

# RICHARD BONINGTON PRIMARY AND NURSERY SCHOOL

## Policy on Medicines in School

We recognise that there may be a few occasions when a child will be well enough to attend school while needing to take medicine, internally or externally as prescribed by a doctor, to complete a course of treatment. Ideally, the medication will be taken outside school hours. Occasionally a doctor may specify that treatment is necessary during the school day.

We ask parents to understand that, whilst we want to see your child completing his/her treatment and recovering as soon as possible:

- ◆ No member of the staff at Richard Bonington is a medical practitioner or pharmacist, nor do we have special facilities for storing medications.
- ◆ We must avoid any child taking the wrong medicine, taking an overdose or sharing a medicine with another child. (Such things have happened).
- ◆ We need to be confident that medicines and treatments are correctly applied – the right dose, the right interval, no out of date medicines.

Medicines and treatments taken without a doctor's prescription, e.g. cough medicines bought over the counter, will not be administered in school. Medicines and treatments brought into school by children themselves will not be administered.

## Giving Medication

Normal practice will be for a parent or carer to visit school during the lunch break (12.00 – 1.00 p.m.) to administer treatment to his/her own child. (**Parent/carers to sign the visitors book**). Should a parent/carers be unable to come in person, he/she may ask a member of Richard Bonington staff in your child's year group, to co-operate in giving the treatment within the school. A signed request / exemption form is required before any medication is administered within the school. The Office will set an alarm on the computer to remind the nominated staff member about the administration.

Once co-operation by the school is agreed, the parent/carers will take the medication to the school office for safe keeping. The medication must be complete with any equipment needed, e.g. measuring spoon. The medication must have the original pharmacist's label. (No tablets in plastic bags or syrups in pop bottles). The labelling must include the child's class – *extra labelling to be added by the carers*.

The parent/carers is responsible for collecting the medication each day or once treatment is complete. Medications not collected will be disposed of 2 weeks after the last use.

The parent/carers should tell the child's class teacher why treatment is being administered within school. The nominee will be responsible for administering any agreed treatment. The administering of the medicine will be recorded.

**Medication will only be administered during school hours if absolutely necessary**  
**Medication will only be administered during school hours if prescribed**  
**to be taken 4 or more times each day.**

## Medication and Treatment within Richard Bonington Primary School

### Parental Agreement for school to administer medicine

Please complete all sections of this form and **bring it with you**. We need full details to co-operate and to be confident that we are doing the right thing for your child. This form is part of the school's policy document. You may have another copy for reference upon request).

Child's Name (in block capitals) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Class No. \_\_\_\_\_

Medical condition or illness \_\_\_\_\_

### Medicine

The doctor / dentist who prescribed the treatment is Dr. \_\_\_\_\_

Name/type of Medication \_\_\_\_\_

Date dispensed \_\_\_\_\_ Expiry Date \_\_\_\_\_

Dosage and method \_\_\_\_\_

Timings \_\_\_\_\_

Special precautions \_\_\_\_\_

Side effects \_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_

### Contact Details

Name \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

I understand that I must deliver the medicine personally to a member of the office staff

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

I accept that I remain solely responsible for ensuring that the doctor's instructions for my child's treatment are carried out correctly.

I understand that I need to counter sign the dosage chart daily when collecting medicines to ensure that I am aware of dosage administered.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Policy amended 11 July 2013

# Administering Medicine – Record

The nominated person should date and sign this record in order to ensure the correct dosage is administered.

Week One	Day 1	Day 2	Day 3	Day 4	Day 5
Day					
Date					
Time					
Dosage					
Medicine					
Print Name					
Signature					
Parent Sign					

Week One	Day 6	Day 7	Day 8	Day 9	Day 10
Day					
Date					
Time					
Dosage					
Medicine					
Print Name					
Signature					
Parent Sign					

Week One	Day 11	Day 12	Day 13	Day 14	Day 15
Day					
Date					
Time					
Dosage					
Medicine					
Print Name					
Signature					
Parent Sign					

N.B This document should be kept with the labelled medicine and once completed stored with the first aid / accident forms.