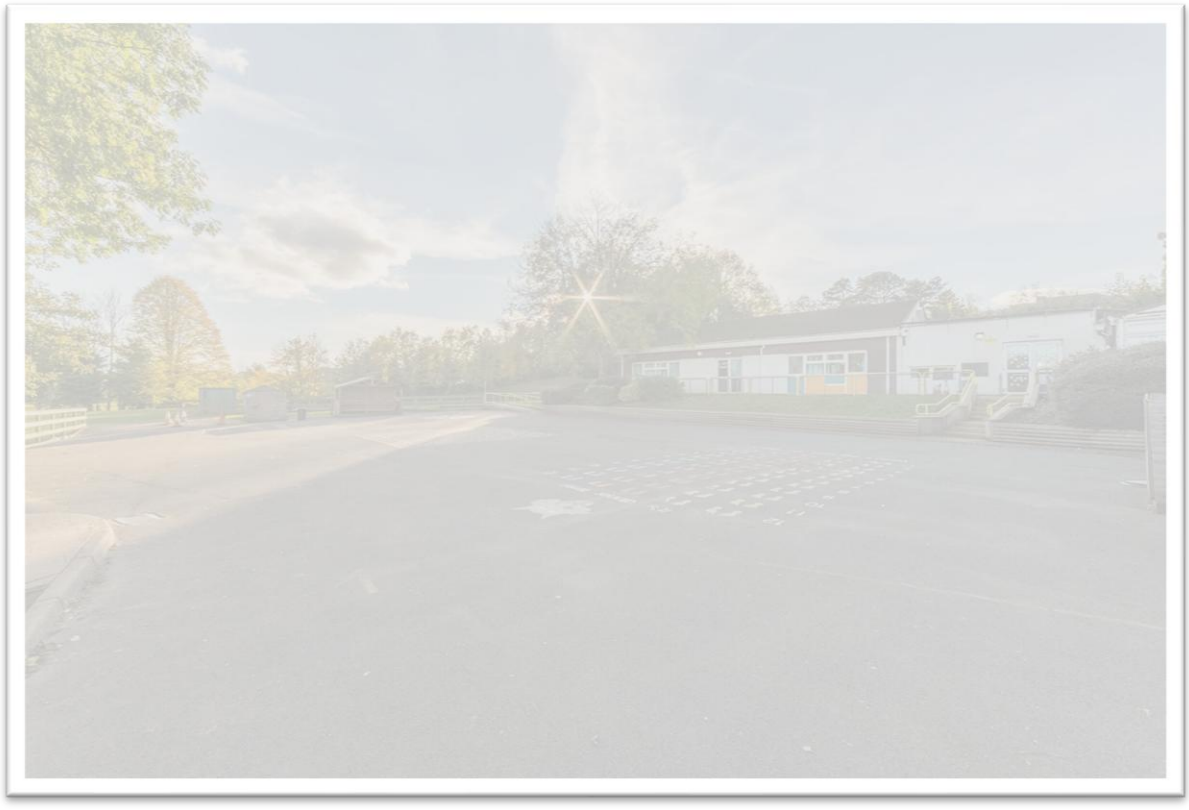
Administration of Medication Policy

Griffithstown Primary School



PARENT/CARER CONSENT FOR SCHOOL TO ADMINISTER MEDICATION TO A PUPIL

- Griffithstown Primary School **will not give** your child medication unless you complete and sign this form.
- If more than one medication is to be given, a separate form should be completed for each one.
- A new form must be completed when dosage changes are made.
- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. (However we understand there will be instances where this is not appropriate.)
- Parents/carers will be informed as stated in the school policy when a child refuses their medication or when emergency medication is administered.
- Parents/carers can request sight of records.
- Without exception pupils must not share their medication for any reason with another pupil.
- For LONG COURSE medication e.g., EpiPen, Asthma etc.
  Office staff and parent/carer must complete the medication 'bound book'. This book will follow pupils through school, as required. Headings in the bound book are:
  - Pupil's Name,
  - Name of Medication
  - Name and Signature of Staff Member Signing-In
  - Sign-In Time and Date
  - Storage Location
  - Name and Signature and Date/Time of Staff Member Signing-Out
  - Name and Signature and Date/Time of Parent/Carer Receiving the Medication

REQUEST FOR ADMINISTRATION OF (SHORT OR LONG COURSE) MEDICATION

Name of child	
Date of birth	
Class	
Healthcare need	
Routine or emergency medication	
Medicine	
Name, type and strength of medicine *(as described on the container)*	
Date dispensed	
Expiry date	
Dose and frequency of medication	
Timing of medication	
Duration of treatment	
Storage requirements	
Who will deliver the medication to school and how frequently?	
Who will receive the medication?	
Does treatment of the medical condition affect behaviour or concentration?	
What are the side effects, if any, that the school needs to know about?	
What medication, if any, is being administered outside of school day that we need to know about? What are the side effects that we should be aware of?	
Any other instructions	
Pupil to self-administer medication under supervision from a stored location	Yes / No (please circle)
Procedures to take in an emergency	
Agreed review date, as required	*To be completed with the school*

Name of member of staff responsible for the review, if required	*To be completed with the school*	
INDIVIDUAL HEALTHCARE PLANS (IHP)		
Healthcare Plan from health professional attached if appropriate	Yes / No (please circle)	
IHP created by school attached if appropriate (appendix 3)	Yes / No (please circle)	
Guidelines provided by health attached if appropriate e.g. patient information sheet	Yes / No (please circle)	
Review date of the above		
Contact details	**Contact 1**	**Contact 2**
Name		
Daytime telephone number		
Relationship to the child		
Address		
Post Code		
In the best interests of the pupil the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff. Do you consent to this information being shared?	Yes / No (please circle)	

- I have read and agree to the school giving medication in accordance with the school policy. I understand my parental/carer obligations under the Welsh Government guidelines (http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?skip=1&lang=en).
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine in accordance with the information given above and the school policy.
- I will inform school of any new information from health professionals in regard to my child, e.g. if there are any changes in dosage or frequency or if it is stopped. I will ensure that this is in writing from the health professional.
- I understand that it is my responsibility to replenish the medication supply in the school and collect expired or unused medication.

• Where correct medication is not readily available on a given day and places the child at risk, the head teacher has the right to refuse to admit my child into the school until said medication is provided. • It is my responsibility to provide in-date medication which is correctly labelled. • I consent for the information in the form to be shared with health professionals/emergency care. • If my child has received any emergency medication prior to school, I will inform the head teacher/delegated member of the school staff before school starts.	
Parent/carer signature:	
Date:	

Medication Form

Name of Pupil:

Class Teacher and Year Group:

Name of medication:

Date	Time	Dose administered	Any reactions	Medication refused/not administered and reason	Parent/carer informed & how	Staff 1 signature	Staff 2 signature