condition or illness		
Medicine (Must be in the original container as dispensed by the pharmacy)		
Name/type of medicine (as described on the container)		
Date dispensed		
Expiry date		
Agreed review date to be initiated by (name of member of staff)		
Dosage and method		
Timing		
Special precautions		
Any special instructions		
If tablets - quantities given to school / setting		
Are there any side effects that the school/setting needs to know about?		
Self administration: (Staff will be present during self administration of medication)	Yes / No	
Procedures to take in an emergency		
Contact Details		
Name	Daytime telephone contact no.	
Relationship to child		
Address		
Name / Contact No. GP		

I understand that I must deliver the medicine personally to St John Vianney Catholic Primary School Administration Officer. I accept that this is a service that St John Vianney Catholic Primary School is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____