**Medication in school.**

**Analgesics (Painkillers)**

For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only.

The school may keep a stock supply of paracetamol, these are only to be administered if verbal permission is granted by a parent, permission may only be granted on a dose-by-dose basis, this is to ensure that the child has no other medication prescribed taken outside of school which may affect dosage, or unlisted medical conditions which may result in harm to the child.

Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

**Methylphenidate (e.g.Ritalin, Metadate, Methylin)**

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. The school will store Methylphenidate in a locked non-portable container and place to which only named staff have access.

The school will keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil’s unused Methylphenidate must be sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable the school to make a full reconciliation of supplies received, administered and returned home.

**Antibiotics**

The school encourages parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible. This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime.

Antibiotics should always be administered in accordance with the prescriber’s instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

All antibiotics must be clearly labelled with the child’s name, the name of the medication, the dose, the date of dispensing, and be in their original container.

Schools must check the label on the antibiotic carefully as this will state;

* Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic;
* Whether it needs to be taken at a certain time and before, after or with food; and
* The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

records will be made which will include if the pupil does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

**Emergency Medication**

Student with emergency medication are usually supported by an individual Care Plans, these will detail the procedures for dispensing medication in an emergency. Anyone caring for children, including teachers and any other school staff in charge of children, have a common law duty to act like any reasonably prudent parent and ensure that children are safe and well cared for in school which will extend to taking action in an emergency, for example by calling emergency services or arranging for medicine to be administered.

Pupil emergency medication is kept readily accessible in the main school office, unless through the care plan it is identified that the medication should be kept on the student because in an emergency, time is of the essence.

The most common types of emergency medication which schools may be asked to administer include: -

* Buccolam (midazolam), used to treat epilepsy.
* Adrenaline, under the brand names epipen, jext, emerade, used to treat anaphylaxis caused by an allergic reaction;
* Glucose or dextrose tablets which may be branded Hypostop, used to treat hypoglycaemia caused by diabetes; and
* Inhalers, used to treat asthma (usually the blue ‘reliever’ inhaler).

**Medication Consent form.**

**School staff will not give your child medication unless this form is completed and signed.**

I request and authorise that my child be given/gives himself the following medication: (delete as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child** |  | **Date of birth** |  |
| **Address****Daytime Tel no(s)** |  |
| **Group/Class/Form** |  |
| **Medical Condition or Illness, and reason for medication** |  |
| **Name of medicine:** | *N.B Medicines must be in their original container, and clearly labelled* |
| **Special precautions e.g. take after eating** |  |
| **Are there any side effects that the school needs to know about** |  | **Dose** |  |
| **Time of Dose** |  | **Maximum Dose** (if applicable) |  |
| **Start Date** |  | **Finish Date** |  |

**I confirm that:**

* I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
* I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy.
* This medicine has been given without adverse effect in the past/ I have made the school aware any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
* The medication is in the original container labelled with the contents, dosage, child’s full name and is within its expiry date; and
* The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with this consent. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

|  |  |
| --- | --- |
| **Signed****(parent/Carer)** |  |
| **Date** |  |

**School Record of Medication Administered**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Year & Form** |  |
| **Date of Birth** |  |
| **Name and strength of medication** |  |
| **Dose and Frequency** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time Given** | **Dose Given** | **Staff Signature** | **Print Name** | **Additional Notes e.g. Parents notified.** |
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