



**PUTNEY PARK  
SCHOOL**

**ADMINISTRATION OF  
MEDICINES IN  
SCHOOL POLICY**

**2011 / 2012**

# **Administration of Medicines in School Policy**

## **GENERAL**

The School recognises that some pupils will at some time need to take medication at school. While parents retain responsibility for their child's medication, the School has a duty of care to the pupils while at school, and the School wishes to do all that is reasonable practicable to safeguard and promote children's welfare.

## **RESPONSIBILITIES**

The Head Teacher will implement this policy and report as required to the Principal.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The School does not require staff to administer medication (Circular 14/96 Supporting Pupils with Medical Needs).

However, some staff (e.g. PE/games staff and others who volunteer their services) will be given training to administer first aid and/or medication to pupils.

## **STAFF INDEMNITY**

The School, via the school's insurers, fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following School guidelines.

At the beginning of each academic year all parents will be required to update the medical form.

## **ADMINISTRATION OF MEDICATION**

Any requests for medicine to be administered must come from a parent in writing and each request will be considered on an individual basis. In some cases, parents may be requested to administer their child's medication.

In certain circumstances, particularly when children have long term illnesses, older children may self-medicate under supervision of a member of staff. All medication must be handed in to a First Aider.

The request should include:

- Name of parent and contact number;
- Name of child and class;
- Name of medicine;
- Name of doctor who prescribed it, and contact details;
- How much to give;
- How it should be kept and stored
- How it is to be administered
- When to be given; and

- Any other instructions.

The parent will be required to sign the following consent statement:

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school policy. I will inform the School in writing of any changes to the above information.

It will be signed and dated by a parent or someone with parental control.

A statement must be completed for each medicine to be administered.

Parents will be expected to notify any requests for the administration of medicines at the earliest opportunity and to discuss with the Head what can be done in the School before the Head makes a decision (see the DfES guidance Managing Medicines in Schools and Early Years Settings).

The Head (or person authorised by the Head) will decide whether any medication will be administered in school, and by whom.

The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

The School will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents.

Normally medication will be kept in the First Aid Fridge under the control of a First Aider unless other arrangements are made with the parent.

Normally the administration of medication will be done in School only at breaks or lunch times.

The School will allow the administration of non-prescription medicines in school e.g. Paracetamol with the verbal or written permission of parents.

### **LONG-TERM MEDICAL NEEDS**

The School and Head will do all they reasonable can to assist pupils with long-term needs. Each case will be determined after discussion with the parents and, in some cases, the family doctor.

**Ruth Mann**  
**Headmistress**  
**January 2011**

*Review date Jan 2012*

**PUTNEY PARK SCHOOL**

**APPLICATION FOR ADMINISTRATION OF MEDICATION**

Name of Pupil .....

Class .....

Name of Parent .....

Contact Numbers .....

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Name of Doctor .....

Contact Details .....

.....

.....

Name of Medicine .....

How much to give .....

How it should be kept and stored .....

How it should be administered .....

When to be given .....

Any other instructions .....

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school policy. I will inform the School in writing of any changes to the above information.

Signed .....

Dated .....



