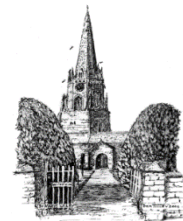


Wilby Church of England (VA) Primary School
Medicine Policy



*Together we are inspired to learn within the family of God's love.
We encourage one another to reach our full potential within a Christian atmosphere.
John 13:34
"A new commandment I give to you, that you love one another as I have loved you."*

Vision

At Wilby CE VA Primary School we are deeply committed to inspiring our children to learn and reach their full potential. Everyone is valued as an individual and helped to develop and progress in their own unique way within a Christian atmosphere.

Administration of medicines during the school day

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. However, medication prescribed by a GP, which needs to be taken during the school day, will be administered by a First Aider and witnessed by a second adult.

The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage, expected end date and storage. All medicines are stored safely, either locked in the medicine cabinet in the fridge, in the classroom (e.g. cream - out of reach of children) or in the school office.

If parents would like medication to be administered during the school day, they will need to complete an Administration of Prescribed Medication request form (See Appendix 1).

This form will be scanned onto Medical Tracker and linked to the individual child.

The school will record on Medical Tracker all medicine which is administered to individual children stating what was administered (name of medication and dosage), the date and the time it was administered, whom administered it (2 adults should be present) and if there were any side effects. This information can be sent directly to parents via email from medical Tracker or a letter can be printed for the child to take home.

If a child refuses to take medicine, staff will not force them to do so. Parents will be informed so that alternative options can be considered.

At the end of the school day, when it is no longer required or it has expired, medicine will be returned to the parent.

Asthma Medication

Asthma medication is an exception to the above. As immediate access to an inhaler is essential, asthma medication must be kept in the classroom, (inside the inhaler pouch with a copy of the "Administration of Prescribed Medication request form" as well as the record sheet (Appendix 2) to show when it was administered – this also needs to be transferred to Medical Tracker) for the child to administer as necessary.

Epipen's

Epipen's are an exception to the above. As immediate access to an epipen is essential, these will be stored in the classrooms in a clear container with a copy of the child's allergy management plan within the box too. This should also be taken to the dinner hall or allocated room where the child eats so there is immediate access. All staff will receive annual training on administering an epipen. (See Supporting Pupils with Medical Needs in School Policy)



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Administration of Prescribed Medication Request Form – Appendix 1

I request and authorise that (full name of child) be given:

Medication	
Dosage / Time	
Expiry Date	
Expected End Date of Medication	
Medication Prescribed By (whom we can contact for verification)	

The medication is clearly labelled indicating the contents, dosage and the child's full name and is stored in the original container as dispensed.

I authorise a member of staff to administer the medication / my child to self-administer their medication whilst being observed by a member of staff. **** **please delete as applicable**

I indemnify the member of staff against any liability.

I confirm that I am the Parent/Person with Parental Responsibility in respect of the child and accordingly I am legally empowered to give authority for the administration of this medication.

I understand that I must deliver the medication personally to the school office.

I will inform the school immediately, in writing, if there are any changes in dosage or frequency of the medication, or if the medication is stopped.

The above information is, to the best of my knowledge, accurate at the time of signing.

PTO

Parent / Carer Signature:		Date:	
Parent / Carer Name:			
Emergency Contact Number:			
Staff Signature:		Date:	
Staff Name:			
Head Signature:		Date:	
Head Name:			

Administration of Prescribed Medication Request Form – Appendix 2
Inhaler Use

Child's Name:		Class:	
Date and Time	Dose	Supervising Adults (2)	Location and Activity