



“I have come in order that you might have life – life in all its fullness.”  
John 10:10

## Medicine Policy

<b>Policy reviewed:</b>	<i>22/2/2017</i>
<b>Next review:</b>	<i>Spring 2020</i>
<b>Signed (Headteacher):</b>	<i>R. Kaye</i>
<b>Statutory policy:</b> <i>Yes/No</i> <b>On school website:</b> <i>Yes/No</i>	

# **MEDICINE POLICY**

1. Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if it were not administered during the school day. Therefore, we will normally only administer medication in cases where a child has been instructed to take four doses of the prescribed medicine per day.
2. We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
3. Medicines should always be provided in the original container, as dispensed by a pharmacist and include the prescribers instructions for administration.
4. We will NEVER accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
5. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents will be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day, could be taken in the morning, after school hours and at bedtime.
6. No medicines will be given without their parent's written consent.
7. Any member of staff giving medicines will check:
  - the child's name;
  - prescribed dosage;
  - expiry date;
  - written instructions provided by the prescriber on the label or container.
8. A written record will be kept each time medicines are given.
9. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records. Parents will be informed of the refusal on the same day.
10. All medicines will be stored in a suitable safe/secure place.

## **Appendix A: Parental Agreement (Form 3A)**

## **Appendix B: Record of Medicine Administered (Form 5)**

For further information, please refer to *Managing Medicines in Schools and Early Years Settings* (DfE, March 2005).

## **APPENDIX A: FORM 3A**

### **Parental agreement for school/setting to administer medicine**

*(Managing Medicines in Schools and Early Years Settings (DfE, March 2005), pp.52–53.)*

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

<b>Name of school/setting</b>	Christ Church C of E First School
<b>Name of child</b>	
<b>Child's date of birth</b>	
<b>Group/class/form</b>	
<b>Medical condition/illness</b>	

### **MEDICINE**

<b>Name/type of medicine (as described on the container)</b>	
<b>Date dispensed</b>	
<b>Expiry date</b>	
<b>Agreed review date to be initiated by ...</b>	<i>[name of member of staff]</i>
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Are there any side effects that the school/setting needs to know about?</b>	
<b>Self-administration</b>	<b>Yes / No</b> (delete as appropriate)
<b>Procedures to take in an emergency</b>	

**CONTACT DETAILS**

<b>Name of person with parental responsibility</b>	
<b>Relationship to child</b>	
<b>Daytime telephone no</b>	
<b>Address</b>	
<p><b><i>"I understand that I must deliver the medicine personally to ..... (agreed member of staff) and accept that this is a service that the school/setting is <u>not</u> obliged to undertake. I understand that I must notify the school/setting of any changes in writing.</i></b></p>	
<b>Date</b>	
<b>Signature</b>	

## **APPENDIX B: FORM 5**

### **Record of medicine administered to an individual child**

*(Managing Medicines in Schools and Early Years Settings (DfE, March 2005), p.56.)*

<b>Name of school/setting</b>	Christ Church C of E First School
<b>Name of child</b>	
<b>Date medicine provided by parent/carer</b>	
<b>Group/class/form</b>	
<b>Quantity received</b>	
<b>Name and strength of medicine</b>	
<b>Expiry date</b>	
<b>Quantity returned</b>	
<b>Dose and frequency of medicine</b>	
<b>Staff signature</b>	
<b>Parent/carer signature</b>	

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			