

Administration of Medicines

Occasionally it is necessary for a child to take a medicine during school hours. In these circumstances it is necessary that:

- a) medicines are administered by a trained First Aider at Work, or a member of staff trained in basic first aid. Parents may also be permitted to come on to the school premises to administer the medicine;
- b) full instructions are available;
- c) the medicine is delivered to school in the original container as supplied by the doctor or pharmacist; with the child's name and dosage clearly stated;
- d) only the stated dose is given at the times specified;
- e) medicines are kept in staff controlled areas not accessible to children;
- f) records of all medicines administered are kept, including to whom and by whom they are administered and when they are administered;
- g) records are kept and updated on specific long-term illnesses of individual pupils;
- h) parents sign a consent form available from the office allowing the medicine to be administered by school personnel, for each course which is prescribed;
- i) no child is allowed to administer his/her own medicine other than in exceptional circumstances recommended by their G.P;
- j) children are allowed to carry their own inhalers and self administer as required;
- k) all staff are trained in the use of specialist emergency medication (such as EPIPENS). Should the need arise the emergency services will always be contacted following use of an EPIPEN;
- l) parents have the responsibility for ensuring long term medication is renewed in a timely fashion and medicines are not out of date;
- m) staff dealing with complex or long-term medical needs receive appropriate training.

Education Visits

Medicines taken on educational visits will be looked after by a responsible person (usually the trip leader), who will administer the medicines in accordance with the procedure above.

**BURROUGH GREEN CHURCH OF ENGLAND
SCHOOL**

**ADMINISTRATION OF MEDICINE
CONSENT FORM**

Name of Child:

Date of Birth:

Name of Parents/Carers:

Home Telephone: Work Telephone (1)

Work Telephone (2)

Mobile

Name of GP: Telephone:

Hospital Consultant:

Hospital: Telephone: Ext:

I consent to my child receiving the following medication in school:

a)

b)

c)

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me or prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

Signed: Date:
(parent/carer)